

***From Vision to Action:***  
**NGOs Promoting Health in a Globalized World**

in support of  
the Bangkok Charter for  
Health Promotion in a Globalized World



*“Health promotion has a leading role to play in this global effort to improve the health of all people. ... The action you take in the light of this charter can radically improve the prospects for health in communities and countries around the world”*

*Dr. LEE Jong-Wook  
WHO Director-General  
6th Global Conference on Health Promotion*



## Introduction

This booklet has been prepared as a tool to help support and facilitate the further involvement and participation of NGOs in promoting health at the global, regional, country, community and institutional levels. It should also serve as a basis for strengthening and focusing ongoing collaboration between NGOs and the World Health Organization.

The booklet is a main outcome of a joint WHO/NGO Workshop held on 23 February 2006. It gives a brief outline of the overall context and extent of NGO work in health promotion including collaboration with WHO and examples of NGO initiatives.

The Action Framework in the booklet is by no means comprehensive. Rather, it provides the broad frame with key actions that should form the initial blocks on which individual NGOs and groups of NGOs can build and shape more specific and comprehensive programmes and projects. The Bangkok Charter on Health Promotion (BCHP) has been included to aid quick reference and to publicise it.

The booklet contains

- \* A flow chart showing 20 years of health promotion
- \* An NGO Action Framework for the BCHP
- \* Strategic First Steps for NGO implementation of the BCHP
- \* The Bangkok Charter
- \* NGO Activities in Health Promotion, examples of their work and activities
- \* An introduction to the NGO Advisory Group on Health Promotion and some recent activities

### ***Acknowledgement***

*The members of the NGO Advisory Group on Health Promotion would like to express their appreciation and gratitude to WHO for associating NGOs as partners to achieve the commonly shared objective of the implementation of the Ottawa Charter, the Adelaide, Jakarta, Mexico statements and the Bangkok Charter for Health Promotion. The workshop held in February 23, 2006 "From Vision to Action: NGOs Promoting Health in a Globalized World" was a forward looking initiative to develop and strengthen joint action on health promotion at all levels. The outcome of the workshop underlined the importance of NGO/WHO collaboration and networking to promote collaborative actions. The NGO Advisory Group on Health Promotion is grateful to WHO for supporting the organisation of this workshop and to the many NGOs who actively participated.*

*This booklet would not have been possible without the contribution of both the WHO and the NGOs.*

# 20 years of NGOs supporting Health Promotion worldwide

Ottawa Charter  
for Health Promotion, 1986

## WHO Global Health Promotion Conferences

Adelaide  
Australia, 1988

Sundsvall  
Sweden, 1991

Jakarta  
Indonesia, 1997

Mexico City  
Mexico, 2000

Bangkok Charter  
for Health Promotion, 2005



## Implementation



7th Global Conference on Health Promotion  
Africa, 2009

***From Vision to Action:***  
**NGOs Promoting Health in a Globalized World**  
***Brief Summary of the Workshop held in Geneva, 23 February 2006***

The NGO Advisory Group on Health Promotion and the WHO Department of Chronic Diseases and Health Promotion organised a consultative workshop on health promotion. It focused on promoting the implementation of the Bangkok Charter for Health Promotion in a Globalized World (BCHP) and developing an action framework for NGOs to contribute to the four commitments of the BCHP, particularly by making the promotion of health a key focus of communities and civil society.

The workshop was another important step in the ongoing process of strengthening collaboration between NGOs and WHO in the field of Health Promotion. It followed up on the 6<sup>th</sup> Global Conference on Health Promotion and, in particular, the Bangkok Charter for Health Promotion in a Globalized World. The workshop was held at the WHO on 23<sup>rd</sup> February 2006. A total of 46 participants from 33 mostly Geneva-based international NGOs concerned either directly or indirectly, with the health and the well-being of society, attended.

**Preliminary Remarks and Presentations**

Dr Colin *Tukuitonga* welcomed the participants and acknowledged the important impact NGOs have made in improving public health. He reaffirmed that WHO was committed to increasing its work in health promotion and to greater collaboration with NGOs.

Mrs Berhane *Ras-Work* emphasized the special opportunity the workshop gave to strengthen NGO collaboration with WHO and to contribute to the health and the well-being of communities and individuals around the world.

Mrs Joanna *Koch* gave a brief outline of the history of the NGO Group and its collaboration with the WHO since the 4<sup>th</sup> GCHP in Jakarta in 1997.

Dr K.C. *Tang* introduced Health Promotion and the four commitments of the BCHP. He pointed out that health promotion is the process of enabling people to increase control over their health and its determinants.

Mrs Berhane *Ras-Work* presented the Inter-African Committee on Traditional Practices and its work in promoting the health of women and children.

Dr Ian *Hill* outlined the work of the IBO with children from the middle-class backgrounds, as well as over 40% of their schools around the world that cater for children from poorer backgrounds.

Mrs Gabriella *Sozanski* gave an outline of the work of the co-operative movement across the globe pointing out that co-operatives represent an extensive worldwide network whose principles are aligned with addressing the determinants of health.

Dr Blanche *Pitt* delivered the Keynote Address. She outlined the key strategies for promoting health including advocacy-human rights/policy/legislation, empowerment-health literacy, access to resources, community mobilisation and participation, and partnership.

**Breakout Groups**

Mr Bernard Amahaya *Kadasia* introduced the breakout group sessions. Each of the four groups discussed a separate topic as well as the role and position of women in health promotion, including their significance for the NGO action plans – as a cross-cutting issue. The four topics covered were:

- Making health promotion a key focus of communities and civil society.
- Strengthening health promotion at the global level - Action plan on how NGOs can contribute.
- Role of NGOs in relation to the required actions as outlined in the BCHP: advocate, invest, build capacity, regulate and legislate, partner and build alliances.
- Preparations for the 7<sup>th</sup> Global Conference on Health Promotion in Africa in 2009.

## NGO Activities in Health Promotion



### **Associated Country Women of the World (ACWW)**

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ACWW represents over 10 million rural and farming women, active in over 70 countries, working in partnership with members in sister organisations.

#### *Development Initiative for Women in Mali*

In 1998 ACWW received a grant from the first ever UK National Lottery International Grants Programme. Following a direct request by a locally based NGO member of ACWW, Action Couverture et Développement (ACD) the grant was used to set up a unique four-year and community-based development project for women and girls in the remote rural area of Ouélessébougou, Mali, West Africa. The aim was to improve access to education, health care and provide income-generating opportunities.

ACWW and ACD set up in partnership eight literacy centres; two market gardens; a health centre in Seliban; the training of 16 traditional nurses; a community health training programme; and a savings/credit scheme.

With improved access to education and employment, and better health care and nutrition, the women's status in society improved. They have grown in self-confidence, and their self-esteem improved dramatically. They have been empowered through literacy and numeric skills, and have gained financial independence through the credit scheme and the development of income-generating skills.



### **The Federation of American Women's Clubs Overseas (FAWCO)**

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FAWCO, an international organisation with approximately 15,000 members in 38 countries has long been active in health promotion and projects benefiting women and children.

*FAWCO's NetWorks* is a malaria prevention programme originally established to supply long-lasting insecticide-treated bed nets to some of the world's most vulnerable women and children. In 2005 FAWCO raised over \$97,000 for ITN supply. A malaria section on the FAWCO website includes information on malaria and its prevention.

FAWCO is currently partnering with the Swiss foundation, BioVision in support of the integrated and environmental approach to malaria prevention, which involves removal of breeding sites, the use of natural pesticides, education as well as the use of bed nets. FAWCO is financing ITN supply for two BioVision administered pilot projects in Nyabondo and Malindi, Kenya. In addition, FAWCO will partner with BioVision to support their integrated approach to malaria prevention beyond ITNs, including the support of educational programmes and a new focus on the planting of neem trees, whose shavings can be used as a natural pesticide for the treatment of the water-born larvae.

The Global Forum for Health Research addresses the massive under-investment in health research that is directed to improving health in developing countries. It works to:

- change the priorities about how existing resources for health research are used
- encourage new resources that will be directed to research in neglected areas
- foster research in neglected areas to reduce the burdens of disease and disability
- promote increased investments in research on interventions to create and sustain health.

The Global Forum advocates for research that widens understanding about health and health equity, consistent with the new paradigm of health promotion that emerged from the 2005 Bangkok Conference. The Global Forum's latest publication, *Monitoring Financial Flows for Health Research 2005: Behind the Global Numbers*, highlights the revolution of a broader and more holistic definition of health, the need for a wider multisectoral approach to understanding the determinants of health and a re-conceptualization of 'health research' as 'research for health'. The Global Forum's 2006 annual meeting (Forum 10, Cairo, Egypt, 29 October-2 November: "Combating disease and promoting health") focuses on the conditions that enable individuals, communities and countries to promote better health through improvements in their physical and social environments.



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*Training Manual on Tuberculosis (TB) and Multidrug-Resistant Tuberculosis (MDR-TB) Control Programme for Hospital/Clinic/Health Facility Managers, Pilot Workshop, 7-10 March 2006, Pretoria, South Africa*

The International Hospital Federation (IHF) has developed a comprehensive TB and MDR-TB training programme, which consists of a detailed training manual for hospital managers. The manual was piloted during 7-10 March 2006, in Pretoria, South Africa, in collaboration with the National TB Programme and Facilities, Planning and Hospitals Directorates of the Department of Health, South Africa. Other pilot programmes are planned in the Philippines and Russia.

"It is vital to recognize that there is a need to include managers of hospitals and health services in planning and implementation of disease prevention and control programmes, said Per-Gunnar Svensson, Director General of the International Hospital Federation. "The resultant 'ignorance' and non-involvement/exclusion, can lead to adoption and implementation of contra-productive decisions and actions."

Feedback from participants:

*Overall impression about this workshop is that it was introduced to us at the right time and it was very relevant to our work as managers of the institution. Very informative.*

*The manual is designed in such a way that it covers all our area of concern that we were not sure as to how to address them, but now we are equipped to pass all this information to our staff members as well. Also the workshop encourages us to encourage team work and to look at our patients as our customers.*



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The IBO is an educational foundation promoting intercultural understanding, human rights and education for life in more than 1,800 schools in 122 countries.

*Prison Babies Project, Sri Lanka:*

Students of the Overseas School of Colombo give weekly support to the babies living with their mothers in prison. Some children were born in prison and had never been outside its walls until IBO started this project.

IBO students visit the prison and provide the children with a daily cup of milk, and a snack or cereal. Initially, they washed and cared for the babies, but this has ceased as their mothers are able to do this before the students' weekly visits. Students talk to mothers and children about good manners and good health and have taught older children to read and write. They have set up a classroom with a teacher and pay her monthly allowances of Rs. 2000 (approximately \$30). Community Association Students refurbish and maintain the prison classroom. Students have arranged trips to the zoo, park, and other places of interest.

The IBO diploma programme and its compulsory community service health projects greatly benefit local inhabitants and improve their lives. Students benefit by individually initiating and implementing these projects.



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The *International Alliance of Women, IAW* is actively involved in supporting women's participation in tobacco control based on the WHO Framework Convention on Tobacco Control, FCTC.

Main health promoting activity of the Commission on Health since 2004: Presenting NGO shadow reports on Women and Tobacco at the meetings of CEDAW, the monitoring body of the Convention on the Elimination of all Forms of Discrimination against Women. IAW members in the countries under examination are asked to submit news for these reports. They are also encouraged to raise awareness for the gender-specific aspects of the issue such as the tobacco industry's misleading advertising targeting women and girls; smoking as a frequent cause of morbidity and death which often aggravates poverty; health consequences for the children of mothers who smoke during pregnancy; passive smoking which women and children are particularly subject to where women's status and educational opportunities are low.

IAW advocacy for gender-sensitivity in tobacco control and women's health rights includes active membership in the *NGO Framework Convention Alliance*, an NGO briefing and participation in a WHO Panel during the Conference of the Parties on the FCTC in February 2006, news items in the IAW monthly electronic newsletter, and collaborating with WHO in the drafting of Recommendations for governments for mainstreaming gender into the FCTC according to the provisions of the Preamble and Guiding Principles.

IAW also collaborates with the *NGO Forum for Health* and chairs an NGO working group in Geneva which monitors the Committee on the rights of the child with regards to its coverage of children's and adolescents right to health.



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*“5-Star Health, 5-Star Family” – a post SARS community health promotion project by Hong Kong Red Cross*

In order to continue in raising the awareness of personal health and environmental hygiene practice after the SARS outbreak, the Hong Kong Red Cross has started a community health promotion project in two densely populated communities in Taipo and Tun Mun districts. In view of the close family ties in Chinese culture, families are the primary target group.

Mass events and interactive health promotion activities are organised. Material and self examining checklists on health and environmental hygiene practices are produced. Acknowledging health behavioural changes take time, the project has taken a community-based approach. Targeted families are part of a community network to disseminate and discuss health messages with their neighbours.

A ‘5-star logo’ is awarded to families which have improved and sustained their health practices according to the checklist. The families are encouraged to work with one another, local private doctors, schools, housing management companies and grass-root organisations to create a healthy and caring community.

Since the project has started, more than 100,000 households have been reached. More than 500 individuals have registered as voluntary ‘District Health ambassadors’. This network of families and health ambassadors are mobilised in working with the communities since the Avian flu outbreak and preparing for a potential human flu pandemic.



**International Health Co-operative  
Organisation (IHCO)**  
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The International Health Co-operative Organisation (IHCO) is a sectoral arm of the International Co-operative Alliance (ICA – based in Geneva) regrouping a worldwide membership of 800,000 million individuals involved in various sectors of life.

A comprehensive survey undertaken ten years ago by the United Nations in collaboration with ICA stated that health services provided by co-operatives reach at least 100 million households around the world. IHCO has recently approved a project to launch a similar survey in partnership with international organisations focusing on best practice in health promotion.

The aim of the survey is to provide evidence of the comparative advantage co-operatives have in promoting health and at the same time creating jobs. Co-operatives have proved to be an efficient model for promoting the health of their members and also the communities they operate in, where they are major driving forces of local development. The research will include an important gender aspect.

Best practice will include among others, projects from

*Brazil:* “The future of Brazil: Youth investment”, the “Battle against mother & child malnutrition”, “Environmental sustainability”;

*Japan:* “Build health – build peace”, “Healthy living” campaign;

*Africa:* Micro-insurance /micro-financing projects, and many others.



### **International AIDS Society (IAS)**

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The International AIDS Society (IAS) is the world's leading independent association of HIV/AIDS professionals and has more than 7,000 members from 132 countries. It is the custodian and lead organiser of the International AIDS Conference, the paramount gathering of all HIV/AIDS disciplines held biennially. The IAS also organises the highly successful biennial IAS Conference on HIV Pathogenesis Treatment and Prevention, which focuses on the scientific and medical aspects of HIV/AIDS.

By convening the world's largest HIV/AIDS meetings, IAS provides critical platforms for presenting new research, sharing best practices and advancing the fight against HIV/AIDS. As the IAS promotes dialogue, education and networking, gaps in knowledge and expertise close at every level of the response. By providing support services to members, the IAS helps them do what they do best, advancing the state of the art and expanding access to HIV prevention, treatment and impact mitigation.

The IAS has several other initiatives. Two of these are the Industry Liaison Forum (ILF), focused on removing barriers to investment in research in resource-constrained nations, and eJIAS, a web-based medical journal dedicated to the dissemination of HIV/AIDS research conducted in developing countries.

The International AIDS Society is committed to the promotion of health in general and in the context of the response to HIV and AIDS. It is an active member of the NGO Advisory Group on Health Promotion.



### **International Pharmaceutical Federation (FIP)**

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FIP is the global federation of national organisations of pharmacists and pharmaceutical scientists. Founded in 1912, FIP works in partnership with health-related NGOs to advocate and initiate action across a wide spectrum of public health issues. In many countries, pharmacists are the most accessible health providers in the community and as such, have a vital role to play in the promotion and management of health.

Example Project: Technical assistance for the implementation of WHO/FIP Guidelines on Good Pharmacy Practice (GPP) in developing countries.

The overall goal of this project was to contribute to the health and well-being of the populations in Thailand and Uruguay through improved standards and practice in pharmacy services, drug distribution and drug use.

For Thailand, one of the key challenges was to increase the number of government-accredited pharmacies. The project also looked into developing community pharmacy-based services.

For Uruguay, a proposal to create a Training Pharmacy within the University, open to the public had been developed. Pharmacy students would be trained in communication skills, drug dispensing and GPP in general. It was envisioned to develop this pharmacy as a model for other pharmacies in the country.

Community pharmacists are points of access for health information and may serve to be crucial in the dissemination of public health services.



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### *The role of the World Dental Federation in Global Oral Health*

The FDI is a federation of 157 dental associations worldwide representing more than 900,000 dentists globally. Key activities aiming at the promotion of optimal oral and general health include the development of policies, global goals and standards, to speak on behalf of the profession and to act as information hub for all stakeholders. Challenges for the future include human resources for the provision of oral health care, addressing international migration as well as working on effective policies to integrate oral health in primary health care in order to make services affordable and accessible.

Focus on the gaps and inequalities in oral and general health status is a major public health activity of the FDI, which promotes appropriate policies, education and technology. The reduction of risks to health — such as tobacco use and high sugar intake — are on the FDI's agenda for action, as well as the promotion of fluorides to prevent dental decay.



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WUCWO is the only worldwide Catholic women's umbrella NGO of about 100 Catholic women's organisations representing all continents and recognised as such by the Holy See.

### *Project in the Democratic Republic of CONGO L'ASBL BONDEKO YA SIK*

Founded in 1967, the Organisation is a lay Christian life community to promote Christian ethics so that no one should suffer from unmet basic needs. A 200-bed Centre was set up with meeting rooms and a restaurant. In 1979 the first buildings were put up which were to become the Bondeko Clinic. Major companies use the services of the hospital which in turn gives them the possibility of offering the same quality services to the poorest.

Services were then extended to outlying areas of the town with health centres of Mikondo and Bu. A vast programme of literacy and skills training for boys and girls started.

Since 2000, ASBL is involved in development in the interior of the country with an 200-hectare agricultural centre of farming, animal breeding, a school and a health centre. It is hoped that it will become an experimental project that could be brought to other rural areas of the country.

There are about 300 such life communities, 200 in Kinshasa and 100 in the rural areas linked in faith and partaking in the experience gathered through the ongoing projects. New initiatives have started and money collected through the tithes of its members, a small contribution from patients according to their financial means and with the help of foreign donors, yet 20% of the funds are raised locally.

Long term results are the education and sensitisation of the population to STDs, HIV/AIDS and child mortality due to insufficient information of mothers on nutrition and health. Health promotion among the population is one of the major aims of the Community.

The World Heart Day programme was launched by the World Heart Federation (WHF) in September 2000 to inform the public and policy makers about cardiovascular disease risk factors, healthy lifestyles and the effectiveness of preventive measures.

World Heart Day is celebrated every year on the last Sunday of September, focusing on a specific theme (physical activity, obesity, nutrition...). The day is the culmination of WHF's awareness building activities. The programme has served as a catalyst to WHF's entire member network, strengthening its sense of purpose and involvement in cardiovascular disease prevention.

In 2000, its first year, World Heart Day was celebrated in 70 countries, in 2005, over 100 countries were actively involved. The media coverage reached 133 million people in 2002 and over 437 million in 2005.

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The WFMH was founded in 1948 and its mission is to promote the advancement of mental health awareness, prevention, advocacy and best practice recovery with focused interventions worldwide.

#### *The School-to-Army programme*

Facilitating adolescent transition from school to basic army training in Israel

In Israel every Jewish adolescent is obliged to join the army for two years (females) and three years (males). Surveys show that most of them welcome their enlistment as fulfilling a real civic need and an opportunity to prepare for adulthood. However studies over the last 50 years also show it is an exceptionally stressful time, as they adjust to a large bureaucratic structure and cope with intense peer relations in cramped quarters, family relationships, and other mental health problems. In view of these findings, a preparatory intervention was designed for Grade 12 boys and girls, known as the School to Army (STA) programme, containing 15 components covering collaboration between school and military systems.

Most Jewish high schools now use these STA programmes. Evaluation studies have established the significant short-term contribution of the programmes to participants' feelings of self-efficacy, and readiness for this transition.

This project was sponsored and conducted by the Israel Ministry of Health and the Tel Aviv University, School of Education and selected for inclusion in the joint WFMH-WHO publication *Mental Health Promotion: Case Studies from Countries*.



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The IPSF is a non-profit, non-religious NGO representing 350,000 pharmacy students in 70 countries worldwide.

#### *IPSF Patient Counselling Event*

Target audience: Pharmacy students and pharmacy schools globally with national pharmaceutical professional organisations.

Objectives: To develop pharmacy students' skills in concordant patient counselling; To promote active learning and innovative teaching methods; To promote health services provided by pharmacists and pharmacists' role in health promotion.

Intervention: Organising training sessions for pharmacy students where students practise patient counselling through role-play and hypothetical patient scenarios.

Resource implications: Organised by students on a volunteer basis, often in collaboration with universities and professional organisations; Resource booklet "Counselling, Concordance and Communication – Innovative Education for Pharmacists" developed by IPSF and FIP; No financial support from IPSF.

Outcome: Improved patient counselling skills; better understanding of how pharmacist can actively be part of the health care team and promote health.

Concordance is an agreement reached after negotiation between a patient and a health care professional that respects the beliefs and wishes of the patient in determining whether, when and how medicines are to be taken. Medicines Partnership, UK.



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The International Union Against Cancer is an independent association of more than 270 member organisations in over 80 countries working to advance scientific and medical knowledge in research, diagnosis, treatment and prevention of cancer throughout the world.

#### *"My Child Matters" Campaign*

Childhood cancer is the second highest cause of death in children between the ages of five and fourteen in populations where overall mortality is low. Each year, more than 160,000 children are newly diagnosed with cancer. The exact number is not known, as the number of children with cancer is not registered in many countries. Despite groundbreaking advances in diagnosis and treatment, children living in developing countries have less than a 50% survival rate, and children in developed countries 80% survival rate. Early detection and access to treatment are vital to save children's lives.

UICC dedicated World Cancer Day 2006 to childhood cancer, organizing educational and fundraising events to create awareness. UICC brought together advocacy groups, patient survivor networks, voluntary cancer societies, public health authorities and treatment centres for a collaborative approach to advocacy and universal access to treatment, including care and support. Cancer knows no boundaries, and individual countries cannot address the disease in isolation, together we can.

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**ACTION FRAMEWORK**  
First draft developed at the Workshop  
23 February 2006

## ACTION FRAMEWORK

### NGOs' Action Framework for the Implementation of the BCHP

This action framework is developed in the light of the deliberations of the breakout sessions held during the WHO / NGO workshop: *From Vision to Action: NGOs Promoting Health in a Globalized World* (WHO, Geneva, 23rd February 2006). The purpose is to provide NGOs with a broad framework for health promotion to which collectively, or individually they may wish to contribute. It is not confined to those directly concerned with health issues but open to the wide variety of NGOs from various areas of interest and expertise but which are not in conflict with the policies, goals and principles of WHO. The action framework is developed in line with the Bangkok Charter for Health Promotion in a Globalized World (BCHP) and its commitments and action areas.

The BCHP “identifies actions, commitments and pledges required to address the determinants of health in a globalized world through health promotion”. NGOs have a critical role to play in this ongoing process. *Commitment 3 of the BCHP: Making the promotion of health a key focus of communities and civil society* underlines the important role of NGOs and challenges them to action. NGOs, individually and collectively, can also contribute in a big way to fulfill the other three commitments: to making health promotion central to the global development agenda, a core responsibility for all of government and a requirement for good corporate practice.

NGOs can contribute to the fulfillment of the four commitments of the five interrelated action areas specified in the Charter. NGOs are invited to undertake specific activities to support the implementation of the BCHP by working either alone or with other partners. To facilitate this process a number of activities are proposed under each of the action areas.

NGOs could indicate activities which are undertaken or planned.

### NGOs making the promotion of health a key focus of communities and civil society

#### **ADVOCACY**

for health based on human rights and solidarity.

- To include the BCHP in Newsletters, international and national bulletins.
- To have BCHP translated into local language if not already available.
- To have BCHP put on website where available.
- To have articles written on human rights and solidarity in newsletters, for example on women's rights, rights of minorities and marginalized people in any society.
- New/ongoing activities, for example: networking, partnering collecting/documenting examples of best practice.

### ***INVEST***

in sustainable policies, actions and infrastructure to address the determinants of health.

- To include or strengthen commitment to human rights in the constitution, work plan of their NGO.
- To give greater attention to addressing the underlying causes, or influence of health related conditions such as: access to health services, empowerment of women including girls education, violence in the home, or community, alcohol abuse, tobacco use and traditional practices, etc.
- To mobilize public attention with regard to underlying factors/determinants of health as well as risk health behaviours possibly through articles, meetings, workshops.

### ***BUILD CAPACITY***

for policy development, leadership, health literacy.

- To hold meetings, workshops, write articles on issues of public health concern and on how to mobilize appropriate actions to address them.
- To contribute one or two case studies for the compilation of a case book of best practice.

### ***REGULATE and LEGISLATE***

to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people.

- To act as a monitor of events, actions, omissions in society which have health consequences and to bring to community, public attention and governments.
- To advocate for the need for policy change or enactment of legislation that promote and protect health.

### ***PARTNER and BUILD ALLIANCES***

with public, private, non-governmental and international organisations and civil society to create sustainable actions.

- To develop joint funding proposals for health promotion activities in collaboration with WHO and other NGOs.
- To support the follow-up to the Bangkok Conference and Charter at local, national and international levels.
- To be actively involved in the planning, resource mobilizing and preparations for the 7<sup>th</sup> Global Conference on Health Promotion to be held in Africa in 2009.
- To work in strengthening national, regional and global networks of NGOs, multisectoral and multi focused where feasible, which support the promotion of health and the underlying conditions for health.
- To partner with WHO at Headquarters, Regional and country levels.

## ***From Vision to Action:*** **NGOs Promoting Health in a Globalized World**

### STRATEGIC FIRST STEPS

- |   |
|---|
| * Develop a formalized platform for networking and collaborative action in health promotion.  |
| * Develop a technical working group jointly with WHO to review best practices, literature and case studies.   |
| * Identify their own commitment and entry points for action in implementing the charter.  |
| * Follow up and report on the outcome of this workshop and the WHO/NGO Action plan on health promotion at the 7 <sup>th</sup> Global Conference on Health Promotion in Africa, in 2009. |
| * Monitor and evaluate progress on the implementation of the Bangkok Charter, at all levels, before the 2009 Conference.  |

*"Health Promotion draws its spirit from the Alma-Ata Declaration of 1978, which stressed the responsibility of all members of the community for a healthy and rewarding life. We are more than ever in need of that spirit now in our fight against preventable and unacceptable epidemics of our time. NGO support through health promoting activities will be a key to getting the results that are urgently needed."*

*Dr. Lee Jong-Wook, WHO Director-General*

## NGO Activities in Health Promotion



**World Young Women Christian Association (WYWCA)**  
16 Ancienne Route  
1218 Grand-Saconnex, Geneva  
Switzerland

[www.worldywca.info](http://www.worldywca.info)  
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### *Papua New Guinea: Reaching the most vulnerable*

Poverty drives many women into the sex trade, increasing their vulnerability to HIV infection. With little or no education and unable to read and write, sex work is sometimes the only option for women to be able to feed, clothe and educate their families. In Papua New Guinea, for example, 85% of sex workers are illiterate and have no formal job skills. The YWCA of Papua New Guinea decided to focus its efforts on preventing HIV among sex workers, recognising that the epidemic had the potential to devastate the Pacific island, and that poverty had forced many women into the trade. Through its programme, the YWCA has developed the literacy and income generating skills of over 400 sex workers, aged between 12-49 years. It has supported women to establish small businesses, and has also provided HIV counselling and testing to reduce the risk of infection and spreading the virus. Over 200 women have left the sex trade as a direct result of the YWCA's HIV/AIDS prevention programme in Papua New Guinea. It is a clear example of how YWCAs are tackling the root causes of women's vulnerability to HIV infection, and restoring human dignity and economic independence to women in their communities.



**The World Council of Churches (WCC)**  
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The WCC, formally inaugurated in 1948, is a fellowship of 347 churches in over 120 countries from virtually all Christian traditions.

WCC's work in health enables the churches to help congregations become healing and welcoming communities through education, advocacy, networking and practical action, with a priority focus on HIV/AIDS.

The visible involvement of Churches on the issue of HIV & AIDS is largely in the service sector. The involvement of people living with HIV & AIDS in the life of the church and programme decision-making processes is invisible, or when present is mostly restricted to token representation.

A project launched in 2005, targets member churches and church-related organisations to

- Adapt work place policy as per ILO guidelines
- Establish and sustain partnerships of People Living with HIV/AIDS Networks
- Develop and adopt guidelines in dealing with people living with HIV/AIDS
- Engage people living with HIV/AIDS.

Much of the above is being implemented: Documents and guidelines have been developed, workplace policies drawn up, and people living with HIV & AIDS have made a significant impact at key gatherings in the church worldwide.



**Inter-African Committee on Traditional Practices  
(IAC)**

145 rue de Lausanne, 1202 Geneva  
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The Inter-African Committee on Traditional Practices is a non-governmental, international organisation whose mandate includes fighting against harmful traditional practices such as FGM and promoting positive practices.

IAC uses different strategies to campaign against harmful traditional practices like FGM. It trains and sensitizes different target groups whom it considers as stake holders - excisers, religious and community leaders, women, men in the community, legislators and youth.

One of the best recent practices is the full participation of youth in the anti-FGM campaign. Following special trainings organised for them in at least 16 countries, the youth have adopted different strategies to sensitize and influence public opinion and to intensify peer education against harmful traditional practices. In Benin, they developed a system called youth caravan; a group in a village moves to the nearby village with info materials to inform, educate, and mobilise the youth of that village. Following the information session, youth from the second village campaign in a third village. After sessions supported with theatre, sports, posters and leaflets, the youth from the third village move to the fourth and the cycle goes on.

This campaign has made a visible positive impact in changing attitudes. The youth are standing up in public to voice their rejection of FGM as a health hazard and a violation of human rights.

IAC believes the involvement of youth will have a far reaching impact as this target group represents both the victims and the future parents.



**African Care and Development Initiative (ACDI)**

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1201 Geneva, Switzerland

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[info@acdi.ch](mailto:info@acdi.ch)

ACDI was established in June 2005 to target vulnerable children from families infected and affected by HIV/AIDS, and prone to further HIV infection in Africa and Uganda in particular.

ACDI addresses issues of

- Vulnerability to further HIV infection of infants and parents, through educational programmes
- The care and management of HIV infected victims through social and psychological needs
- Enhancing the livelihoods of households affected by HIV/AIDS, by helping them lead physically healthy, socially and economically self-sustaining lives.

The model ACDI uses is that if affected children are given access to education, they can be economically empowered to lead a better life. If an HIV parent/guardian has an income-generating activity, they can better meet the medication expenses, nutritional requirements and experience less psychological trauma.

ACDI has seen that the number of people who need care, support and management are enormous. Many families infected and affected by the virus are heterogeneous with different and specific needs. This calls for a strategy that will involve the most destitute households and children.



**World Association of Girl Guides and Girl Scouts  
(WAGGGS)**

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As experts on issues affecting girls and young women, the World Association of Girl Guides and Girl Scouts and its 10 million members in 144 countries around the world work both as advocates and as providers of community programmes to enable girls and young women to develop their fullest potential.

In early 2005 the Association carried out its first global survey on adolescent health among 6000 girls from 100 countries. From this 7 key messages were selected:

Girls worldwide say:

- fight aids,
- make healthy food choices,
- prevent adolescent pregnancy,
- it is important to talk about sex,
- let's talk about the danger of drugs,
- ban smoking in public places and
- discover your potential.

During the triennium 2006-2008, WAGGGS will speak about these key messages, do something about them and educate audiences throughout the world about adolescent health. Girl Guides around the world will also act on them. An example is this year's World Thinking Day (22 February 2006) with a focus on these issues so girls everywhere can spotlight relevant issues such as eating healthily, preventing adolescent pregnancy and fighting AIDS in their communities, and can fundraise and bring awareness about one or more of these issues in their communities.



**The Aga Khan Foundation (AKF)**

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The AKF is part of the Aga Khan Development Network (AKDN), founded and guided by His Highness the Aga Khan. It brings together a number of international development agencies, institutions and programmes, working mainly in the poorest parts of South and Central Asia, Africa and the Middle East.

The AKF works primarily in four major areas: education, rural development, health and civil society. Its efforts are undertaken in concert with its sister AKDN institutions, ranging across the development spectrum, including the preservation of historic neighbourhoods, microfinance, water and sanitation, housing and large-scale economic infrastructure. For example, in Tajikistan, AKF's projects boost food security, rationalize health care, improve schools and help create civil society institutions, complemented by the repair and upgrade of a hydro-electric plant, the establishment of a microfinance bank, and the preservation and promotion of Central Asian music.

In every undertaking, the overriding goal is to assist in the fight against hunger, disease, illiteracy, ignorance and social exclusion. Central to all these efforts are inclusive, community-based development approaches, in which local organisations identify, prioritise and implement projects with the Foundation's assistance.



**Rotary International**  
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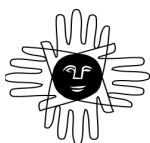
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Rotary is a worldwide organisation of business and professional leaders that provides humanitarian services, encourages high ethical standards in all vocations, and helps build goodwill and peace in the world. Approximately 1.2 million Rotarians belong to more than 32,000 Rotary clubs located in 168 countries.

Rotary's most important work in the field of global health is in polio eradication. Its involvement began in 1979 with a five-year commitment to provide and help deliver polio vaccines to six million children in the Philippines. In the next four years, similar five-year commitments were approved for Haiti, Bolivia, Morocco, Sierra Leone, and Cambodia.

In the early 1980s, Rotary initiated the most ambitious programme in its history – to immunize all the world's children, collaborating with international, national and local health agencies. Adequate funding is the No. 1 obstacle to achieving a polio-free world and in February 2002, Rotary announced the "Polio Eradication Fundraising Campaign" to raise US \$ 80 million.

The Global Polio Eradication Initiative is recognized worldwide as a model of public and private cooperation in pursuit of a humanitarian goal. The UN Secretary General Kofi Annan calls the programme a shining example of the achievements made possible by cooperation between the UN and NGOs.



**Solar Cookers International (SCI)**  
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SCI founded in 1987, in partnership with others, has empowered 30,000 refugee families in Kenya and Ethiopia by developing simple, affordable solar CookKits to guarantee pathogen-free drinking water. A solar cooker pays for itself in two months, reduces smoke and water-related diseases, is clean, labour-saving and safe around children, and can save a ton of wood per year and related CO<sup>2</sup> emissions.

A Women's Solar Cooker Microenterprise Project to reduce Diarrheal Diseases, was set up in Rural Nyanza Province, Kenya. The community aimed to address shortages and high costs of cooking fuels as well as polluted water sources and water-borne diseases. Four women's groups started small businesses, making and selling solar cookers, and similar projects are starting in two other areas of Kenya. A survey in 2005 revealed that most families who bought solar cookers also quickly began pasteurizing their water, reducing diarrheal incidents per child from 13% to 7% per week. Heating water to pasteurizing temperatures is most effective, and solar and traditional heating fuels complement each other for best protection of children.

A simple tube of wax (reusable indefinitely) that melts at pasteurization temperatures and shows when water has heated enough to destroy pathogens is used. Solar pasteurizing differs from the SODIS method, which takes longer and doesn't destroy rotoviruses and UV-resistant organisms.



**International Council on Social Welfare (ICSW)**  
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The ICSW, founded in 1928, is a global NGO representing organisations that are actively involved in programmes to promote social welfare, development and justice.

Health Promotion and implementing the Bangkok Declaration on Health Promotion are part of our activities, with regular updates in the monthly ICSW newsletter, at regional and global ICSW conferences, and our advisory activities in relation to our mission .

Life expectancy in the countries of the former Soviet Union has dropped dramatically, especially for males. It is now 59 in the Russian Federation (lower than India). Non-communicable ailments, cardiovascular diseases, injuries and resurfacing infectious diseases account for this rise. Ukraine and the Russian Federation now have the fastest growing rates of HIV infection in the world. In view of the dramatically deteriorating health situation and as an integral part of social and economic development, ICSW will focus on the region by strengthening its membership and activities in the Black Sea region.

Together with other NGOs, ICSW is working on a joint declaration on the eradication of poverty, in which health will be an important issue. As a follow up, it is proposed to focus on the Black Sea countries in collaboration with the WHO.



**World Organization of the Scout  
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The project 'Youth for Youth' was designed in partnership with the World Health Organization in order to address the health problems affecting young people in the Arab Region. Innovatively and effectively, the project involved young people by training Scout and Guide leaders as peer educators with the ability to deliver the programme to other young people. The issues identified and addressed include sexual health (including STD and HIV/AIDS prevention), accident prevention and drug awareness.

Two hundred and forty young leaders from Egypt, Jordan, Lebanon and Oman have since been trained; and while a common approach is undertaken in the different countries, the programme is able to be adapted depending on the particular circumstances of each nation.

The 'Youth for Youth' project has meant Scouting was able to benefit from the skills and experience of the World Health Organization in the field of health education, project management, survey design and analysis and from the provision of funding to carry out these tasks. Scouting was able to provide volunteers who were willing and able to commit their time and effort and also provided access to young people who would not otherwise have received health education. This project has demonstrated that young people can be effective peer educators if they are provided with the appropriate skills and knowledge and they have useful tools and a supportive environment.

Because the project is based on 'peer education' and young people share the information with other young people, there is a dramatic multiplier effect. The messages about HIV/AIDS or drug abuse therefore reach many more young people that were initially trained, making it a very effective method of educating young people.



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CONGO is an independent, international, not-for-profit membership association of non-governmental organisations that facilitates the participation of NGOs in the United Nations debates and decisions.

CONGO's membership at national, regional and international levels represents a huge range of interests, including human rights, global health, gender, peace and disarmament, social justice, governance, environment and sustainable development.

CONGO actively participated in the World Summit on the Information Society, serving as Secretariat for the Civil Society Bureau. It is involved in implementation of its outcomes, such as the Plan of Action (2003 Geneva Declaration and 2005 Tunis Agenda). This includes e-health, an essential tool for raising awareness and promoting health worldwide, reaching those living in limited-resource settings who most need health services. CONGO is a main counterpart for the ITU and other international organisations to “promote collaborative efforts of governments, planners, health professionals, and other agencies with the participation of international organisations, to create reliable, timely, high quality and affordable health care and health information systems, and for promoting continuous medical training, education, and research through ICTs, while respecting and protecting citizens’ right to privacy.”



**Voluntary Health Association of India (VHAI)**  
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Voluntary Health Association of India (VHAI) is one of the world's largest networks of voluntary organisations working in the field of health and development. It is a federation of 27 State Voluntary Health Associations (SVHAs), which links more than 4000 grass-root level organisations across the country. The network has an impressive standing force of more than 100,000 community health workers bonded by solidarity and ownership of activity. VHAI staff consists of a good number of dedicated social scientists and health professionals from prestigious institutions in India and abroad. For the past 35 years, VHAI has been steadily pursuing a vision of “Making Health a Reality for the People of India” with vulnerable populations as the priority target audience.

*‘Project Aparajita’ - A Health Promotion project in the eastern state of Orissa*

The super cyclone that rocked the coast of Orissa, an eastern state in India, in October 1999, has been termed as the worst ever cyclone of the present century with more than 10,000 people dead and 15 million people affected.

VHAI's response was immediate. Project ‘Aparajita’ was launched by VHAI in Orissa to respond to immediate needs of the disaster affected. After three weeks of initial work of catering to immediate needs of the people, it was time to concentrate on rehabilitation in fewer pockets thus assisting people to identify their capacities and restart development activities. The development phase started from the year 2001. This included mobilisation and development of more than 300 self-help groups, restoration of social capital like maintenance of cyclone shelters, regular training and capacity building of the disaster management committee members. The project has covered more than 300 villages and reached out to more than 3 million people. Project Aparajita is an example of how local communities cope with disaster and continue to work on various health promotion and development matters. The main thrust has been to strengthen the capacity of the affected communities and minimise their vulnerabilities to future emergencies.

# THE BANGKOK CHARTER FOR HEALTH PROMOTION IN A GLOBALIZED WORLD

## CHARTER

Adopted by the participants of the 6th Global Conference on Health Promotion

### POLICY AND PARTNERSHIP FOR ACTION

Addressing the determinants of health

Bangkok, Thailand, 7-11 August 2005

#### INTRODUCTION

*SCOPE* The Bangkok Charter identifies actions, commitments and pledges required to address the determinants of health in a globalized world through health promotion.

*PURPOSE* The Bangkok Charter affirms that policies and partnerships to empower communities, and to improve health and health equality, should be at the centre of global and national development.

The Bangkok Charter complements and builds upon the values, principles and action strategies of health promotion established by the Ottawa Charter for Health Promotion and the recommendations of the subsequent global health promotion conferences which have been confirmed by Member States through the World Health Assembly.

*AUDIENCE* The Bangkok Charter reaches out to people, groups and organisations that are critical to the achievement of health, including:

- governments and politicians at all levels
- civil society
- the private sector
- international organisations, and
- the public health community.

*HEALTH PROMOTION* The United Nations recognizes that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination.

Health promotion is based on this critical human right and offers a positive and inclusive concept of health as a determinant of the quality of life and encompassing mental and spiritual well-being.

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and non-communicable diseases and other threats to health.

## ADDRESSING THE DETERMINANTS OF HEALTH

- CHANGING CONTEXT* The global context for health promotion has changed markedly since the development of the Ottawa Charter.
- CRITICAL FACTORS* Some of the critical factors that now influence health include:
- increasing inequalities within and between countries
  - new patterns of consumption and communication
  - commercialization
  - global environmental change, and
  - urbanization.
- FURTHER CHALLENGES* Other factors that influence health include rapid and often adverse social, economic and demographic changes that affect working conditions, learning environments, family patterns, and the culture and social fabric of communities.
- Women and men are affected differently. The vulnerability of children and exclusion of marginalized, disabled and indigenous peoples have increased.
- NEW OPPORTUNITIES* Globalization opens up new opportunities for cooperation to improve health and reduce transnational health risks; these opportunities include:
- enhanced information and communications technology, and
  - improved mechanisms for global governance and the sharing of experiences.
- POLICY COHERENCE* To manage the challenges of globalization, policy must be coherent across all:
- levels of governments
  - United Nations bodies, and
  - other organisations, including the private sector.
- This coherence will strengthen compliance, transparency and accountability with international agreements and treaties that affect health.
- PROGRESS MADE* Progress has been made in placing health at the centre of development, for example through the Millennium Development Goals, but much more remains to be achieved; the active participation of civil society is crucial in this process.

## STRATEGIES FOR HEALTH PROMOTION IN A GLOBALIZED WORLD

- EFFECTIVE INTERVENTIONS* Progress towards a healthier world requires strong political action, broad participation and sustained advocacy. Health promotion has an established repertoire of proven effective strategies which need to be fully utilized.
- REQUIRED ACTIONS* To make further advances in implementing these strategies, all sectors and settings must act to:
- advocate** for health based on human rights and solidarity
  - invest** in sustainable policies, actions and infrastructure to address the determinants of health
  - build capacity** for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy
  - regulate and legislate** to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people
  - partner and build alliances** with public, private, non-governmental and international organisations and civil society to create sustainable actions.

## COMMITMENTS TO HEALTH FOR ALL

### *RATIONALE*

The health sector has a key leadership role in the building of policies and partnerships for health promotion. An integrated policy approach within government and international organisations, as well as a commitment to working with civil society and the private sector and across settings, are essential if progress is to be made in addressing the determinants of health.

### *KEY COMMITMENTS*

The four key commitments are to make the promotion of health:

- central to the global development agenda
- a core responsibility for all of government
- a key focus of communities and civil society
- a requirement for good corporate practice.

#### 1. MAKE THE PROMOTION OF HEALTH CENTRAL TO THE GLOBAL DEVELOPMENT AGENDA

Strong intergovernmental agreements that increase health and collective health security are needed. Government and international bodies must act to close the health gap between rich and poor. Effective mechanisms for global governance for health are required to address all the harmful effects of:

- trade
- products
- services, and
- marketing strategies.

Health promotion must become an integral part of domestic and foreign policy and international relations, including in situations of war and conflict.

This requires actions to promote dialogue and cooperation among nation states, civil society, and the private sector. These efforts can build on the example of existing treaties such as the World Health Organization Framework Convention for Tobacco Control.

#### 2. MAKE THE PROMOTION OF HEALTH A CORE RESPONSIBILITY FOR ALL OF GOVERNMENT

All governments at all levels must tackle poor health and inequalities as a matter of urgency because health is a major determinant of socio-economic and political development. Local, regional and national governments must:

- give priority to investments in health, within and outside the health sector
- provide sustainable financing for health promotion.

To ensure this, all levels of government should make the health consequences of policies and legislation explicit, using tools such as equity-focused health impact assessment.

#### 3. MAKE THE PROMOTION OF HEALTH A KEY FOCUS OF COMMUNITIES AND CIVIL SOCIETY

Communities and civil society often lead in initiating, shaping and undertaking health promotion. They need to have the rights, resources and opportunities to enable their contributions to be amplified and sustained. In less developed communities, support for capacity building is particularly important.

Well-organized and empowered communities are highly effective in determining their own health, and are capable of making governments and the private sector accountable for the health consequences of their policies and practices.

Civil society needs to exercise its power in the marketplace by giving preference to the goods, services and shares of companies that exemplify corporate social responsibility.

Grass-roots community projects, civil society groups and women's organisations have demonstrated their effectiveness in health promotion, and provide models of practice for others to follow.

Health professional associations have a special contribution to make.

#### 4. MAKE THE PROMOTION OF HEALTH A REQUIREMENT FOR GOOD CORPORATE PRACTICE

The corporate sector has a direct impact on the health of people and on the determinants of health through its influence on:

- local settings
- national cultures
- environments, and
- wealth distribution.

The private sector, like other employers and the informal sector, has a responsibility to ensure health and safety in the workplace, and to promote the health and well-being of their employees, their families and communities.

The private sector can also contribute to lessening wider global health impacts, such as those associated with global environmental change by complying with local, national and international regulations and agreements that promote and protect health. Ethical and responsible business practices and fair trade exemplify the type of business practice that should be supported by consumers and civil society, and by government incentives and regulations.

### A GLOBAL PLEDGE TO MAKE IT HAPPEN

#### *ALL FOR HEALTH*

Meeting these commitments requires better application of proven strategies, as well as the use of new entry points and innovative responses.

Partnerships, alliances, networks and collaborations provide exciting and rewarding ways of bringing people and organisations together around common goals and joint actions to improve the health of populations.

Each sector – inter-governmental, government, civil society and private – has a unique role and responsibility.

#### *CLOSING THE IMPLEMENTATION GAP*

Since the adoption of the Ottawa Charter, a significant number of resolutions at national and global level have been signed in support of health promotion, but these have not always been followed by action. The participants of this Bangkok Conference forcefully call on Member States of the World Health Organization to close this implementation gap and move to policies and partnerships for action.

#### *CALL FOR ACTION*

Conference participants request the World Health Organization and its Member States, in collaboration with others, to allocate resources for health promotion, initiate plans of action and monitor performance through appropriate indicators and targets, and to report on progress at regular intervals. United Nations organisations are asked to explore the benefits of developing a Global Treaty for Health.

#### *WORLDWIDE PARTNERSHIP*

This Bangkok Charter urges all stakeholders to join in a worldwide partnership to promote health, with both global and local engagement and action.

#### *COMMITMENT TO IMPROVE HEALTH*

We, the participants of the 6th Global Conference on Health Promotion in Bangkok, Thailand, pledge to advance these actions and commitments to improve health.

11 August 2005

# NGO Advisory Group on Health Promotion

**Coordinator:** Joanna Koch, joannakoch@gmx.net

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## The NGO Advisory Group on Health Promotion

**The NGO Advisory Group on Health Promotion** is a partnership of international NGOs which came together at the WHO 4<sup>th</sup> International Conference on Health Promotion in Jakarta, in July 1997. We work together and individually, and in close liaison with the WHO Department of Non-Communicable Diseases and Health Promotion. The strength of the Group lies in its diversity of membership, its commitment to health promotion, and to a common vision of building bridges between WHO, headquarter offices and our grass-roots around the globe.

### Some recent activities of the Group:

- \* Raised awareness of health promotion and the global conferences in NGO Newsletters and Information Sheets
- \* Arranged regular Briefings for NGOs on Health Promotion
- \* Participated in the 6<sup>th</sup> Global Conference on Health Promotion, August 2005 in Bangkok and made an NGO Statement in the Final Plenary
- \* Organised in partnership with WHO, a joint WHO/NGO Workshop on NGO involvement in the implementation of the Bangkok Charter for Health Promotion in a Globalized World.
- \* Involved in preparations for the 2009 Global Conference on Health Promotion
- \* Held NGO Briefings on Partnerships in Health Promotion at the last eight World Health Assemblies.

