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HEALTH PROMOTION

This document presents the current activities and concerns of the health promotion programme in the Western Pacific Region. It reviews the background to the programme, the status of implementation in the Region, and the issues to be dealt with in the future. Consensus among Member States on health promotion strategies is important. Their commitment to implementation and decisions on mode of involvement are vital to the future success of the programme. The present programme will guide the work in the Region until the end of 1995. A comprehensive health promotion programme is being developed for the Ninth General Programme of Work.

The document is intended to provoke discussion on the scope and aims of health promotion and prepare the ground for joint efforts to help everybody achieve better health. Member States are urged to draft national plans and programmes supported by political commitment at the highest level and to set national objectives suited to local social and cultural conditions.

1. INTRODUCTION

Health promotion is coming increasingly to the forefront of the health agenda of Member States. For example, Singapore has launched a ten-year healthy lifestyle programme as part of the orientation of its health policy to health promotion. A healthy lifestyle committee was established with high-level representatives from key ministries, statutory boards, employees' federations and health professional bodies. Various ministries and organizations are developing and implementing their own programmes within the healthy lifestyle framework, which continues to enjoy support from the Prime Minister. Other examples of this are Australia, which, in its revised national health goals and targets, makes specific reference for the first time to health outcomes, and Kiribati, which is working on plans to become a "healthy island".

There has been extensive collaboration in the Region on the preparation of the WHO health promotion programme outline. A wide variety of sectors have joined in, reflecting the unusual status of health promotion as a concept as well as a programme.

A programme has now been prepared on the basis of two central concepts: (1) the responsibility of the individual for health (in the context of community and government support), using the different stages in the life cycle as the framework for recognizing particular health issues; and (2) recognition that a wide range of factors external to the individual, such as urbanization, industrialization, migration, and environmental changes in the course of development affect individual health. The problems involved must be tackled successfully in support of individuals' efforts to better their own health.

The programme stresses that health is essential to a good quality of life, which can be promoted at every stage of existence. Health promotion also includes the development of public policies aimed at creating environments in which people are able to lead healthy lives.

In formulating the directions the programme is to follow and defining its content, a tightly-linked complex of factors, such as increasing life expectancy, changing lifestyles and living conditions, disease incidence and the response to it, and the wider issue of the national economic situation, are all taken into account. A more systematic approach is required and the resources located must be used in more imaginative combinations. There are already many examples of good health promotion practice in the Region. It is time to build on them, to coordinate efforts, and bring them into a long-term perspective for the Ninth General Programme of Work (1996-2001).

2. THE CHANGING CIRCUMSTANCES

Widespread immunization against an increasing number of diseases and the introduction of effective large-scale treatment regimens for other conditions have led to more children surviving and to more adults leading longer and healthier lives. Most of the diseases still plaguing mankind are those that can be prevented or modified by adopting healthier lifestyles, by changing personal behaviour and insisting on a healthier environment, including better economic security and decent housing. All this is bound to affect how Member States plan for future health needs.

It is the socioeconomic status of a society that determines the various aspects of its lifestyles, such as patterns of food consumption, physical exercise, standards of housing and hygiene, and the provision of health and welfare services. In turn these influence patterns of biological aging and determine what diseases are prevalent among the population.

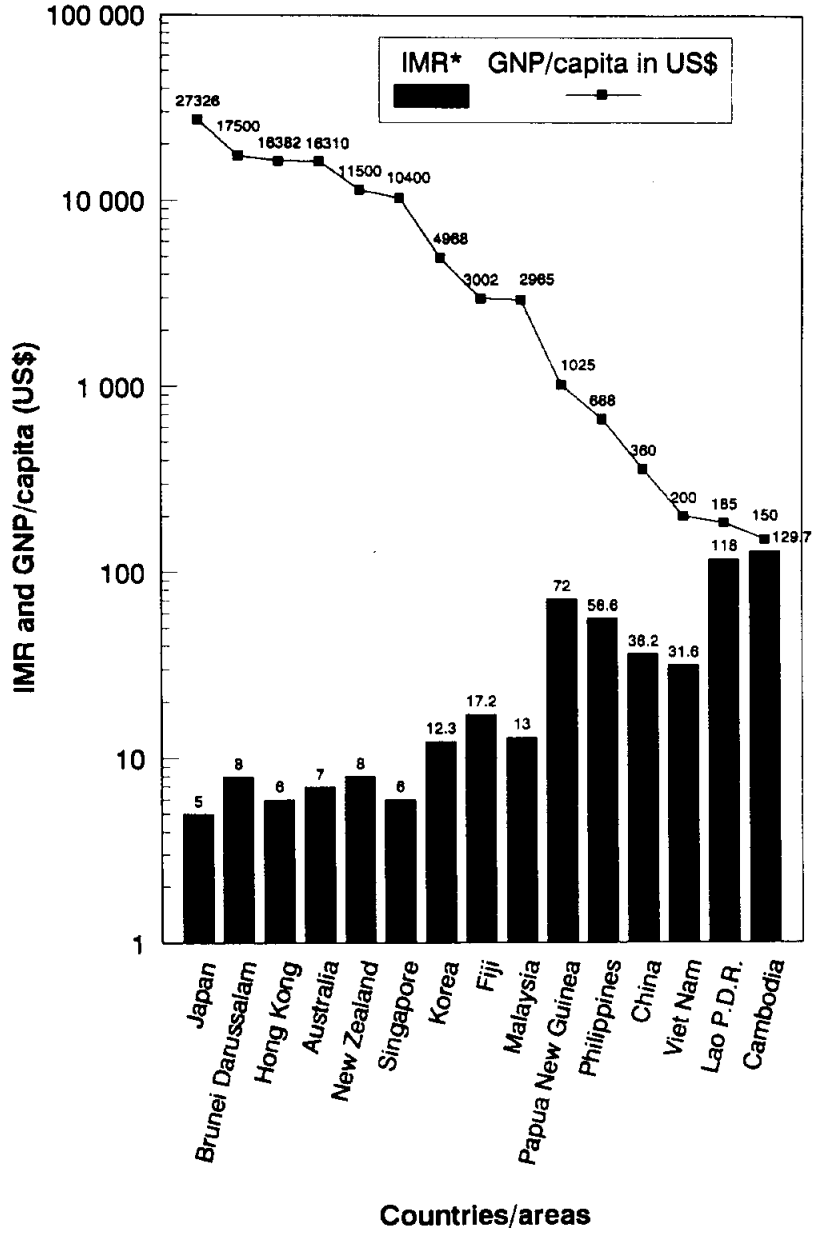
Figure 1 (see page 4) demonstrates a correlation between wealth and health, by comparing gross national product (GNP) per capita per annum with infant mortality (in selected countries and areas in the Region).

Other studies show an apparent correlation betwen increasing affluence and decreasing infant mortality and increasing life expectancy up to a GNP of US$ 2000 per capita per annum. Among the countries and areas in the Western Pacific Region, 17 are above this critical point. In addition, the chances of living longer in good health are unevenly distributed within each particular country.

The poorer, less educated workers, the unemployed and the underemployed suffer more ill-health and premature death than people with higher education working in "white-collar" jobs. In addition, the disadvantaged are exposed to more environmental hazards than those living in better social and economic settings. In general, females suffer more ill-health than males, although they live longer.

In view of these facts and the increasing number of people living with a chronic disease or handicap, attention is turning to improving the quality of life rather than its length. Good health is essential for good quality of life. Though evaluating the quality of life is more complex than counting births and deaths, this measure of "years of healthy life" may be considered as a health indicator for the future.

Figure 1. Infant mortality rates (IMR) compared with gross national product (GNP) in selected countries and areas in the Western Pacific Region



*IMR is calculated as the number of infant deaths (i.e., deaths before age one) in a given period (usually calendar year) per 1000 live births during the same period.

Social changes and the aging of the population have already led to a situation in which more deaths attributable to the so-called "lifestyle-related diseases" are occurring in the developing world than in the developed world. By early next century there will be twice as many such deaths. In 26 of the 29 countries and areas that record such data, lifestyle-related diseases constituted at least three of the five main causes of death.

During the Technical Discussions on "Healthy urban environment" in September 1992 in Hong Kong, participants recognized that not only lifestyles but also living conditions are being changed by industrialization, urbanization and modernization, giving rise to major health problems. Increased environmental awareness was needed in individuals and organizations, including all sections and levels of government, to guard against hazards and prevent irreversible damage. WHO has a role to play in coordinating information exchange and leading urban health development.

Improving the health system, though indispensable, is no longer enough. A wide, multisectoral approach to health and well-being is necessary and health must be recognized as a fundamental factor in development. Growth that takes no account of its implications for health is not development in any real sense.

Governments must not only react to control existing pollution and other health hazards but must take positive steps to create a healthy environment for people to live and work in. Community involvement must take the form of self-help schemes in which individuals work together to better their own health and that of their neighbours by creating a healthier and safer local environment for themselves and their children. The government and local authorities could provide technical and advisory services. Healthy islands, healthy towns and healthy communities will always depend in the long run on the strivings of people to better their own lives and their own health.

3. HOW THE HEALTH PROMOTION PROGRAMME DEVELOPED

The health promotion programme will provide a framework for project implementation up to 1995 and the programme budget for the coming biennium will contain, for the first time, a distinct health promotion programme, which will be consolidated during the Ninth General Programme of Work. The programme will target the health problems specific to each stage in the human life cycle and enable people to realize their health potential as fully as possible, whether they are healthy or

suffering from a chronic condition. It stresses individual action for health supported by community and government efforts to create the conditions needed for healthy living that are influenced by urbanization, industrialization, migration and environmental changes that occur with development.

Reflecting health promotion's broad scope of application, the programme has been developed with reference to many of WHO's other programmes in the Region, taking into account experience in projects in public information and education for health, and in conjunction with a wide range of consultative bodies.

3.1 Health promotion elements in other WHO programmes

The health promotion aspects of other programmes have been strengthened. In nutrition, for example, activities range from promotion of breast-feeding to fostering changes in public food-handling habits to reduce contamination. In some countries, safe motherhood programmes are still vitally important, whereas the role of fathers in family life has been emphasized in others, for example in Samoa. The psychosocial health of the family has been stressed through workshops in China and the Philippines. Health promotion plays a major role in the AIDS programme. With regard to environmental health, WHO is involved in a number of large-scale water quality and air-quality management activities which have a health promotion component.

3.2 Projects in public information and education for health

Experience from communications and education projects has contributed significantly to the health promotion programme. There have been, for instance, a review of behavioural studies with special reference to changes in lifestyles and quality of life in Malaysia, and a study to determine the best way to approach farmers in the northern plains of Viet Nam with health education and health promotion activities.

The mass media play a vital role in health promotion. In connection with World Health Day, World No-Tobacco Day and World AIDS Day, and with special events like immunization days, the media can effectively stimulate public awareness of health issues and trigger health action.

3.3 Input from other sources

At several working groups and meetings expert advice has been forthcoming from other sectors linking health promotion with environmental health and urban health development. These meetings culminated in the WHO Working Group on Health Promotion Planning held in Singapore in March 1993, which reviewed the programme and set the directions for the future, especially

WHO's emphasis on individual responsibility for health and the use of the life cycle as a framework for health actions. Table 1 below illustrates the way in which health promotion issues can be constructively tackled through intersectoral cooperation at the various stages in the life cycle. The table is not exhaustive, but provides examples of the ways in which individual, community and government actions might reinforce each other to approach certain health issues.

Table 1. Examples of multisectoral approaches to health promotion issues

Stage in a life cycle	Health promotion issue	Action by people	Action in community	Action by government
Childhood	Breast-feeding	Mothers to breast-feed their babies exclusively for the first four to six months of life	Ensure hospitals, maternity homes, and workplaces make provisions for breast-feeding	Adapt and implement the International Code of Marketing of Breast-milk Substitutes
Adolescence	No-smoking	Resist peer pressure to take up smoking	Provide attractive smoke-free meeting places	Table legislation concerning no-smoking in public places, etc.
Adulthood	Balanced nutrition	Eat balanced meals	Ensure availability and safety of nutritious/healthy food	Establish food safety and food price policies
Old age	Management of chronic illness	Participate in self-help/mutual support activities	Organize classes on care in chronic illness	Provide health services for elderly (including mental services)

4. WHAT THE PROGRAMME IS DOING NOW

The health promotion programme provides the framework for a systematic and focused approach and modifies the medium-term programme, which was the basis for programme 6: Public information and education for health, under the Eighth General Programme of Work.

4.1 Objective and targets

The objective of the programme is to strengthen the ability and willingness of individuals in the course of each stage of their life cycle to take action in support of their health and that of their families and communities in the home, the place of work and the school, and during recreation.

To achieve this objective, the following targets have been set for 1995:

(1) Most countries and areas will have formulated national policies and developed programmes that focus on the promotion of health and the prevention of disease, and built up a corresponding infrastructure.

(2) Most countries and areas will have enlisted support for health goals from ministries responsible for other aspects of life, such as education, environment, agriculture and economic development, and will have developed a mechanism for intersectoral collaboration that includes nongovernmental organizations and the private sector.

4.2 Health issues

The programme concerns itself with the betterment of health at five stages in the human life cycle, planning activities in relation to each. These issues are relevant to the 1993-1995 biennium and beyond, to the Ninth General Programme of Work.

Childhood:	Planned pregnancy and safe delivery; breast-feeding; growth and care; health-supportive family environment; balanced nutrition; personal hygiene; and prevention of accidents.
Adolescence:	Prevention of smoking, alcohol and drug abuse, responsible sexual behaviour; physical activity; self-care; accident prevention; and family support.

Adulthood:	Prevention of smoking, alcohol and drug abuse; responsible sexual behaviour; family planning; environmental awareness; balanced nutrition; physical exercise; accident prevention; and responsible parenthood.
Middle age:	Stopping smoking; physical exercise; balanced nutrition; stress management; personal hygiene; environmental awareness; management of chronic conditions; preparation for retirement; family support.
Old age:	Physical exercise; mental health; self-care and self-help; family support.

4.3 Activities

The activities designed to deal with these health issues include the production of materials directly addressed to the individual, such as the brochure *Things anyone can do to keep healthy* or a proposed press-kit for a campaign on health promotion through the family. Member States will be provided with these materials for local adaptation. Other activities are designed for specific target audiences in industrial, school and urban settings. For example, a four-year health promotion project among industrial workers in Shanghai, China, has been started, involving more than 53 000 employees. It aims at developing lifestyles conducive to health among the employees and also encourages the management to improve the work environment.

A health promotion project for schoolchildren is being prepared in Vientiane, the Lao People's Democratic Republic, which focuses on personal hygiene and basic sanitation. In the city of Manila, Philippines, work has started on a project "Health Agenda for the City of Manila by the Year 2010".

The programme also emphasizes training as an important element in support of all activities. For example, a two-week training course every two years for facilitators in worksite health promotion in Singapore will be supported.

5. CHANGING NATIONAL POLICIES

Member States are now incorporating health promotion in their policy-making in a large number of sectors. A network of health-promoting schools is growing in Australia, which both influences children's health behaviour, and involves teachers, school administrators and parents. In Australia, China, Japan and New Zealand, cities are taking action to improve the environment for

their citizens and to motivate them to develop lifestyles conducive to health. Fiji has started a nutritional survey with a view to revising its national food and nutrition policy. The Lao People's Democratic Republic is interested in developing an intersectoral plan for action in health promotion and will start with school health promotion. In Malaysia, the Ministry of Health has launched a six-year healthy lifestyle campaign which emphasizes a different theme every year for the promotion of healthy lifestyles through a primary health care approach. Papua New Guinea is preparing national food and nutrition policies and Samoa is working on national legislation on tobacco and health. In the Republic of Korea, first steps have been taken towards the development of a socioecological model of health promotion for nationwide implementation. Singapore is embarking on broad-scale worksite health promotion projects. Viet Nam has established comprehensive legislation supportive to health. These are only a few examples of a growing trend in the Region to adjust national policies.

6. FUTURE ACTIONS FOR BETTER HEALTH

The following approaches shape both the current and future activities in health promotion, indicating WHO's forms of leadership. Examples are given in each of activities to be undertaken in 1994-1995.

6.1 Approaches and activities

Development of activities

Simple and practical health promotion activities will be chosen which represent a balance between individual, community and governmental action. An intercountry workshop on "Healthy Islands", planned for Fiji in 1994, will discuss the brochure *Things anyone can do to keep healthy* and adapt it to local conditions.

Advocacy

Advocacy for health in the process of development will be a priority task. A series of articles addressed to political leaders and industrialists in 1994 and 1995 on the impact of water pollution in 1995 will promote awareness of health issues related to development projects.

Education and training

Health promotion will be emphasized in training, through its integration in the curricula, especially of schools of public health, and through fellowships and study tours. A regional training course for street food safety will be held in 1995.

Communications

A combination of mass media and personal communication will be used to inform the public about lifestyles conducive to health and about environmental matters and to motivate individuals to take action. To promote non-smoking among women, an advertising campaign is foreseen in 1994-1995. Related messages on resisting peer pressure and reinforcing self-esteem, for example, will be taken up in youth workshop models for health in selected countries.

Community participation

Community participation through community action groups is essential in the planning, design and implementation of projects. They can urge governments to change laws and reorient budgets for health promotion activities. A study is planned for the Philippines in 1994 on organizational resources in communities as agents for change.

Participation of nongovernmental organizations

Increasing participation from nongovernmental organizations, particularly at the community level, is essential to strengthen the community consensus on health projects. Health promotion in workplaces in partnership with industry and trade unions will be developed in the Republic of Korea in 1994.

Appropriate research

Appropriate behavioural research will provide timely answers to questions, and lead to activities that are appropriate to local cultures and conditions. A multi-centre study on lifestyles and perceived health will involve China, the Philippines and Singapore as a first step in 1994.

Intercountry collaboration

Meetings of collaborating centre staff and health promotion professionals will allow exchanges of experience and information from collaborative activities and joint projects which will be supported.

6.2 Commitment of Member States

Member States have already begun to develop health targets and to incorporate health promotion into their national plans. It is evident, however, that budgets will have to be adjusted in the future to match the increased scale of health promotion activities.

A mechanism for intersectoral collaboration should be developed that includes other governmental sectors as well as nongovernmental organizations and the private sector. National health promotion programmes should be implemented according to the major health issues occurring in the course of the life cycle of the population. These issues should be tackled in a comprehensive way through individual, community and governmental action, and progress should be monitored through health indicators and the collection of relevant data.

Consensus among Member States on health promotion strategies is essential for the Region's commitment to health promotion.