

DRAFT

**Regional Action Plan on Health Promotion in
the Sustainable Development Goals (2018–2030)**

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Abbreviations

9th GCHP	9th Global Conference on Health Promotion (Shanghai, China)
HPH	health-promoting hospitals and health services
NCD	noncommunicable disease
SDG	Sustainable Development Goal
WHO	World Health Organization

Executive summary

Promoting health for sustainable development

In September 2015, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development, with the 17 Sustainable Development Goals (SDGs). The SDGs reflect the breadth and interconnected nature of development challenges and goals, and present an opportunity to mobilize intersectoral, whole-of-government and whole-of-society action that leaves no one behind and to secure the prerequisites for health.

Over the past few decades, economic development in the Western Pacific Region has led to improvements in quality of life. More people have access to clean and safe water, higher education and access to health services. However, against the backdrop of driving forces – rapid and unplanned urbanization, new technologies, environmental degradation, climate change, population ageing and trade liberalization – population groups have unequal access to information and services. In addition, constantly changing political, socioeconomic and environmental conditions make it increasingly difficult for people and policy-makers to make better decisions for health. The health sector needs to work more effectively with other sectors to develop solutions and mitigation strategies for health and development challenges.

At the 9th Global Conference on Health Promotion (9th GCHP) in Shanghai, China, in November 2016, countries and the global health promotion community declared that health and well-being are requirements for sustainable development; that health needs to be promoted through action on all SDGs; and that bold political decisions have to be made to address inequities and promote health. Leaders also pledged to increase political engagement and financial investment in health promotion to accelerate implementation of the SDGs. Developing health literacy is cited as an intervention to empower people, build personal skills, and strengthen individual and collective capacity to act for health and sustainable development.

The sustainable development agenda provides the health sector with an unprecedented opportunity to assert its role – in ensuring that all people have access to the “prerequisites for health” and to mobilize action across sectors to address the determinants of health and promote health equity.

Health promotion offers a means to achieve the SDGs. Health promotion promotes an inclusive model of governance that involves people and different sectors and calls on them to be agents of change – participating in decision-making for health and innovating to transform challenges into opportunities. Health promotion’s use of cross-disciplinary social science approaches is also critical and can help craft and deliver clear, accurate and accessible health messages for different target audiences with the goal of influencing decisions, changing behaviour and improving health outcomes.

The proposed *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)* recognizes the complex factors that affect health and development; builds on existing good practices and proposes to mainstream and accelerate them; provides policy support where it is most needed; and strengthens health promotion infrastructure and capabilities to achieve inclusiveness, equity and a better life for everyone.

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Health promotion in the Western Pacific Region

Across the Western Pacific Region, there has been a growing commitment to using health promotion approaches to prevent noncommunicable diseases (NCDs) and their risk factors. At the same time, health promotion continues to be relevant to address communicable disease control, health and environment, climate change, violence and injury prevention, mental health and emergency preparedness and how these conditions are interlinked. Governments, dedicated health promotion bodies and organizations from diverse sectors have worked together to establish an evidence base, implement innovative and effective strategies, strengthen policy and infrastructure, and build health promotion capacity both locally and regionally.

In this Region, settings-based approaches such as Healthy Settings, Healthy Cities and Healthy Islands have been valued as effective strategies that mobilize political support and intersectoral engagement to minimize threats and maximize opportunities for health. WHO Healthy Settings programmes (for example, in schools, hospitals and workplaces) have been useful entry points for health promotion to address the determinants of health; and the framework and vision of the Healthy Cities and Healthy Islands programmes have inspired action across governments and societies.

Subnational approaches such as Healthy Districts have been used to reorient health systems for health promotion highlighting the connection between disease prevention, treatment and management. Healthy Districts have integrated health promotion actions for the prevention and control of NCDs, vector-borne diseases as well as maternal and child health.

Another key condition for protecting and promoting population health is policies that are consistent with global recommendations, and that are aligned across sectors and levels of government. Policy coherence reflects the commitment of the government to protect and promote the well-being of its people and ensures its actions are consistent.

Another important initiative of WHO in the Western Pacific Region is the work on creating sustainable financing and infrastructure for health promotion. Some countries have expanded the capacity of the health promotion unit within the ministries of health while others have established autonomous infrastructure and funded them in innovative ways such as through designated tobacco or alcohol taxes. This has proven useful in facilitating cross-sectoral collaboration and in expanding the scope and scale of health promotion programmes.

Vision and strategy

The vision of the proposed *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)* is “healthier people making healthier decisions”.

Based on the United Nations Development Group’s common approach for effective and coherent implementation support of the 2030 Agenda for Sustainable Development, the WHO Western Pacific Region has adapted four key strategic approaches using the acronym MAPS for the Action Plan:

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- 1) **Mainstreaming:** Integrate health promotion and healthy settings into development for the achievement of the SDGs, and shape budget allocations accordingly.
- 2) **Accelerating action:** Expand the scope and reach of health promotion, with a focus on speeding up action where need is greatest, to achieve equity.
- 3) **Policy support:** Ensure alignment of policies across sectors and levels to address the determinants of health and health equity.
- 4) **Strengthening capacity:** Enhance health promotion human resources, sustainable financing, accountability and information systems.

The health promotion programme is a priority in the Western Pacific Region. WHO will work with countries, areas and partners to enhance existing health promotion programmes to achieve better alignment with the SDGs and the SDG processes and has developed a set of parameters to monitor the provision of technical assistance to Member States.

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1. STRATEGIC OVERVIEW

Health promotion offers a means for people to “own” the Sustainable Development Goals and emphasizes the importance of cross-sectoral collaboration

In September 2015, the General Assembly of the United Nations adopted the 2030 Agenda for Sustainable Development. Member States came to a consensus on 17 Sustainable Development Goals (SDGs) that have been described as “bold and transformative”. They endorsed a development plan that addresses the needs of all people today while ensuring that future generations are not deprived of the resources they need to live dignified, healthy and meaningful lives, and that the integrity of the environments that support health and well-being are intact.

The scope of the SDGs is comprehensive, covering poverty; hunger; health and well-being; education; gender equality; clean water and sanitation; affordable and clean energy; work and economic growth; industry, innovation and infrastructure; inequalities; cities and communities; consumption and production; climate; life below water; life on land; peace, justice and institutions; and partnerships.

Following the adoption of the SDGs, the 9th Global Conference on Health Promotion (9th GCHP) in November 2016 in Shanghai, China declared that health and well-being are requirements for sustainable development; that health must be promoted through action on all SDGs; and that bold political decisions need to be made to address inequities and promote health (1).

Countries have set priorities among the 17 SDGs according to their needs and conditions. Recognizing the existing strengths in health promotion efforts across the Western Pacific, this Action Plan seeks to identify how good practices can be mainstreamed or accelerated and where policy support is most needed to achieve inclusiveness, equity and a better life for everyone. Health promotion in the SDGs can apply to a range of programmatic areas in public health: NCDs, communicable diseases, violence and injury prevention, nutrition, mental health and health systems, among others. More importantly, health promotion in the SDGs addresses the social determinants of health.

Further, this Action Plan seeks to articulate a fundamental and cross-cutting value that needs to surface in all efforts for sustainable development: engagement of different sectors and participation of the people themselves. In this context, the Action Plan highlights how people can “own” the SDGs and participate not just as beneficiaries but as agents of change and transformation.

Health promotion offers a means to achieve the SDGs by: (a) promoting healthy public policies and environments; (b) supporting an inclusive model of governance by involving people and different sectors in decision-making; (c) empowering people across sectors and settings and developing their health literacy; and (d) building a strong health promotion infrastructure that supports cross-disciplinary evidence-based approaches.

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Enhancing health literacy is cited as an intervention to boost efforts towards empowerment and development of personal skills, and creation of healthy settings, healthy policies and enabling environments. Health literacy is central to empowerment and is the foundation for building the individual and collective capacity of people to be informed participants in decision-making about health and development.

In this Action Plan, health promotion enables people's participation in the SDGs by creating platforms and mechanisms for inclusive governance, and by equipping people for better health decision-making in this modern society. The prevailing range of determinants and forces has made unhealthy lifestyles and risky behaviour an easy default. Improving health literacy in communities and promoting health-literate sectors and settings are essential. Sectors and settings need to implement policies, programmes and practices, and design systems to empower people to navigate their complex environments and develop the skills to access, understand, assess and use information to stay healthy. Better health literacy empowers people to demand and support policies that can protect them from harmful products and unsafe environments, and also enables self-care – a crucial element in mitigating challenges arising from NCDs, mental disorders and disabilities.

The Action Plan emphasizes the importance of health promotion that achieves equitable health outcomes. Policies and settings must improve the health of all people, particularly those who are most in need. Health promotion must be inclusive – covering development needs throughout the life-course and across the socioeconomic spectrum, urban and rural settings, refugees and displaced populations, marginalized groups and climate-vulnerable communities. Inclusiveness of all people can become a real “game changer” for the SDGs if equitable health promotion approaches and methods are used to achieve the 17 goals.

In the *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development*, governments and the global health promotion community pledged to accelerate implementation of the SDGs through increased political commitment and financial investment in health promotion. This Action Plan articulates practical ways for individuals, families, communities, organizations and governments to achieve higher levels of health literacy and for policy-makers and leaders to make informed decisions that promote health for sustainable development, and sustain development to meet the health needs of all people.

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2. BACKGROUND

Seizing health promotion opportunities in a changed and changing world

Over the past few decades, economic development in Asia and the Pacific has improved quality of life for millions of people. More people have access to clean and safe water, higher levels of education and access to health services. However, against the backdrop of driving forces – for example, rapid and unplanned urbanization, new technologies, environmental degradation, climate change, population ageing and trade liberalization – unequal access to information and services as well as changing political, socioeconomic and environmental conditions are making it increasingly difficult for people and policy-makers to make better decisions for health.

The changes in society may be viewed as challenges. At the same time, these changes may be used as opportunities. Health promotion provides a different perspective and model of governance that can harness these opportunities and ensure that people are active participants in change.

Cities and urbanization

Over half of the world's people now live in cities; 9 out of the 28 megacities in the world are in the WHO Western Pacific Region (2). Cities are linked in multiple ways through travel, telecommunications and trade – and the interconnection influences the way business is conducted and how space and resources are organized. For example, denser communication networks in cities compared to rural areas can catalyse innovation and generate economic activities and employment; but there may also be greater use of motorized transport rather than walking and cycling, and more noise and air pollution. To counteract this, healthy urban design can be used to ensure clean air and green space, and encourage people to be physically active and socially connected.

There are many challenges to urban health, but the Healthy Cities movement can be an engine for improving health literacy throughout the city to achieve health goals. The *Shanghai Consensus on Healthy Cities 2016*, adopted at the 9th GCHP had more than 100 mayors commit to five Healthy Cities governance principles: (a) health as a core consideration in all policies; (b) address all determinants of health; (c) promote strong community engagement; (d) reorient health and social services towards equity; and (e) assess and monitor well-being, disease burden and health determinants. This is one example of the role of cities in achieving better health outcomes in a rapidly urbanizing world.¹

Information and communications technology

Information technology and the use of digital space for communication have revolutionized human interaction. In 2015, more than half of global broadband Internet subscriptions were in Asia and the Pacific (3); and the Asian region had over 1.8 billion unique mobile phone subscribers (4). The speed, power and reach of communications technology means commercial products can be marketed widely and quickly. At no other point in history has it been so easy to deploy messages that can rapidly change “social norms” and influence behaviour, both healthy and unhealthy. National and local governments can harness the power of information technology to reach more people and educate the

¹ Refer to the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities* for further information on urbanization and health.

public on risks and threats to health and mobilize them to take action. Health messages that are clear, accurate and accessible for diverse audiences have the potential to improve health outcomes (5). Governments can also act to regulate marketing and promotion of unhealthy products in the digital space, which can prevent unhealthy choices.

Climate change and the environment

Destruction of habitat and destabilization of the climate compromise access to the most fundamental requisites for human existence: safe water, clean air, safe food, shelter and cooperation between people. Climate change in particular threatens the survival of low-lying island nations in the Pacific. Health promotion provides a means and methods to promote climate change adaptation strategies. For example, mobilizing people, conducting community consultations and using social marketing can empower people to act. Healthier and safer environments result in food security and sustainable livelihoods.

Changing demographics

Meeting health needs across the life-course requires age-specific interventions, and changing demographics mean that countries need to adapt their approaches and address any social, economic and health challenges resulting from this change. For example, some countries are home to a fast-growing ageing population (6), and in others, children and young people aged 10–24 years make up a quarter of the population. As people are part of the solution to their health needs within an inclusive model of governance, older people and young people will need to be engaged and empowered to participate in the decision-making process for securing conditions for health and in health-promoting activities.

Globalization and diminishing barriers

Trade liberalization has facilitated the flow of goods and services and reduced prices for consumers. At the same time, the demand for and supply of unhealthy products has increased, creating undue risks to health. For example, trade policy has led to an increased supply of products that are high in fat, salt and sugar in the Pacific islands and in Asia, resulting in increases in consumption (7). At times, policy decisions have been made to stimulate economic growth but which may not have considered sufficiently the impact of development on health. For example, foreign and domestic investment may be encouraged but comprehensive legislative frameworks may not be in place to regulate hazardous products. Improving the health literacy of policy-makers, and applying theories and lessons from the fields of business, communications and social psychology, would therefore be essential for health.

Health promotion in the Western Pacific: building on the past and embracing the future

Health promotion offers effective methods and tools that empower individuals, families, communities, governments, social institutions, civil society and businesses to take steps to prevent ill health and reduce risks from current determinants of health. Health promotion also offers future-oriented health strategies to build robust population capabilities while conserving resources sufficient to meet the needs of future generations. When the people themselves are involved in making healthy decisions, future risks and threats can be anticipated and addressed, without being constrained by electoral cycles or leadership terms.

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The Western Pacific Region has an existing body of innovative health promotion activity, a growing evidence base and increasing levels of commitment and expertise across the Region. There are a number of dedicated health promotion bodies as well as WHO collaborating centres focused on health promotion and the prevention of NCDs and specific risk factors. There is a strong commitment to sharing knowledge across the Region so that countries can learn from the successes of their neighbours to refine and enhance their efforts. This Action Plan builds on that commitment and identifies the ways in which Member States and WHO can most effectively realize the shared vision for a future in which all citizens can reach their full health potential.

Healthy Settings

Win-win options for health and development are the key to sustained health promotion in a changing world. Healthy cities and communities, health-promoting schools, and health-promoting hospitals and workplaces have been long-standing and excellent entry points for health promotion. The WHO Healthy Settings programme is a popular approach as local leaders are engaged and recognized for how they work towards improving health and well-being. For example, scaling up Healthy Cities would impact achievement of both SDGs 3 and 11, which aims to make cities and human settlements inclusive, safe, resilient and sustainable. Healthy Islands continues to be the umbrella framework and vision for the Pacific island countries with the potential to contribute to all SDGs; particularly SDG 13, which urges action to combat climate change and its impact, and SDG 14, which aims to conserve and sustainably use the oceans, seas and marine resources for sustainable development. There has also been great success in the Region to drive health promotion activities through engaging non-traditional sectors such as the arts, faith communities, sports, the media, the military and the business sector. The strong evidence base and existing programmes and infrastructure for Healthy Settings approaches mean that they are well-established models for integrated and intersectoral action, and that health ministries can build on this to achieve the SDGs.

Reorienting health systems

Subnational approaches for Healthy Settings, particularly health promotion within health districts has proven to be a gateway for reorientation of health systems in the Western Pacific Region. Healthy districts are a growing reservoir of knowledge on how best to integrate health promotion approaches at the local level for prevention and control of NCDs and vector-borne diseases, for maternal and child health and more. Healthy District entry points are demonstrated in China, Mongolia, the Philippines, Samoa and Viet Nam. An iteration of the settings approach is seen in the network of health-promoting hospitals and health services (HPH) collaborating to reorient health care towards active promotion of health. HPH is focused on the quality of care, the relationship between hospitals and health services, the community and the environment, and the conditions of patients, relatives and staff (8). National HPH networks are active in Australia, China, Japan and the Republic of Korea (9).

Healthy public policy

Healthy public policy is needed to create supportive environments for people to lead healthy lives. It makes healthier choices more accessible and creates health-enabling social and physical environments. Governments play a critical role in policy-making and change, but policy is also greatly influenced by corporate interests, civil society, community organizations and the public. At the international level,

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there is a range of policy frameworks and interventions that national health plans should include to ensure consistent health promotion approaches: (a) the *WHO Framework Convention on Tobacco Control* (WHO FCTC), (b) global and regional action plans for the prevention and control of NCDs, (c) the *International Code of Marketing of Breast-milk Substitutes*, and (d) the *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children*. Each of these shows how healthy public policies can be joined up globally and locally.

Further, healthy settings can worsen health inequities and disparities if the settings are only available to those who have resources and capacity. The process needs to be more inclusive. New health policies may be needed to scale up good practices of healthy settings and achieve universal coverage for health promotion. Other ministries and sectors need to come on board and align their policies and actions for health and sustainable development. Scaling up healthy settings can then be a protective measure against health inequities.

Sustainable financing and infrastructure for promoting health

The currently available infrastructure, financing and human resources fall well short of what is needed. Some Member States have expanded the role and functions of health promotion units or divisions, while others have linked the health promotion work specifically to the prevention and control of NCDs. Others have made bold moves towards the creation of autonomous or semi-autonomous infrastructure for health promotion, such as health promotion foundations, boards, committees and agencies, and have funded them in innovative ways (for example, designated tobacco or alcohol taxes). Some examples are the Korea Health Promotion Foundation, Lao People's Democratic Republic Tobacco Control Fund, Malaysian Health Promotion Board, Mongolia Health Promotion Foundation, Singapore Health Promotion Board, Tonga Health Promotion Foundation, Victorian Health Promotion Foundation (Australia), Viet Nam Tobacco Control Fund and the Western Australian Health Promotion Foundation. Recent policy change includes the introduction of the Sin Tax Reform Law in the Philippines, which provides funding for universal health care and other health promotion programmes. These reforms have resulted in greater engagement with various sectors and expanded health promotion policy and practice.

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3. THE SDGs AND “HEALTH-PROMOTING SECTORS”: A LONG-AWAITED PLATFORM FOR CROSS-SECTORAL COLLABORATION TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

The 2030 Agenda for Sustainable Development provides the health sector with an unprecedented opportunity to mobilize action across sectors to address the determinants of health and promote health equity. The health sector can use this opportunity to assert its role in ensuring that all people have access to the “prerequisites for health”, as outlined in the Ottawa Charter for Health Promotion: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.

It is perhaps the most promising opportunity for public health since the Declaration on Primary Health Care in Alma-Ata in 1978, when the world affirmed health as a fundamental human right and identified primary health care as the key to attaining Health for All.

All sectors can become “health-promoting sectors” in the context of the SDGs.

Through the SDGs, other sectors, such as agriculture, commerce and trade, education, environment, justice, enforcement and transport, can be more actively engaged in promoting health.

Health ministries can lead by example. Publicly funded facilities could agree to criteria for healthy settings. Health facilities might meet standards for green energy, water safety and disability access, as well as actively promote the health of its staff by delivering workplace health programmes for a range of health issues.

Health ministries can play a lead role in modelling how to use the SDGs to address health determinants within the sector: What types of energy are used by health facilities? Is there adequate water and sanitation in primary health facilities? How are hospitals in islands preparing for climate change? How can health workers have better working conditions? These are just some examples of how the SDG framework can be used within the health system as a framework for health in development. The same questions can be asked in other sectors.

Other ministries and sectors can use the SDGs as a reference to consider whether their decisions may result in short-term gains (for example, job creation) but has long-term adverse impacts on health, well-being and the environment.

To achieve “health-promoting sectors”, there is an urgent need for the ministries of health to communicate how sustainable development contributes to a healthier world. Approaches will therefore need to be translated to reflect the values, concerns and languages of other sectors to get their buy-in and for them to become health-promoting sectors. Health literacy strategies for all sectors may be a core strategy for promoting health for sustainable development.

4. WHO's LEADERSHIP ROLE

Since 1986, global conferences have been called on various aspects of health promotion such as healthy public policy (Adelaide, 1988), supportive environments for health (Sundsvall, 1991), new players for a new era (Jakarta, 1997), bridging equity (Mexico, 2000), addressing determinants of health (Bangkok, 2005), closing the implementation gap (Nairobi, 2009), and Health in All Policies (Helsinki, 2012). The most recent was the 9th GCHP held in Shanghai, China in November 2016, subtitled “Health promotion in the Sustainable Development Goals”. These conferences have provided a platform for dialogue and reflection on how health promotion principles can be best applied to the burning health issues of the day.



Fig 1. Global conferences on health promotion, 1986–2016

The 9th GCHP demonstrated how the convening power of WHO can jump-start a dialogue on health and the SDGs. The conference effectively asserted the health sector's role in addressing political, social, economic and environmental determinants of health. Eighty-one ministers, 123 mayors, more than 1000 people as well as heads of five United Nations agencies and international health experts were among the participants of the 9th GCHP. Altogether the event drew over 750 international participants from 129 countries (10).

From the WHO Western Pacific Region, there were nine top health officials/ministers – from China, Fiji, Hong Kong SAR (China), Japan, Macao SAR (China), the Republic of Korea, Singapore, Tonga and Tuvalu – seven mayors, four high-level state/prefecture representatives and four city representatives. To highlight the role of cities in sustainable development, a mayors' forum was held during the Shanghai Conference with more than 100 city mayors from around the world participating. The key documents from this gathering were the *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development* and the *Shanghai Consensus on Healthy Cities 2016*.

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The high-level political mobilization, the Declaration and the Consensus reaffirm that 30 years after Ottawa health promotion can play a greater role in shaping policies, settings and environments to achieve the SDGs. The notion of enabling people to increase their control over health to improve their health shifts the power and responsibility to governments, diverse sectors and community members to ensure human survival, global and planetary health, and sustainable development.

5. REGIONAL ACTION PLAN ON HEALTH PROMOTION IN THE SUSTAINABLE DEVELOPMENT GOALS (2018–2030)

Vision

Healthier people making healthier decisions

Mission

To ensure that all people, governments and diverse sectors participate in action to achieve the SDGs and are better informed about decisions that impact everyone's health.

Goal

To create health-promoting sectors, policies and settings.

Strategic actions

Based on the United Nations Development Group's common approach for effective and coherent implementation support of the 2030 Agenda for Sustainable Development, the WHO Western Pacific Region has adapted four key actions, or "MAPS": (a) **Mainstreaming**; (b) **Accelerating action**; (c) **Policy support**; and (d) **Strengthening capacity** – as the framework for the *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)*.

"Mainstreaming" refers to moving good practices that have worked on a smaller scale, such as pilot projects or demonstration sites, from the periphery of public knowledge into the mainstream of the work of the Ministry of Health and other relevant sectors. For example, there is a long history of WHO Healthy Cities, Healthy Islands and Healthy Communities as localized initiatives that have been valued as platforms for promoting health and addressing priorities. Given the power of these settings-specific health promotion approaches in cultivating political support for health, these can be brought to scale through national and local health development plans and in the overall SDG agenda of each country, as relevant. Actions in this section contribute to achieving SDGs 11, 12, 13, 14 and 15.

"Accelerating action" refers to speeding up and scaling up essential health promotion actions, and implementing and enforcing policies and programmes that are already prioritized but suffer from obstacles such as lack of political support, missed budget allocations or even industry interference. Tobacco control is a good example. All eligible parties in the Region have long ratified the WHO Framework Convention on Tobacco Control, and yet programmes and enforcement capacity to completely protect people from second-hand smoke are not in place in all countries. Actions in this section contribute to achieving SDGs 2, 3, 11, 12, 13 and 17.

"Policy support" refers to addressing gaps or misalignment in policies, legislation or regulations that have the potential to impact health. For example, only 16 countries in the Western Pacific Region have stand-alone mental health laws and 11 conform with international human rights instruments (11). Without adequate and aligned policies, law or regulations, governments cannot protect health, prevent illness or put in place the resources needed for services, drugs, technologies or awareness-raising. Actions in this section contribute to achieving SDGs 2, 3, 11, 12, 13 and 16.

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“**Strengthening capacity**” is added in this framework as a cross-cutting intervention for building the “hardware” of resilient health promotion systems through investments in human resources, financing, accountability and information systems.



Fig 2. Strategic approaches for promoting health through sustainable development

Guiding principles

Equity

Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically. Health equity exists where every individual has the opportunity to attain his or her full health potential. Inequities in health are determined by political, social, economic, cultural and environmental factors, which lie largely beyond the health sector. Reducing health inequities is challenging, but necessary to ensure social justice along with improved overall population health outcomes. Key actions to achieve health equity include implementing financial protection mechanisms to reduce any economic barriers to accessing health services, promoting connectivity between health and social protection, ensuring access to quality services by disadvantaged groups (particularly those with disabilities), and applying non-discrimination as a broader social policy (12).

Participatory development

Participatory development is a process through which stakeholders can influence and share control over development initiatives, and over the decisions and resources that affect them (13). Participation of all stakeholder groups is essential for health and sustainable development to ensure the needs and priorities of all are considered, regardless of social, economic, demographic or geographic status. This ensures “no one is left behind”. To achieve health for sustainable development, people must be able to participate in decision-making about development initiatives

at all levels; there must be rule of law and access to justice for all; laws and policies must be non-discriminatory; and people must be protected from abuse, exploitation, torture and violence (14).

Cross-sectoral collaboration

Cross-sectoral collaboration is necessary to improve health and influence its determinants, as health and well-being are determined by a complex web of interrelated factors. These factors are the broad determinants of health, which can be political, social, economic, environmental and cultural. This means actions to protect and promote health cannot be confined to the health sector alone. Healthy public policies and healthy environments require the collaboration of all sectors (15).

Empowerment

Empowerment of people is a key means to achieve sustainable development, health, poverty eradication and other vital goals. It is the process of enhancing the capacity of individuals or groups to make choices and to transform those decisions into desired actions and outcomes. Empowerment expands individual and collective ability to participate in, negotiate with, influence, control and hold accountable institutions that affect their lives. The four key elements of empowerment are: access to information, inclusion and participation, accountability, and local organizational capacity (16). This document recommends actions that include these elements with the goal of empowering individuals and communities to make informed decisions about health and development.

Human rights

Securing health, eradicating poverty and achieving social and health equity are fundamental to upholding basic human rights. This can include, for example, achieving food security, having access to basic services (education, water, sanitation and health), gainful employment, safe and adequate physical infrastructure, and social safety nets. Protecting fundamental human rights is necessary to ensure stable ecological, social and political conditions conducive to continued prosperity, human development and better health outcomes. In addition, the specific rights and vulnerabilities of indigenous peoples and other minority social groups must be recognized (17).

Evidence-informed

The practice of health promotion should be informed by strong evidence and, in turn, should aim to build the evidence base through research, monitoring and evaluation of activity. Evidence of health promotion effectiveness is needed to demonstrate to decision-makers that health promotion works and is an effective strategy in public health; to support practitioners in project development and evaluation; and to inform the wider community of the benefits of health promotion actions (18).

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Innovation

Innovation for development is about identifying more effective solutions for people affected by development challenges. It focuses on discovering new or improved strategies, approaches, insights and collaborations that can accelerate health promotion action, particularly for complex social problems. Innovations can include dimensions such as social movements, service-related innovations, digital solutions or social enterprises, with change being either rapid or incremental. To achieve the SDGs, deliberate and calculated investment is needed to identify, test and adopt innovative approaches that will catalyse change (19).

Mainstreaming: Integrate health promotion and healthy settings into development for the achievement of the SDGs, and shape budget allocations accordingly

There is a growing global evidence base on effective health promotion strategies. Mainstreaming health promotion approaches requires identification of promising strategies, translating and adapting them to national and local contexts. Health is created in the settings where people work, live, learn and play. Promoting health at the local level is of critical importance to achieving sustainable development. Mobilizing a critical mass of people to engage in healthy settings paves the way for addressing broad determinants of health for all people (that is, the political, social, economic, cultural and environmental factors that affect health). Integrating health promotion and healthy settings in the SDG agenda of each country would be a recognition of decades of innovation and good practice at the local level that has benefitted a great number of people.

Actions for countries and areas

- 1) Mobilize healthy settings stakeholders to develop a strategy to include healthy settings – Healthy Cities, Healthy Islands, health-promoting schools, healthy marketplaces, healthy villages, and others as appropriate and relevant to the local context – in the national and local health plans, the SDG agenda and equivalent national strategies, as relevant to the context.
- 2) Through the SDG process, raise awareness among other sectors on how healthy settings can be a platform to build people’s individual and collective capacity to be informed participants in health and development and for people to actively engage in sustainable development in localities.
- 3) Gather and generate evidence of the effectiveness of the settings approach and advocate for national policies that enable and empower localities to establish healthy settings using evidence-based actions.
- 4) Ministries of health to lead by example and convert publicly funded health facilities (for example, offices, hospitals and primary health care centres) into healthy settings that follow principles of sustainable development – clean energy, climate change adaptation, smoke-free, recycle and reduce waste, proper waste disposal and management, among others.
- 5) Provide budgetary support for health promotion and healthy settings as a part of the national or local health plan and in support of the SDG process.
- 6) Develop guidance for settings to embed health literacy improvement in their plans and programmes.
- 7) Work with ministries of education and social and family development to set national targets for health literacy for learners of all ages.

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Actions for WHO and other partners

- 1) Provide guidance to local stakeholders in the development of a strategy to mainstream healthy settings in national and local health plans, the SDG agenda and equivalent national strategies.
- 2) Disseminate guidance on participatory methods that can empower and engage people within settings in processes to promote health and sustainable development.
- 3) Provide guidance for gathering, generating and using evidence of the effectiveness of the settings approach for national and local policy-making.
- 4) Develop guidance on how ministries of health can lead by example, and WHO to confer public recognition of good practices.
- 5) Disseminate information on existing approaches for securing funding for health promotion and healthy settings and support governments in advocating for budgetary support.
- 6) Develop or disseminate existing guidance, tools, approaches and methods for settings to embed health literacy improvement in their policies, plans and programmes.
- 7) Develop guidance on how the government can set national health literacy targets.

Accelerating action: Expand the scope and reach of health promotion, with a focus on speeding up action where need is greatest, to achieve equity

Building on previous efforts, ministries of health can use the SDG platform to expand the scope and reach of existing health promotion initiatives. Accelerated action may be achieved by applying cross-disciplinary approaches and establishing strategic partnerships with different sectors (for example, media, commerce, education and agriculture) and stakeholders (for example, professional groups, advocates, civil society and local governments) who can be empowered and can also empower more people to make healthier decisions about their lives, their families and the environment. Further, accelerated action requires innovation or “fast-track” approaches to reach those who have been least served by health promotion in the past. It is of critical importance to promote the health of all people and to have specific approaches for vulnerable or marginalized groups.

Actions for countries and areas

- 1) Review and update national health promotion plans and strategies to expand the scope and reach of health promotion based on the SDGs.
- 2) Apply an equity lens in the development, amendment and implementation of health promotion programmes at national, subnational and local levels.
- 3) Identify best investments or innovative practices in health promotion (for example, based on behavioural economics (20, 21, 22), use of new communications technology and social media) and support testing of efficacy and effectiveness before expansion.
- 4) Develop strategic partnerships with culture, sports, the arts, faith-based organizations and other sectors that can contribute to the achievement of health co-benefits through implementation of the SDGs.
- 5) Develop evidence-based targeted interventions that are cross-disciplinary (that is, anthropology, behavioural economics, communications, design, political science and social psychology), particularly for behaviour change in vulnerable populations (for example, persons with disabilities, persons living with HIV/AIDS, persons with mental illness, indigenous peoples, older people, people on low incomes, gender-diverse people and others).
- 6) Develop guidance for sectors to embed health literacy improvement in their policies, plans and programmes.
- 7) Use strategic communication, social marketing and new media to enhance health literacy. Work with information and broadcasting ministries, media and communication groups to develop a national or local health promotion communication plan in support of the SDGs.

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- 8) Explore, identify and establish an appropriate governance mechanism to facilitate cross-sectoral collaboration and joint budgeting if feasible, to address the political, socioeconomic and environmental determinants of health and health equity. Examples include but are not limited to cabinet subcommittees, parliamentary or intersectoral committees, commissions and councils.
- 9) Strengthen government implementation and enforcement of the following frameworks by developing strategic partnerships with stakeholders and civil society:
 - a. WHO Framework Convention on Tobacco Control
 - b. Global Strategy to Reduce the Harmful Use of Alcohol
 - c. Global Strategy on Diet, Physical Activity and Health
 - d. Global Action Plan for the Prevention and Control of NCDs
 - e. WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children
 - f. International Code of Marketing of Breast-milk Substitutes
 - g. International Code of Conduct on Pesticide Management
 - h. United Nations Framework Convention on Climate Change.
- 10) Develop mechanisms for champions and advocates of healthy settings to engage with various government ministries (for example, transport, housing, energy, environment, education and agriculture) towards building strategic partnerships to address determinants of health in localities.

Actions for WHO and other partners

- 1) Support the review and update of national health promotion plans and strategies in relation to the SDGs.
- 2) Develop or disseminate existing tools, approaches and methods for applying an equity lens to health promotion programmes at national, subnational and local levels.
- 3) Disseminate information and support initiatives to pre-test and adapt best investments or innovative practices in health promotion.
- 4) Provide guidance and support strategic partnerships with culture, sports, the arts, faith-based organizations and other sectors that can contribute to the achievement of health co-benefits through implementation of the SDGs.
- 5) Provide guidance and technical assistance to develop cross-disciplinary, evidence-based, targeted interventions that achieve equitable health outcomes for vulnerable populations.
- 6) Develop or disseminate existing guidance, tools, approaches and methods for sectors to embed health literacy improvement in their policies, plans and programmes.
- 7) Organize regional training programmes on strategic health communication to enhance health literacy in support of health in sustainable development.

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- 8) Provide technical assistance and develop or disseminate existing tools, approaches and methods to support implementation and enforcement of the:
 - a. WHO Framework Convention on Tobacco Control
 - b. Global Strategy to Reduce the Harmful Use of Alcohol
 - c. Global Strategy on Diet, Physical Activity and Health
 - d. Global Action Plan for the Prevention and Control of NCDs
 - e. WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children
 - f. International Code of Marketing of Breast-milk Substitutes
 - g. International Code of Conduct on Pesticide Management
 - h. United Nations Framework Convention on Climate Change.

- 9) Provide guidance to develop mechanisms for local health promotion champions to engage in strategic partnerships with various government ministries to address health determinants in localities.

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Policy support: Ensure alignment of policies across sectors and levels to address the determinants of health and health equity

The rapidly changing political, social, demographic, economic, cultural and environmental contexts require an assessment of the policy environment and gaps in policies that can hinder the achievement of the SDGs. Ministries of health, working closely with other relevant sectors, have an important role to play in identifying policy gaps, weaknesses or misalignments that may need to be addressed to prevent the conditions that cause diseases and secure others that enable health and overall well-being.

Actions for countries and areas

- 1) Identify policy gaps or weaknesses in national laws or regulations and develop and implement a policy and legislative agenda for promoting health and sustainable development. Specifically, refer to commitments and recommendations in the following documents:
 - a. WHO Framework Convention on Tobacco Control
 - b. Global Strategy to Reduce the Harmful Use of Alcohol
 - c. Global Strategy on Diet, Physical Activity and Health
 - d. Global Action Plan for the Prevention and Control of NCDs
 - e. WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children
 - f. International Code of Marketing of Breast-milk Substitutes
 - g. International Code of Conduct on Pesticide Management
 - h. United Nations Framework Convention on Climate Change.
- 2) Develop policy assessment instruments to help localities align their policies to national policies in the context of national SDG priorities.
- 3) Institutionalize the use of health and environmental impact assessment as well as foresight methods in the formation, amendment and implementation of policies, plans, programmes and projects for development.
- 4) Convene policy dialogues to engage other sectors towards becoming “health-promoting sectors” (for example, transport, housing, energy, environment, trade, agriculture and education, among others); to raise awareness on how decisions in different sectors can impact health; and to strengthen and align policies across sectors where needed to address socioeconomic and environmental determinants of health.

Actions for WHO and other partners

- 1) Develop or disseminate existing tools, approaches and methods to analyse policy gaps, weaknesses or misalignments between national laws or regulations and the following international policy instruments and recommendations:
 - a. WHO Framework Convention on Tobacco Control
 - b. Global Strategy to Reduce the Harmful Use of Alcohol
 - c. Global Strategy on Diet, Physical Activity and Health
 - d. Global Action Plan for the Prevention and Control of NCDs
 - e. WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children
 - f. International Code of Marketing of Breast-milk Substitutes
 - g. International Code of Conduct on Pesticide Management
 - h. United Nations Framework Convention on Climate Change;
- 2) Develop or disseminate policy assessment tools and approaches to help localities align their policies to national policies in the context of national SDG priorities..
- 3) Develop or disseminate existing tools and approaches to use health and environmental impact assessment and foresight methods in the formation, amendment and implementation of policies, plans, programmes and projects for development.
- 4) Support the convening of policy dialogues with other sectors such as transport, housing, energy, environment, trade, agriculture and education to address policy gaps and misalignments for addressing socioeconomic and environmental determinants of health.

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Strengthening capacity: Enhance health promotion human resources, sustainable financing, accountability and information systems

A robust health promotion infrastructure with a skilled workforce, sustainable financing, public accountability structure, and evidence-driven policies and programmes can support achievement of the SDGs. Governments, particularly ministries of health, are encouraged to undertake health promotion reforms related to human resources, financing, institutional arrangements and information systems, which are critical to building capacity and triggering individuals, agencies and communities to make healthier decisions.

Actions for countries and areas

- 1) Develop and deliver a capacity-building strategy to establish or strengthen a health promotion workforce. The strategy should include building health promotion capacity within and beyond the health sector to other sectors, civil society and communities; collaboration with universities, professional organizations and nongovernmental organizations; and equipping people with essential skills (for example, advocacy, negotiation, social mobilization, policy development, leadership and health literacy).²
- 2) Organize or participate in knowledge networks and communities of practice for health promotion (for example, in the areas of promoting health literacy, healthy settings, health impact assessment and foresight).
- 3) Explore, identify and establish appropriate structures for developing new capacity for health promotion. These bodies may have full responsibility for implementing health promotion programmes and providing evidence-based advice to the government, or may be used to facilitate cross-sectoral planning. Some examples are: autonomous agencies (for example, health promotion foundations, boards or councils), semi-autonomous agencies, preventative health task forces, and multi-stakeholder consultative bodies and forums.
- 4) Review and explore new sustainable financing mechanisms for health promotion. Examples include but are not limited to: “sin” taxes on tobacco, alcohol and gambling, dedicated taxes on sugar-sweetened beverages, social health insurance, philanthropic funds, donations, national and local budget, and allocations from national and local government budgets.
- 5) Work with academic and research institutions to undertake regular and systemic review of the impact and progress of health promotion over time and consider evidence for the most effective way of achieving the SDGs.
- 6) Strengthen existing monitoring and surveillance systems for prevailing and emerging behavioural and environmental risk factors and outcomes, with disaggregated data on vulnerable or marginalized groups.

² Refer to the *Primer for Mainstreaming Health Promotion*, prepared for the 7th Global Conference on Health Promotion held in Nairobi, Kenya, 26–30 October 2009.

Actions for WHO and other partners

- 1) Provide technical assistance and organize capacity-building programmes to establish or strengthen a country's health promotion workforce.
- 2) Establish regional knowledge networks and communities of practice for health promotion (for example, in the areas of promoting health literacy, healthy settings, health impact assessment and foresight).
- 3) Provide technical assistance and disseminate guidance to identify and establish an appropriate sustainable health promotion infrastructure (for example, through programmes like ProLEAD (Health Promotion Leadership Course)).
- 4) Provide technical assistance and disseminate guidance to identify and develop an appropriate sustainable financing mechanism.
- 5) Develop a network of partners that will support regular and systemic review of the impact and progress of health promotion over time and consider evidence for the most effective way of achieving the SDGs.
- 6) Provide technical assistance to strengthen surveillance systems for prevailing and emerging behavioural and environmental risk factors and outcomes, with disaggregated data on vulnerable or marginalized groups.

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Monitoring and evaluating progress in health promotion

The health promotion programme at the WHO Regional Office for the Western Pacific will work with countries, areas and partners to update and enhance existing health promotion programmes in countries to achieve better alignment with the SDGs and the SDG processes.

To this end, the following may be considered as parameters for monitoring and evaluating progress by WHO, as relevant to contexts of countries:

- 1) Percentage of countries and areas that have mainstreamed health promotion and healthy settings in health plans, SDG plans or equivalent national or local strategies
- 2) Percentage of countries and areas that are publicly recognized for “Healthy Ministries of Health”
- 3) Percentage of countries that have accelerated action on existing international instruments
- 4) Percentage of countries and areas that have institutionalized equity-focused health and environmental impact assessments in policy and programme development processes
- 5) Percentage of countries that have been provided technical assistance for health promotion leadership infrastructure and financing
- 6) Percentage of countries and areas with communications strategies on promoting health for sustainable development.

References

1. World Health Organization. Shanghai declaration on promoting health in the 2030 agenda for sustainable development. 9th Global Conference on Health Promotion, 21–24 November 2016, Shanghai, China (<http://www.who.int/entity/healthpromotion/conferences/9gchp/shanghai-declaration/en/index.html>)
2. United Nations Department of Economic and Social Affairs, Population Division. World urbanization prospects. The 2014 Revision: highlights. New York: United Nations; 2014.
3. State of ICT in Asia and the Pacific. Bangkok, Thailand: United Nations Economic and Social Commission for Asia and the Pacific; 2016 (<http://www.unescap.org/sites/default/files/State%20of%20ICT%20in%20Asia%20and%20the%20Pacific%202016.pdf>).
4. The mobile economy 2016. London: GSMA; 2016 (<https://www.gsmainelligence.com/research/?file=97928efe09cdba2864cdf1ad1a2f58c&download>).
5. Rudd RE. The evolving concept of health literacy: new directions for health literacy studies. *Journal of Communication in Healthcare*. 2015;8(1):7–9.
6. Ageing. Fact sheet. Manila: World Health Organization Regional Office for the Western Pacific; 26 July 2014 (www.wpro.who.int/mediacentre/factsheets/fs_201203_ageing/en/).
7. Snowdon W, Thow AM. The effect of trade and trade policy on diet and health in the Pacific Islands. In: Hawkes C, Blouin C, Henson S, Drager N, Dube L, editors. *Trade, food, diet and health: perspectives and policy options*. Chichester, UK: Wiley-Blackwell; 2010.
8. About the International Network of Health Promoting Hospitals & Health Services (HPH) [webpage]. Copenhagen: HPH (http://www.hphnet.org/index.php?option=com_content&view=article&id=22&Itemid=4).
9. National/regional HPH networks [webpage]. Copenhagen: HPH (http://www.hphnet.org/index.php?option=com_content&view=article&id=2310&Itemid=379)
10. World Health Organization. Public health round-up: Renewed commitment to health promotion. *Bulletin of the World Health Organization*, 2017;95:4–5 (<http://www.who.int/bulletin/volumes/95/1/17-010117/en/>, accessed 10 April 2017).
11. Mental health atlas 2014. Geneva: World Health Organization; 2015.
12. Universal health coverage: moving towards better health. Action framework for the Western Pacific Region. Manila: World Health Organization Regional Office for the Western Pacific; 2016.
13. Asian Development Bank. Framework for mainstreaming participatory development processes into bank operations. In: Ondrik R, editor. *Participatory approaches to national development planning*. Manila: Asian Development Bank; 1996. (http://siteresources.worldbank.org/INTEASTASIAPACIFIC/Resources/226262-1143156545724/Brief_ADB.pdf, accessed 11 April 2017).
14. Goal 16 targets [webpage]. Paris: United Nations Development Programme (<http://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-16-peace-justice-and-strong-institutions/targets/>).
15. Intersectoral action on health: a path for policy-makers to implement effective and sustainable action on health. Kobe: WHO Centre for Health Development; 2011.

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16. Overview: What is empowerment? [webpage]. Washington, DC: World Bank (<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTEMPOWERMENT/0,,contentMDK:20244572~pagePK:210058~piPK:210062~theSitePK:486411,00.html>, accessed 22 May 2017).
17. Western Pacific regional framework for action on health and environment on a changing planet. Manila: WHO Regional Office for the Western Pacific; 2016.
18. Health promotion: Global Programme on Health Promotion Effectiveness [website]. Manila: WHO Regional Office for the Western Pacific (<http://www.who.int/healthpromotion/areas/gphpe/en/>).
19. Innovation [webpage]. Paris: United Nations Development Programme (<http://www.undp.org/content/undp/en/home/ourwork/development-impact/innovation.html>, accessed 11 April 2017).
20. Behavioural insights and healthier lives. Melbourne: Victorian Health Promotion Foundation; 2016.
21. Hallsworth M, Snijders V, Burd H, Prestt J, Judah G, Huf S, Halpern D. Applying behavioural insights: simple ways to improve health outcomes. Doha, Qatar: World Innovation Summit for Health; 2016.
22. Alderwick H, Vuik S, Ham C, Patel H, Siegel S. Healthy populations: designing strategies to improve population health. Doha, Qatar: World Innovation Summit for Health; 2016.

APPENDIX 1

Glossary

The following is a brief list of key terms that appeared in this document with definitions extracted from (1) the WHO Health Promotion Glossary (1998 version) and (2) BJ Smith, KC Tang and D Nutbeam, WHO Health Promotion Glossary: new terms. Health Promotion International Advance Access published 7 September 2006. Both documents can be found on the WHO website (<http://www.who.int/healthpromotion/about/HPG/en/>). Some are developed by the Noncommunicable Diseases and Health Promotion unit of the WHO Regional Office for the Western Pacific.

1. **Determinants of health**

The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.

2. **Empowerment for health**

In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health.

3. **Equity in health**

Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being.

4. **Evidence-based health promotion**

The use of information derived from formal research and systematic investigation to identify causes and contributing factors to health needs and the most effective health promotion actions to address these in given contexts and populations.

5. **Foresight**

Refers to processes of anticipation that identify opportunities and threats which may arise in mid- to long-term versions of the future (1). Foresight cultivates the capacity to anticipate alternative futures and an ability to visualise multiple possible outcomes and their consequences (2). It is an effective policy-making tool aimed at developing a collective learning platform with permanent communication among business, academic, governmental and other social actors (3). There is a range of foresight methods and some that are useful for framing policy discussions and decision-making are: visioning, backcasting, roadmapping, windtunneling, horizon scanning, wild cards, scenario planning, trend impact analysis, futures wheel, Delphi method, modelling and appreciative inquiry. For more information on the methods, please see UNDP Global Centre for Public Service Excellence. Foresight: the manual. Available from: http://www.asia-pacific.undp.org/content/dam/rbap/docs/meetTheSDGs/GCPSE_ForesightManual_online.pdf.

6. **Health literacy (4) (from the 9th Global Conference on Health Promotion, Shanghai, China)**

Refers, broadly, to the ability of individuals to "gain access to, understand and use information in ways which promote and maintain good health" (5) for themselves, their families and their communities. While different definitions are used (6) and health literacy is an evolving concept, there is agreement that health literacy means more than simply being able to "read pamphlets",

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“make appointments”, “understand food labels” or “comply with prescribed actions” from a doctor (7). Health literacy is not just a personal resource; higher levels of health literacy within populations yield social benefits too, for example by facilitating the mobilization of communities to address social, economic and environmental determinants of health. This understanding, in part, fuels the growing calls to ensure that health literacy is not framed as the sole responsibility of individuals, but that equal attention is given to ensure that governments and health systems present clear, accurate, appropriate and accessible information for diverse audiences (8).

7. Health promotion

The process of enabling people to increase control over and improve their health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people’s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

8. Health promotion capacity

The capability of a system to deliver health promotion outcomes. There are several building blocks such as finance, workforce, resources, information, partnerships, organizational and intersectoral teams, which are harnessed to work together as a system through governance arrangements, and consequent policy and planning frameworks. How well the building blocks can support effective health promotion is a function of how good the capacity is in the system (9).

9. Health promotion approaches and methods

Include research, monitoring and evaluation, direct participation programmes, organizational and workforce development; community strengthening, communications and social marketing; advocacy; and legislative and policy reform. Some specific examples are: media advocacy, campaigns, legislation and regulation, social marketing, community mobilization, public consultation, community forums, lobbying, peer education, cessation support, motivational interviewing, counselling, settings approaches and others.

10. Healthy public policy

Characterized by an explicit concern for health and equity in all areas of policy, and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It reduces the negative health impacts of social and physical environments, and strives to enhance health where possible.

11. Healthy settings or settings for health

The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being .

12. Health impact assessment

A combination of procedures, methods and tools by which a policy, programme, project, product or service may be judged concerning its effects on the health of the population. Equity-focused health impact assessments determine any potential differential health impacts on the population and on specific groups within that population, and assess whether the differential impacts are inequitable.

13. Infrastructure for health promotion

Refers to those human and material resources, organizational and administrative structures, policies, regulations and incentives that facilitate an organized health promotion response to public health issues and challenges.

14. Intersectoral collaboration (or cross-sectoral collaboration)

Refers to a recognized relationship between different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way that is more effective, efficient or sustainable than might be achieved by the health sector acting alone.

15. Reorientation of health services

Characterized by a more explicit concern for the achievement of population health outcomes in the ways in which the health system is organized and funded. This must lead to a change of attitude and organization of health services, which focuses on the needs of the individual as a whole person, balanced against the needs of population groups.

16. Social marketing

The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programmes designed to influence the behaviour of target audiences in order to improve the welfare of individuals and society.

17. Supportive environments for health

Offer people protection from threats to health, and enable people to expand their capabilities and develop self-reliance in health. They encompass where people live, their local community, their home, where they work and play, including people's access to resources for health, and opportunities for empowerment.

18. Sustainable development

Defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. It incorporates many elements, and all sectors, including the health sector, which must contribute to achieve it.

References

1. Foresight as a strategic long-term planning tool for developing countries. Singapore: United Nations Development Programme Global Centre for Public Service Excellence; 2014.
2. Fuerth LS. Foresight and anticipatory governance. *Foresight*. 2009;11(4):14–32 (http://www.altfutures.com/pubs/propoor/Anticipatory_Governance.pdf, p. 16).
3. Nyiri L. Foresight as a policy-making tool. *Technology Foresight for Organizers*. Brazil: Center for Strategic Studies and Management Science, Technology and Innovation; 2003. pp. A1-A16. (<http://www.cgee.org.br/atividades/redirKori/559>).
4. Health literacy: the mandate for health literacy [website]. Geneva: World Health Organization (<http://www.who.int/healthpromotion/conferences/9gchp/health-literacy/en/>).
5. Nutbeam D. Health promotion glossary. *Health Promot. Int.* 1998;13(4):349–64. doi:10.1093/heapro/13.4.349.

Annex

6. Sørensen K, Van den Broucke S, Fullam j, Doyle G, Pelikan J, Slonska Z, Brand H, (HLS-EU) Consortium Health Literacy Project European. Health literacy and public health: A systematic review and integration of definitions and models. BMC Public Health. 2012;12:80. doi:10.1186/1471-2458-12-80.
7. Ministerial declaration – 2009 high-level segment: Implementing the internationally agreed goals and commitments in regard to global public health. Geneva: United Nations Economic and Social Council; 2009.
8. Rudd RE. The evolving concept of health literacy: new directions for health literacy studies. Journal of Communication in Healthcare. 2015;8(1):7–9.
9. Lin V, Fawkes S, Mercado S, Engelhardt K, Lee T. Track 5: Building capacity for health promotion. Paper prepared as a working document for discussion at the 7th Global Conference on Health Promotion, Promoting Health and Development: Closing the Implementation Gap, Nairobi, Kenya, 26–30 October 2009 (http://www.who.int/healthpromotion/conferences/7gchp/Track5_Inner.pdf).

APPENDIX 2

For more information on health literacy:

- (1) WHO. Health literacy: The mandate for health literacy. 9th Global Conference on Health Promotion, Shanghai, China, 21–24 November 2016.
(<http://www.who.int/healthpromotion/conferences/9gchp/health-literacy/en/>)
- (2) WHO. Health literacy: The role of governments in promoting health literacy. 9th Global Conference on Health Promotion, Shanghai, China, 21–24 November 2016.
(<http://www.who.int/healthpromotion/conferences/9gchp/health-literacy-government-role/en/>)
- (3) WHO. Health literacy: Moving forward – a plan for the next fifteen years. 9th Global Conference on Health Promotion, Shanghai, China, 21–24 November 2016.
(<http://www.who.int/healthpromotion/conferences/9gchp/health-literacy-moving-forward/en/>)
- (4) WHO Regional Office for South-East Asia (2014). Health literacy toolkit for low- and middle-income countries: a series of information sheets to empower communities and strengthen health systems (http://apps.searo.who.int/PDS_DOCS/B5148.pdf?ua=1).
- (5) Kristine Sørensen, Stephan Van den Broucke, James Fullam, Gerardine Doyle, Jürgen Pelikan, Zofia Slonska, Helmut Brand and (HLS-EU) Consortium Health Literacy Project European (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12:80. doi:10.1186/1471-2458-12-80.
- (6) ECOSOC (2009). Ministerial Declaration – 2009 High-Level Segment: Implementing the internationally agreed goals and commitments in regard to global public health. Geneva.
- (7) Rima E. Rudd (2015). The evolving concept of health literacy: new directions for health literacy studies. *Journal of Communication in Healthcare*, 8 (1): 7–9.
- (8) Ilona Kickbusch, Jürgen M. Pelikan, Franklin Apfel and Agis D. Tsouros (2013). Health literacy: the solid facts. Copenhagen: WHO Regional Office for Europe.