



Alliance for  
HEALTH PROMOTION



## **9th Global Forum on Health Promotion**

“Health Promotion - A Critical Pathway to Achieving  
Universal Health Coverage”

12<sup>th</sup> November 2019  
WHO Geneva

## **9th GLOBAL FORUM ON HEALTH PROMOTION**

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**WHO EB Room**

#### **Background**

The Global Forum on Health Promotion (GFHP) is an annual event organized by a Geneva-based civil society organization- the Alliance for Health Promotion, in collaboration with the World Health Organization (WHO) and partners. The objective of the forum, now in its 9<sup>th</sup> year running since 2011, is to bring together stakeholders with interest to continue advancing health promotion. The stakeholders are drawn from a wide group of sectors including beyond the health sector such as academia, private and corporate sectors, etc. Majority of the forums happen in Geneva but in 2016, the event was held in Charlottetown, Prince Edward Island Canada which culminated in the PEI Health Promotion Declaration: Charlottetown Call for Action 2016 that contributed to deliberations at the 9<sup>th</sup> Global conference on health promotion whose outcome was the landmark 2016 Shanghai Declaration on Health Promotion.

The 9th Global Forum on Health Promotion (9GFHP) was held in Geneva at the WHO Headquarters' Executive Boardroom on 12 November 2019. This year's forum cast the lens on health promotion as a critical pathway to achieving universal health coverage. This was a timely theme that gave participants and speakers the opportunity to reflect on not only the recent (September 2019) UN declaration on Universal Health Coverage (UHC), but also on outcomes from other preceding global events and forums that have addressed health promotion. With over 100 participants and over 20 country missions present, the event drew a diverse audience including participants from non-health sectors. The forum began with opening remarks from the Alliance's President Mr Bernard Kadasia and Dr Naoko Yamamoto, the Assistant Director General of WHO. On behalf of the Government of Georgia His Excellency Victor Dolidze, Ambassador and Permanent Representative to the UN in Geneva addressed the Forum. Georgia was co-facilitator of the intergovernmental consultations for the political declaration on universal health coverage adopted at the UN GA High-level Meeting in September 2019. This was then followed by two high level panels that drew thematic experiences from diverse experts working on health promotion around the world. In attendance also, was Dr. Ruediger Krech, WHO's director for Health Promotion and Dr. Zsuzsanna Jakab, the Deputy Director-General of WHO, who also gave the keynote speech of the day.

In view of the current global health landscape and discussions around universal health coverage and sustainable development goals, it was particularly encouraging for health promotion advocates present at the forum to witness WHO's reaffirmation through its structural transformation and priority re-alignment for health promotion as a top global health agenda. Government representatives from the Geneva Permanent missions such as Germany, Sweden and Georgia elaborated their crucial roles in promoting health promotion at the country level and also

within the global development agenda. Among key topics addressed by the speakers and audience during the forum was what the outcome of the High-Level Meeting on UHC meant for health promotion and how to translate the UHC declaration to local action in the context of health promotion.

### **Key messages from the speakers**

- Mr. Bernard Kadasia, *President of the Alliance for Health Promotion* opened the forum with a call for action and by stressing the importance of multi-sectoral approaches including all stakeholders in order to tackle UHC.
- Dr. Naoko Yamamoto, *WHO's Assistant Director-General for Universal Health Coverage & Healthier Populations* underlined similarities and reinforcements between the mission and visions of the WHO and the Alliance and the role these could play in leveraging health promotion to translate the UHC declaration.
- Dr. Mihály Kökény, a Senior Fellow at the Graduate Institute and also a former Minister of Health-Hungary, moderated the first panel to discuss governments' role in implementing the outcome of the High-level meeting on UHC. He summarized the contents of the outcome document, highlighting its commitments for the next 11 years. Dr. Kökény appraised the document, citing its holistic approach that anchors the role of health promotion.
- Ambassador Victor Dolidze, *Republic of Georgia's Permanent Representative to the UN*, described Georgia's country experience on UHC transformation through political action and health system strengthening. The ambassador elaborated Georgia's emphasis on promoting population health through political action and strengthening its primary health care system to improve the effectiveness and quality of care for the most vulnerable.
- Dr. Ruediger Krech, *WHO's Director, Health Promotion* highlighted the reasons why health promotion is back on the global health agenda by highlighting how more needs to be done to enhance health literacy and building on the digital and technological innovations for a healthier population, promoting healthy cities and enhancing responsive community action. Dr. Krech also emphasized the need utilize the intersectionality between UHC, determinants of health and health promotion (especially Health-in-All-Policies) to address current and emerging global health issues such as rising NCDs, global impact of innovations in artificial intelligence and digitization, rapid urbanization, etc.
- *Country representatives from Germany, Sweden and others within the audience*, highlighted through country examples, how leveraging health promotion strategies of multisectoral action and a whole of society approach could be leveraged to improve individual and population health indicators. Germany's case study highlighted how governments and civil society can complement their roles and efforts towards promoting public health.
- Dr. Hussein Elsangak, of *Life University, USA and a Board Member of the Alliance*, chaired the second panel in which represented civil society organizations gave concrete examples from the ground on how global translations on health could further be translated into local action and impact.

- Dr. Carlos Zarco, the *President of the International Health Co-operatives Organization* gave perspectives on how in addition to improving the socio-economic status of their members, co-operatives in over 76 countries globally today extend health services to over 100 million households. This shows the potential role of co-operatives to support universal health coverage and health promotion through supporting gaps in public health care, engaging stakeholders across multiple sectors of the economy and empowering people within their communities and promoting social and economic sustainability.
- Dr. Sandrine Motamed, a *Medical doctor and the General Secretary, Geneva Association of Community Development* highlighted the actions taken by her organization to bridge existing structural gaps between local authorities and their communities in the Canton of Geneva, Switzerland by leveraging intermediate health structures to cascade health promotion messages and initiatives to last mile communities.
- Dr. Shirin Heidari, the *President of GENDRO*, an organization that advances sex and gender equity in research, explained the importance of scaling up effective gender responsive health promotion interventions to meet UHC targets through strengthening respective research and data.
- Wendy Katherine, the *Executive Director of Health Nexus Canada* explained how her organization leverages technology to scale up health programs. Using the example of maternal health, Health Nexus through its “In Our Hands Initiative” aims to harmonize how technological applications could work better together towards common shared goals and outcomes- a gap that currently exists as most technological applications geared towards health operate in silos and yet are unable to provide holistic solutions to their target groups at the point of usage.
- Louise Magnard, a *Project Officer at the Education and Solidarity Network*, highlighted the important roles that education players could play in advancing health promotion and achieving UHC through improving health education methods and raising awareness in educational spaces, for people (especially the youth) to embrace a culture of solidarity and participate in universal systems reforms for social protection.
- Dr. Agnes Soucat, *WHO’s Director for Health Governance and Financing*, gave some insights into the relationship between health promotion and UHC as a first step to better understand how the two concepts come together. For example: while health promotion focuses on multisectoral action and UHC focuses on health services whose primary intent is health, UHC therefore squarely includes health promotion.
- Dr. Zsuzsanna Jakab, the *Deputy Director General of the WHO* gave the **keynote speech** of the day in which she echoed the points highlighted by previous speakers that health promotion is indeed paramount for the success of UHC. She echoed the call to action for governments and stakeholders as highlighted in the UHC declaration and gave examples of measures to incentivize multisectoral action for UHC, some of which are highlighted in the key discussions section below. Dr. Jakab ended her keynote speech by emphasizing that now that there is political commitment at global and regional level had been achieved, what was needed as a next step is integrated action, integrated policies with a multisectoral approach and huge commitments to addressing the determinants of health. She announced that under the leadership of the new Division on Healthier Populations, WHO was developing a global health promotion strategy.

## **Key Discussions**

The key points from the discussions on this theme, structured around health promotion and the UHC key asks are summarized as follows:

### **1. Political leadership beyond health**

-“Health is a political choice. Health promotion is also a political choice”. These words were used by the first panel speakers to describe the outcome document of the HLM on UHC in the context of health promotion. The declaration document encompasses government commitments for the next 11 years. It is clear that to achieve this, a holistic approach in which health promotion takes a central role as a strategic public health tool is key.

- The UHC declaration offers to prioritize health promotion and disease prevention by advocating for good governance, education and health literacy, healthy cities and people empowerment over their health- all similar messages reflected in the health promotion world, including both the 2016 Shanghai declaration and the 2016 Prince Edward Island declaration on health promotion.

- Notably, section 26 of the UHC declaration also reflects the spirit of the Ottawa charter, which as described by Dr. Yamamoto, “it (Ottawa charter) is still our bible for core public health programs globally”. In steering health promotion as a global agenda, the speakers echoed the Alliance’s mission of “bridging the gap between global declarations and local realities” as a means to similarly translate the UHC declaration to national contexts.

- Dr. Kökény, the former Hungarian minister for health and a senior fellow at the Graduate Institute Geneva opined, “health promotion is a choice that must be made every day, in every decision”. However, many determinants of health lie outside the responsibility of health ministries and more so, beyond the health sector. Therefore, health promotion as a strategic public health tool offers advocacy experience to implement intersectoral collaboration, civil society engagement to support public sector efforts, grassroots mobilization and in calling for strategic resource allocation for public health good.

- Country experiences highlighted the power of these approaches. For example, Germany’s experience highlighted the synergistic relationship between government and civil society i.e via laws to strengthen collaboration among actors across the nation. The German government MOH supports financially and via capacity building, a network of civil society organizations (CSOs) and NGOs nationwide (all under a body- Federal Association of Health Promotion and Prevention) whereas CSOs hold the government accountable and support development and implementation of national thematic policies for prevention and health promotion using a settings approach for schools, work places and communities. Georgia highlighted its multisectoral experience in combatting its national epidemic of high- risk smoking through actions for tobacco control guided from the highest political offices. The political actions are enacted alongside heightened public awareness programs targeting prevention and control of behavioural risk factors and vertical healthcare programs for priority chronic conditions.

### **2. Leave no one behind**

- Participants and actors at the forum shared in diverse ways, WHO’s vision to promote a world where all people live safe and healthy and in conditions to be with health, well-being and dignity. WHO highlighted its transformation under its 13<sup>th</sup> General Program of Work, a welcomed gesture

that would help to steer health promotion in its realignment among the top global health agenda. The Swedish mission further re-iterated, “SDG 3 is not about treating diseases but to ensure healthy lives and promoting well-being for all at all ages and WHO is expected to lead the agenda”

- The 9GFHP speakers highlighted the lack of prioritizing prevention and health promotion, even in high income countries. Shared experiences revealed capacity gaps and poor conceptualization of health promotion as a concept among those tasked to implement it, mostly health workers in health facilities. Additionally, the overly curative focus employed by most health systems limits the health promotion role to such curative settings thus creating gaps and challenges in terms of who/how individuals and target populations’ health promotion needs are met.

-The settings approach i.e promoting health in schools, workplaces, hospitals, communities using a life-course approach to promote health and address the social determinants of health was highlighted through country and organization experiences. Public-private partnerships for health promotion was touted as one among intersectoral approaches for health promotion. Such could be leveraged to expand networks of health promoting schools, health promoting hospitals and health promoting workplaces (which have potential to reach private sector such as insurances, businesses, manufacturing sector etc). The Education and Solidarity Network for example highlighted how education communities in its membership network contribute to UHC through health promotion approaches in educational spaces that create a culture of solidarity and social protection; promote health and well-being of students; and advocate for system reforms through encouraging young people’s participation in viable, sustainable and universal social protection systems. The International Health Co-operative Organization also highlighted the experiences and potential of co-operatives to close socio-economic gaps impacting the social determinants of health of individuals and their communities, by providing efficient, sustainable and people-centred health service provision models that are alternative and complementary to public sector models. Health co-operatives have existed for over 200 years including in countries with consolidated public health systems and according to the IHCO President- Dr. Carlos Zarco, they serve up to 100 million households globally today.

- As health inequities are often routed in socio-economic inequalities, one important social determinant of health is gender. Dr. Shirin Heidari, the President of GENDRO highlighted two ways in which equity in the context of UHC and health promotion could be achieved: i) we must acknowledge how gender interacts with other determinants of health to influence diverse individual health choices, resources and contexts and how diverse men and women groups respond to health promotion efforts and ii) we need to expand our approach to gender beyond women in their social roles as mothers, caregivers and victims of gender-based violence but consider gender across all dimensions of health and perspective across the life-course approach. This calls for evidence spaces, through research and data, that examine gender interaction with other determinants of health, health promotion interventions and UHC efforts as important to advance their effectiveness and roll back gender inequities in health.

-Questions from the audience also highlighted the importance of designing integrated UHC and health promotion models that are effective in targeting health needs of specific at-risk populations such as nomadic populations, adolescents (especially the girl-child) who will be the working population of tomorrow, etc.

-Another important discussion was the role of innovations and artificial intelligence as a driver positive driver for or against equity. With 70% of the world population predicted to live in the cities by 2050, it is important to ensure accompanying innovations do not increase inequity gaps (eg. permanent labour displacement) but rather narrow them.

### **3. Regulate and legislate**

As already highlighted, the changes called for in the UHC agenda could potentially be driven by a whole-of-society approach with a structured analysis of risk factors and societal changes and moving away from traditional models of the health sector. Dr. Ruediger Krech explained how WHO's approach so far has been supporting member states in incentivizing or disincentivizing through legal, structural or fiscal approaches. Some examples, including those highlighted during the keynote speech by Dr. Jakob include:

- Fiscal measures to help make healthy choices easier and unhealthy ones more difficult. Eg. tobacco and alcohol control, taxation on sugar and sweetened beverages, tobacco as in countries like Mexico and Colombia. Important to justify using the return on investment argument.
- Legal measures i.e strong laws against unhealthy products that cause unnecessary harm to people. Some successes include: smoking bans in Uganda, Australia- legislation on plain packaging, Argentina- restriction of commercial freedoms, India- Beedi industry and product packaging, Canada- recovery of healthcare costs.
- In Georgia, parliamentary legislation and political action against tobacco
- In Germany, legislation to strengthen collaboration between government, civil society and other key actors for health promotion.
- In Europe, how to encourage pension funds to de-invest from tobacco but at the same time thinking what alternative “healthier” options of investment that could substitute.

### **4. Uphold quality of care**

-The Global Conference on Primary Health Care (PHC) in Astana, Kazakhstan in October 2018 was another important step in how governments and non-state actors could work together to take forward the key messages of the global conferences, identify contextual gaps and translate into actions that impact the lives of communities at the grassroots level. Over 800 million globally still lack access to health services, including health promotion. Forum panels and participants were in agreement agree Primary Health Care presents an opportunity for integrating health promotion into last-mile access and delivery of essential health services targeting even remote populations.

-In Georgia, screening (for prevention) and services for TB, HIV and NCDs have been integrated into primary care and community-based services taken as an approach. Like in many low-and-middle income countries, Georgia also leverages on strengthening its primary care services for better regional outreach and to improve the quality and effectiveness of maternal, nutrition, reproductive and child healthcare (RMNCH) services (from viewpoint of SDG 3). Likewise, targeted health promotion approaches via leveraging existing lower level health system structures like community health units are essential in promoting health literacy and empowering people to take control over their health.

-There is need to conceptualize health promotion better in countries so that its implementation is more informed. One noted point was that operationalization of health promotion as a concept in

many African countries e.g Cameroon has been left in the hands of health professionals. Health workers in return do not understand the holistic approach of health promotion thereby reducing it to healthcare delivery and equating prevention of care to health promotion. To mitigate this, building capacity of health workers and promoting health system incentives for delivery of health promotion as a healthcare service is important. Additionally, strengthening reimbursement structures and incentives could be employed, depending on the corresponding health system's capacity to support them.

### **5. Invest more, invest better**

The case for investing in health promotion has never been clearer. Dr. Krech and Dr. Jakob highlighted three reasons why health promotion is back on the mainstream agenda: i) technical reasons ii) managerial reasons- it offers excellent strategies for action at different policy levels and iii) financial reason- if we do not invest in health promotion, then no country in the world, even the richest will be able to sustain or finance health services in the future.

According to a World Economic Forum and Harvard University study report, the current global curative-focused health spending is unsustainable and in the long run, will only push millions further into poverty. This is a solid case that investing in health promotion can save many health systems and governments billions of USD. In the words of Dr. Jakab, "Health is not only an outcome of development, it is also a prerequisite, as no country can prosper if its people are trapped by cycles of disease and ill health"

- The UHC declaration calls for governments to increase investment in quality primary care by at least 1% of GDP, which would help to finance health promotion and disease prevention within the health system (e.g health literacy and health promoting hospitals).

- In terms of investing better, i.e. in fiscal policies and regulations, the keynote speaker highlighted the importance of backing up financing arguments with concrete figures as a means to convince decision makers. "WHO should be the world health organization, not disease organization". WHO is currently putting together an integrated strategy document that countries could use as a technical guide.

-Investing better also requires a shift from focusing on treating the sick to promoting health. The UHC declaration proposes high impact policy measures to comprehensively address determinants of health across all sectors.

-Investing in technology and innovation is a positive measure but should also pay attention to future resulting societal impact in terms of health promotion, human rights, equity and ethics.

-Investing in health promotion research and better evidence synthesis to measure the true impact of health promotion and for decision making.

-An important question arose as to the growing nature of the health sector as a money maker due to increased demand. Dr. Soucat, WHO's Director of Health Governance and Financing, highlighted that current data indeed shows health expenditure is growing faster than the economy is growing. There is also a global shortage of health workers. How this will evolve will depend on public policy and citizen action because modern societies are increasingly deciding to publicly fund their healthcare systems hence, creating an "artificial market". She cautioned that the fundamental issue faced today is that it is politicians who decide market prices in the health sectors, therefore investing in citizen action is important to provide balance.



## **6. Moving together**

-This reiterates whole-of-society approach advocated for by health promotion advocates.

UHC promotes social cohesion (it is a health instrument, social protection instrument and a social cohesion instrument).

-In terms of how to develop the health component of digitalization and how to harmonize them, this area was highlighted as an important component for WHO, whereby an MoU between WHO, ITU and WTO on digitalization and health exists, including how to harmonize them. CSOs were also encouraged to support similar efforts in national contexts including support scaling up of such health programs.

-Collaboration. Europe was highlighted as an example of how to build alliances and scale up impact for health promotion by support countries to mobilize from the grassroots and expand nationwide. This was effective in Europe and has since translated into gains in improving premature mortality indicators.

- Outside the sector experiences. Intersectoral and multisectoral approaches that integrate health promotion approaches with huge commitments to determinants of health is a plausible way forward.

-Within the health sector, proponents of health promotion, determinants of health and universal health coverage must come together and synergize their efforts

Report by Veronica Shiroya



**Health Promotion - A Critical Pathway to Achieving  
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Tuesday, 12 November 2019, WHO Executive Board Room**

<b>Opening remarks</b>	
09:00-09:20	Bernard KADASIA, President, Alliance for Health Promotion Naoko YAMAMOTO, Assistant Director-General, World Health Organization
<b>Panel 1: The role of governments in implementing the outcome of the High-Level Meeting on Universal Health Coverage</b>	
Moderator: Mihály KÖKÉNY, former Minister of Health, Senior Fellow at the Graduate Institute	
09:20-10:20	<ul style="list-style-type: none"> <li>• Ambassador Victor DOLIDZE, Republic of Georgia, Permanent Representative to the UN</li> <li>• Ruediger KRECH, Director, Health Promotion, Division of Universal Health Coverage and Healthier Populations, WHO</li> <li>• Bernard KADASIA, President, Alliance for Health Promotion</li> </ul>
10:20-10:50	Healthy Break
<b>Panel 2: Translating Global Declarations into Actions</b>	
Moderator: Hussein ELSANGAK, Life University, Board Member of the Alliance	
10:50-12:00	<ul style="list-style-type: none"> <li>• Carlos ZARCO, President, International Health Co-operative Organisation</li> <li>• Sandrine MOTAMED, General Secretary, Geneva Association of Community Development</li> <li>• Shirin HEIDARI, President of GENDRO: Advancing Sex and Gender Equity in Research</li> <li>• Wendy KATHERINE, Executive Director, Health Nexus</li> <li>• Louise MAGNARD, Project Officer, Réseau Education et Solidarité RES</li> <li>• Agnès SOUCAT, Director, Health Governance and Financing, WHO</li> </ul>
<b>Keynote Speech</b>	
12:00-12:45	Zsuzsanna JAKAB, Deputy Director-General, World Health Organization <b>WHO coordinating global efforts on Universal Health Coverage building on the outcome of the UN High-Level Meeting</b>
<b>Closing Session</b>	
12:45-13:00	Bernard KADASIA, President, Alliance for Health Promotion Take-home messages and next steps
13:00-14:30	Networking Reception