



ALLIANCE FOR
HEALTH PROMOTION

Report

3rd International Health Promotion Forum in collaboration with **WHO Social Determinants of Health Unit and the Geneva University Institute of Global Health**

29 November 2013, WHO Salle C, Geneva

Building Capacity for Health Promotion
**Inter-sectoral partnership between civil society and
government**

Background

The Alliance was pleased to collaborate with the Social Determinants of Health Unit of the World Health Organization (currently under the Department of Public Health, Environmental and Social Determinants of Health, PHE) and the Institute of Global Health (formerly Institute of Social and Preventive Medicine) of the University of Geneva.

The Alliance was particularly happy that Dr. Maria Neira, Director of WHO PHE Department chaired a session and along with Dr. Eero Lahtinen, Permanent Mission of Finland in Geneva, gave the closing addresses.

The objective of the Forum was to connect the local to the global and to discuss how to translate policy into practice through inter-sectoral collaboration and empowerment of communities and individuals, in line with the Vision and Mission of the Alliance. It focused on answering the question: How to implement Health in All Policies so as to achieve real outcomes and improvements in people's health and be meaningful for communities?

The Forum was a direct follow-up of the 8th WHO Global Conference on Health Promotion, Helsinki held in June 2013 and the 2nd Regional Workshop organised by the Alliance in Kitale, Kenya in August 2013.

This Report includes summaries of the presentations given by the following chairs and speakers: Luc Besançon, Karine Haas, Claude Hauser, Bernard Kadasia, Rüdiger Krech, Eero Lahtinen, Per Bo Mahler, Marc Michela, Sandrine Motamed, Michiko Nakajima, Ravi Narayan, Maria Neira, Lilian Plapan, Claude-François Robert, André Rougemont, Lale Say, Jini Sebakunzi, and Carmen Williams.

The programme, the list of registered participants, the speakers' profile and the presentations are published on the Alliance for Health Promotion (A4HP) website at <http://www.alliance4healthpromotion.org/>

Acknowledgements

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The Alliance thanks the collaborating partners, the WHO Department of Public Health, Environmental and Social Determinants of Health, particularly Dr Eugenio Villar and, the Institute of Global Health of the University of Geneva, in particular Dr Sandrine Motamed for their continuous support throughout the preparation, duration and follow up of the Third International Health Promotion Forum.

Further sponsors of the event deserving special thanks are the Republic and Canton of Geneva, Migros Co-operative Federation Geneva and the International Federation of Pharmacists.



Foreword



Trained as a medical doctor, I only discovered the importance of health promotion while working in Central America. After finishing my specialization in Endocrinology and Metabolic Diseases at the Université René Descartes in Paris, I decided to work for a few months with Doctors without Borders (Médecins sans Frontières) in a conflict area bordering Honduras and El Salvador. My initial training prepared me to treat patients in difficult conditions but I quickly came to the realization that other factors were impeding my work. Within a period of two weeks, I realized I was treating the same child for diarrhea, pneumonia and asthma. Astonished by this observation, I knew there was the need for further investigations to understand the reasons why this young patient needed my help over and over again. As I said, I received all the adequate knowledge to treat patients, but I was not trained adequately on the importance of health promotion. Since that day, I realized a public health prevention approach was lacking in the traditional medical school curriculum. As treatment has been a core function of the medical doctor, attention should be equally paid to the root causes of diseases.

In my current role as the Director of the Public Health, Environmental and Social Determinants of Health at the WHO, I continuously address these root causes of diseases in an ambitious way. As a global community, we need to put health promotion at the core of the public health function. We need to become involved with development and public health policy makers through inter-sectoral collaboration to address and build a better, safer and healthier environment for all of us.

I believe the 3rd Health Promotion Forum was an ideal avenue to contribute to elevating health promotion to a global level. This is an opportunity for all of us to exchange ideas, experiences and challenges of Health Promotion in our respective field. It is also a timely issue as the latest global initiative “Health in All Policies” needs to be translated at national and local levels.

A handwritten signature in black ink, appearing to read 'Maria Neira', with a long horizontal line extending to the right.

Dr Maria Neira

Director

WHO Department of Public Health, Environmental and Social Determinants of Health

Introduction of the Forum

Mr Bernard Kadasia, President of the Alliance for Health Promotion and **Mr Luc Besançon**, Vice-President of the Alliance shared the Chair and welcomed participants. **Dr André Rougemont**, Honorary Professor at the University of Geneva gave the opening remarks. Based on his long experience in communicable diseases in Europe and West Africa, he reviewed ethical and practical reasons explaining the importance of collaboration in the field of development and health. Collaboration should be the rule, not the exception.

Session 1 - From Policy to Practice - Going beyond the Helsinki Statement

Chair: Mr. Luc Besançon, Vice-President of the Alliance and General Secretary of the International Pharmaceutical Federation

The 8th Global Conference on Health Promotion held in June 2013 in Helsinki concluded with the Helsinki Statement on Health in All Policies. The draft Framework for Country Action also launched at the conference stressed that governments have increasingly come to realize that they can achieve health, social, environmental and economic goals by actively exploring cooperation at all level; for example in sectors such as transport, agriculture, education, employment, and the environment. The purpose of this framework is to provide countries with a practical means of implementing Health in All Policies (HiAP), particularly at a national level. HiAP focuses on the role that governments can play in achieving health and equity in the population. This includes an approach to creating policies that ensure health considerations are transparently taken into account in policy-making. In terms of implementation, it is important to emphasize legitimacy, accountability, transparency, and public participation. All of these factors are important to creating, maintaining, and evaluating projects with a HiAP approach.

Three speakers made presentations at this session.

1. How to bridge the gap between policy and practice – Reproductive health with a human right perspective: The Role of Parliamentarians

Dr Lale Say, Coordinator in the WHO Reproductive Health and Research Department stated that Reproductive Health covers Family planning, Maternal and perinatal health, safe abortion, Adolescent sexual and reproductive health and they must all be seen from a human rights perspective. Reflecting on the Post 2015 development agenda the presentation emphasised that People's right to health is key in ensuring adequate attention to health.

Dr. Lale emphasised the role of Parliament within the field of reproductive health. In order to guarantee the right to reproductive health, no organization can work alone. Working in partnership is essential to add value. Parliaments are charged with a particular role of filling the gap between policy and practice as they draft laws, vote budgets, advocate and represent the locals, and are accountable to the voters. One of the latest successful partnerships between WHO, the Inter-Parliamentary Union, and the Pan-African Parliament is the latest report on child marriage and its key recommendations for the African region.

The key recommendations to ensure a strong legal framework for protecting girls from child marriage include setting the minimum age for marriage at 18 years; zero tolerance for parental consent or the Court's authorisation for girls below 18 years, and having an institutional framework and enforcement mechanisms.

2. Experience in implementing Health in All Policies (HiAP)

Ms Carmen Williams, Manager of the Population Health Development of the South Australian Government explained how the South Australian Government has brought about the successful implementation of HiAP, within the Government. She defined it as an approach to public policies across sectors which systematically take into account the health implications of decisions, seek synergies, and avoid harmful health impacts, in order to improve population health and health equity. This approach should be based on the understanding that population health is largely influenced by social, economic, environmental political and cultural determinants. The South Australia approach to Health in All Policies is about creating synergy and working together to achieve the goals and policies of other sectors in ways that protect or promote health. However, the challenges are that agencies which are able to take action on the determinants of health, do not always know how to do this and don't always see it as their business. It is therefore crucial to work with such agencies on their issues and their priorities and help them achieve their policy goals in ways that protect and promote health. It should translate into partnering with government agencies on the policy imperatives underlying their core business, operating under the directive of a central government, leveraging from existing government decision making structures, jointly generating evidence-based solutions with project partners and integrating qualitative and quantitative methodologies into solutions.

3. The potential role of civil society in working with Governments and WHO in taking forward the agenda

Dr Ravi Narayan, the Community Health Advisor for the Society for Community Health, Awareness, Research and Action (SOCHARA) Bangalore, India, provided the Forum with concrete examples of the roles of civil society based on SOCHARA's experience. Civil society in health promotion plays several roles: representing the 'voice of the people', advocating and lobbying, a watchdog role, research and policy analysis, and communication. Other roles are: involvement in horizontal government mechanism, involvement in multilevel government, horizontal and vertical network, building capacity of civil society, campaigns, programmes and movements on specific health problems. Dr Narayan suggested innovative instruments of engagements to assist civil society in their mission, such as the People's Health Tribunals in India, the Mumbai Declaration 2004, Peoples' Health Manifesto in India 2009, developments in public health policy through health policy processes, and involvement of civil society.

The goal of SOCHARA is ensuring People-centered Primary Health Care in line with a key item in The Helsinki Declaration of June 2013 that enjoins governments to include communities, social movements and civil society in the development, implementation and monitoring of Health in All Policies and consequently building health literacy in the population.

The discussion revealed two major barriers to inter-sectoral collaboration in health promotion. First, there has been a long-standing tradition to address health solely from a biomedical perspective. According to the WHO definition of health, we should address the mental, social and spiritual well-being of individuals in addition to disease conditions. Organizations like SOCHARA and Peoples' Health Movement did not confine themselves to the teachings in medical school but were determined to learn more from beneficiaries and therefore interacted with people from the wider community. There is a need for the biomedical and health community to think in terms of social determinants such as education, living and working conditions, unemployment and housing among others. From Dr Narayan's experience the barriers fell when they challenged the belief that health always has something to do with medicine. "In fact, for a long time, we confused *health for all* with *medicine for all*."

Second, further to the biomedical model, health promotion faces leadership challenges. From the Australian perspective, the bottom line is that the beneficiaries should lead the health promotion initiatives while the healthcare community and the policy makers should guide and facilitate the process.

Session 2 - The Co-operative Model of intersectoral collaboration

Chair: Dr Maria Neira, Director, WHO Department of Public Health, Environmental and Social Determinants of Health (PHE)

This session addressed the question of how to develop civil society and inter-sectoral action in support of an HiAP approach, going beyond the Helsinki Statement. During this session, concrete examples of the innovative role that the co-operative movement plays in resourcing, promoting social participation and implementing HiAP within a health equity perspective were presented and discussed. Also discussed were the contrasting value, institutional governance and modus operandi of investor-owned businesses and member-based organizations (including co-operatives) with regards to HiAP and health equity outcomes. This session also enabled discussion and exchange on the governmental financial, legal and regulatory roles with regards to these co-operative and civil society organizations to ensure social participation in HiAP towards achieving health equity.

1. Banking for health

Dr Rüdiger Krech, Director of Health Systems and Innovation in the Office of the WHO Assistant Director General discussed the concept of banking for health. Dr Krech addressed the potential areas to develop innovative health promotion approaches using the co-operative principles in health and non-health sectors to improve health equity. Governance, sustainability and operationalization are the key areas. In the future, systematic reviews should be conducted to measure their impact on health, key current banking and credit mechanisms. It recommended specifically that co-operative banking should institute credits for financing health care services or traditional health insurance schemes while the potential impact on health well-being and equity should be identified at micro and macro levels. The presenter further advised that what should be developed is a proposal for testing a selection of banking/credit mechanisms addressing health-related factors and measuring their impact on health and well-being and equity.

2. The value of co-operative governance in business - How to engage with the food industry

Mr. Claude Hauser, former Chairman of the Board of the Migros Federation shared his experience of co-operative governance in business through the example of Migros, a top private employer in Switzerland. Migros is a food production mega industry run through ten regional co-operatives on the principles of customer/member – ownership with concerns for safety and health. It takes its social responsibility seriously. Gottlieb Duttweiler, the founder of Migros, refused to sell alcohol and tobacco. Even today, the Migros stores do not offer these two products. The company has integrated the sustainability and health of its employees and customers as core value, in consonance with its vision of a better life every day. Product safety is a top priority thanks to rigorous controls and transparent declaration and labeling. To date, with over 20,000 products, it boasts of being the biggest own-brand producers in the world. The Migros Model proves that strong private sector engagement in health promotion is feasible and sustainable.

3. Health promotion and community development by voluntary activities of health co-operative members

Mrs Michiko Nakajima, represented the Medical COOP Saitama Co-operative and the Health and Welfare Co-operative Federation (HeW Co-op Japan), a national federation of consumer co-operatives running medical and welfare businesses. The goals lie in networking among co-operatives, sharing knowledge, recruiting and nurturing medical and welfare staff, publishing, and purchasing pharmaceutical products. In 2013, the Co-operative had 2,835,000 members, 112 societies and 35,113 employees. It organises health promotion activities through voluntary involvement of co-operative members. Topmost among these activities are physical exercises and organizing health day events on the dangers of smoking. It provides opportunity for socialization among members, health information sharing with community, creation of opportunities for commitment and participation, thus eliminating isolation and idleness which affect wellness. Today the Co-operative has strong partnerships with the local government to evaluate health promotion activities.

A rich discussion followed the presentations, which raised specific issues and comments on the subject. One participant drew attention to the origin of co-operative philosophy and banking using the example of the UK. The co-operative ethos should focus not only on the ethical banking and the use of money but should also address the rights of its employees. These rights include the right to express collective views as workers and the right to health and safety at work. In that sense, the social welfare system represents the interest of the community in a broader framework. In fact, emphasis should be placed on promoting a healthy working environment. Employees' health should not only be protected but also promoted at work. Another participant underlined the need to see co-operatives as one aspect of the social and solidarity economy and to collaborate with the wider UN system to address health promotion. Within the field of health promotion, there is a pressing need to move beyond the co-operatives and coalitions towards the concept of social and solidarity economy to address the challenge of equity among the unreached. Also, assessing the impact of co-operative in the current health systems is necessary.

For instance, pharmacist co-operatives can support the development of services at local levels.

In Switzerland, Migros has been working with the Ministry of Health to address health promotion at the consumer level by reducing salt in their bread and sugar in their branded yoghurts. The company focused on elevating the quality of their products without excessive price hike. Business competitiveness pushes Migros to make sound judgment and choices in terms of organic production and pricing. It practices an open door policy that brings together retailers and the health promotion community to develop healthier options.

Session 3 - Experiences from the field – Kitale (Kenya) Health Promotion Workshop and Collaboration with R20

Chair: Mr. Bernard Kadasia, President of the Alliance for Health Promotion and Acting Executive Director of the International AIDS Society, IAS

The session's objective was to share the experiences of the Alliance Health Promotion Workshop held in Kitale Kenya in August 2013 introduced the theme of HiAP to the community level. The Workshop was an immediate follow-up of the 8th WHO Global Conference on Health Promotion held in June 2013 in Helsinki. It also showcased how to encourage and support the opportunities and challenges at the local level.

In 2012, one of the Board Members of the Alliance, the Afro-European Medical and Research Network (AEMRN) suggested launching a Regional Health Promotion Workshop in Kitale, within the framework of their mobile clinics project. This first Workshop served as a prototype to mobilize community and public support for health promotion at the grassroots. It attracted over 100 participants.

Following the success of this first workshop, the Alliance organised a second Workshop in 2013. The workshop drew over 90 participants including community leaders, health professionals and health care workers, volunteers, teachers, farmers and local NGOs. For many, this was the first time they heard about the WHO Global Conference on Health Promotion and its HiAP theme.

Participants identified their most pressing health issues as HIV, respiratory infections, diabetes, cancer, malaria, diarrhea, depression and poor nutrition. Yet the overarching challenge affecting all issues, was the high number of road accidents which affected the whole system. The local community members reported that motorcyclists were largely untrained and were reckless on the road. Besides, the roads were in poor condition and inadequate. They identified road safety as a major health issue which cannot be solved by one sector only.

A local Contact group of eight members was set up to liaise with the Alliance and prepare for the next Workshop in 2014. The group now recognizes that reducing the high rate of road accidents requires collaboration among the different government and community offices to implement motorcyclist training, licensing, use of helmets, road maintenance and other road safety projects.

A representative of the local Contact Group, Mrs Lilian Plapan who participated in both workshops, shared the results with the Forum through a webcast presence.

This proved to be a highlight of the day, as participants felt they were part of the grassroots community thanks to modern technology. Mrs. Plapan itemised the major health challenges in her region as follows:

- Lack of sanitation and latrines in the rural areas which cause diarrhea and water borne diseases.
- Traditional practices such as early marriage and female genital mutilation which affect the health of women and children. Educational campaigns at the local level are required to change the social norms and attitudes towards these harmful practices
- Violence against women, in particular the high rate of rape. Studies show that women exposed to sexual violence suffer from mental and physical health resulting in anxiety, depression, suicides, substance abuse, chronic pain, unwanted pregnancies, low birth-weight babies.
- Security and environmental factors impact on the physical and mental health of a population.

Participants from the floor underlined the importance for organizations to value and trust local wisdom when designing appropriate solutions for local needs, which to an outsider might not have a direct link to health. The CEO of the NGO Mothers' Legacy Project, shared her experience in rural Nigeria. Her initial goal was to improve the care and treatment in a remote village by building a health clinic. However, after consulting the local community it became clear that their first priority was to build a bridge to link two parts of a village separated by a seasonal river. A few years later, thanks to this initial investment in infrastructure, the local authority agreed to invest in building a health clinic.

The Energy-Health Link

Mr. Jini Sebakunzi, Regions of Climate Action, R20 East African Program Manager, explained the mission and the synergies between his organization, R20 and the Alliance for Health Promotion. The R20 aims to help sub-national governments around the world to develop low-carbon and climate resilient economic development projects. It adds value by bringing awareness of the long-term political, technical and financial solutions for a sustainable safe and clean economy. It forms a coalition of Members and Partners who accompany regional members through a transition to the Green Economy. Currently the Alliance for Health Promotion and the R20 are exploring how to create a partnership as links between environment and health have been identified in the African region and both partners have complementary skills. The first joint project is building on the outcome of the Regional Workshops in Kitale which identified environment as a Social Determinant of Health. In collaboration with local partners, the Alliance and R20 developed a proposal to address the energy gap and its health impact. R20 projects in general aim to increase energy efficiency, access and sustainability, reduce energy consumption and greenhouse gas emissions.

Dr Eugenio Villar, Coordinator, WHO Social Determinants of Health congratulated the Alliance for the work done at the local level. He confirmed that one of the current biggest challenges was to translate the mandate from WHO and other international organizations on primary prevention and HiAP to the local level. This

implies a high degree of institutional capacity to reach the least developed countries and communities. He praised the Kitale Workshops as a stimulating experience on how to bring HiAP to the grassroots and to translate global health jargon into more simplistic messages. Today, the trend has shown that the concept of Social Determinants of Health (SDH) have been more adopted by developed countries because of having a more advanced institutional capacity. At a global level, HiAP and the SDH struggle to integrate other global issues such as the Universal Health Coverage (UHC), Human Resources for Health and Health Systems.

Participants also shared experiences from various sectors. In the scope of The Framework Convention on Tobacco Control (FCTC), the Conference of the Party has been able to share local communities' experiences in global policy meetings and conferences. However, participants recognized that not all issues have the advantage of having a Treaty process with government funding that would allow these types of collaborations with the local communities.

Session 4 - Health Promotion from a local perspective - Examples from Switzerland

Chair: Dr Sandrine MOTAMED, Lecturer, Geneva University, Institute of Global Health (former Institute of Social and Preventive Medicine)

Health promotion is often seen as a complex policy, which is difficult to implement. During this session, practical examples of local implementation of health promotion activities were shared illustrating the applicability of the health promotion concept in local policies.

The new paradigm of public health is no longer focused mainly on individual lifestyles, but on the structural factors generating health and well-being. The condition is therefore not only that of personal responsibility, but that of all communities across all public sectors.

1. The role of the municipality in improving the quality of life of the population

Mr Marc Michela, the Mayor of Meinier presented the latest inter-generational project currently being developed and built in Meinier, a small commune in the Canton of Geneva. Mr Michela expounded the initial idea which was based on a survey conducted by students from the Institute of Global Health, Geneva. The project integrates social and psychological aspects of health such as the youth integration, affordable housing, and or forced departures (nursing home, unaffordable rent). The local population has been associated with this project through a local taskforce, town hall and informational meetings with the population and regular project communication. The Mayor shared detailed plans of this project which aimed to respond to the population concerns and promote a holistic healthy lifestyle (psycho-social, physical, social, economic, etc).

2. Pharmacists promoting healthy life-styles - examples of interventions and challenges encountered

Mrs Karine Haas, pharmacist and member of the board of Pharma Genève, illustrated the recent health promotion campaigns carried out by local pharmacists

in the Geneva canton. “Smart Pharmacists” is a programme launched in 59 pharmacies aimed at promoting a healthy lifestyle with a particular focus on healthy eating and regular physical activity. It has been identified that pharmacists are under-utilized resources in terms of raising awareness on health issue despite their close proximity and frequent availability to the local population. The target audience of this campaign were adults, parents and children. The “Smart Pharmacists” campaign led to 5,000 contacts (total workshop participation) and 20,000 contacts (informational meetings) and the distribution of 10,000 apples.

3. Physical activity programmes and nutrition in school environment

Dr Per Bo Mahler, Department of Youth Health, Ministry of Health in Geneva presented the health promotion activities developed and targeted at pre-primary, primary and secondary schools. Recent surveys showed that mental disorders, addictions and excess weight are the top public health issues in children and adolescents. The Department of Youth Health developed tailored programmes to address these health concerns in the school settings. Activities have been adapted to the nutritional and physical needs of children groups. They focus mostly on healthy eating and regular physical exercise for targeted children. Activities range from breastfeeding, friendly day care, green for labels for day care and school menus, health visits by a school nurse, nutrition education, participation in “Santescalade” (health run) and the absence of food distributors in secondary schools. Other activities include trans-disciplinary school based programme for overweight children, a two-month course on nutrition and cooking as part of the curriculum.

4. The Ottawa Charter on the reorientation of health services – examples of prison and school health

Dr Claude François Robert, Cantonal Medical officer of the Canton of Neuchâtel, presented concrete examples of implementing the principles of the Ottawa Charter in health services provided in the jail and school settings in his Canton. He highlighted the shift between the role of doctors and health professionals in school settings where they are seen as facilitators in health promotion rather than as external subjects and experts. In the prison setting, the need to preserve prisoners’ health by adopting a healthy lifestyle and continuous medical monitoring has been identified. Prisoners have the right to access health services as well as benefit from prevention activities. The priority areas for the prison located in Neuchatel are healthy eating and physical activity, prevention of communicable diseases and the consequences of tobacco use. However, Dr Robert recognized several obstacles related to the negative views of prisoners by communities and political leaders.

Closing addresses

Chair: Luc Besançon, Vice-President of the Alliance for Health Promotion and General Secretary of the International Pharmaceutical Federation

Dr Eero Lahtinen, Health Counsellor of the Permanent Mission of Finland in Geneva explained the historical background behind the HiAP initiative and its current impact at the global level following the WHO 8th Global Conference on Health Promotion held in Helsinki. Finland proposed a special initiative to the European Union during its Presidency in 2008. The country drew from its own long-standing experience in working across sectors for health in the government as well as the private sector, especially in the field of nutrition. Inter-sectoral health policies were poorly understood by decision-makers at the time of the initiative. Moreover, HiAP was a priority for Finland as EU policies posed problems for Finland due to the free movement of goods and products including alcohol. The initiative aimed to emphasize health protection. Significant resources were allocated to develop tools, such as the publication of a book and the organization of a conference among other actions. Happy with the results, the initiative proved timely. It has been the most successful EU initiative ever. The slogan “Health in All Policies” was quickly adopted worldwide with competing approaches flourishing. The cultural shift took place even at WHO level.

Given the success of the 8th WHO Health Promotion Conference, the Ministry of Health of Finland submitted a proposal to the WHO Executive Board meeting in January 2014. Initially, the proposal was rejected but was later accepted when the Ministry of Health raised the urgency of the matter: Translating the work of the Commission of the Social Determinants of Health into practice cannot be delayed anymore. Member states may need to be guided to put mechanisms in place and prioritize inter-sectoral policies. Dr Lahtinen urged all relevant stakeholders to lobby WHO to provide guidelines for the implementation of HiAP.

Dr Maria Neira, WHO Director, Public Health, Environmental and Social Determinants of Health gave the closing address. Her personal experience in refugee camps confronted her with the concepts of Health Promotion and Health in All Policies without knowing the long-standing work done in this area by Finland. Today people are convinced of the systematic and scientific methods of HiAP but work needs to be done to apply, train and disseminate it to the different constituencies especially the medical community. Dr Neira recalled a Ministerial meeting in one country to discuss Air Pollution where paradoxically, the only Ministry that was absent was the Ministry of Health which did not see the link between health and pollution even though air pollution represents the second largest risk for mortality resulting in 6.5 million premature deaths. Politicians need to understand there are health risks and opportunities in all sectoral policies. To facilitate the process, not only do we need to educate and empower the medical and development community at large on the issue of Health in All Policies, but the work of WHO must lay emphasis on developing indicators to improve the measuring of health outcomes.

Executive summary and key findings

The Third Health Promotion Forum was a follow up to the 8th WHO Global Conference on Health Promotion that took place in Helsinki, Finland June 2013. The objective of the Forum was to explore how to translate policy into practical reality that would become meaningful at local levels through a synergy of actions by stakeholders who know only too well that no one sector could do it all alone.

More than 80 participants attended the one-day event, reflecting the wide variety of partner organizations within the Alliance, from disease-focused organizations to co-operatives, NGOs and professional organizations. Evaluations on the Forum received from the participants showed a high level of satisfaction. In addition to the networking opportunities, participants appreciated the expertise of the speakers, the diverse information from the various fields, the presence of local and community stakeholders, and the connectivity between each topic – this rich variety under one roof and in one day.

The Forum looked at four different models of intersectoral partnership in the context of health promotion. Each section included expert speakers, followed by rich discussions at the four sessions of the Forum. Interventions from the floor highlighted key points on partnership at all levels. Speakers from South Australia and Kenya were able to be present with the aid of webex.

The two morning sessions covered:

- From Policy to Practice – Going beyond the Helsinki Statement
- The Co-operative model of intersectoral collaboration

After lunch the two afternoon sessions covered:

- Experiences from the field
- Health Promotion from a local perspective – Examples from Switzerland

In the first session which covered the key points from a WHO perspective, lessons from South Australia and India focused on creating a synergy of expertise and passion among different actors. This underscored the invaluable role of collaboration, partnership, and networking at all levels - Parliament, Ministries, Donors, the Private sector and Civil Society Organizations - to ensure promotion and protection of the health of the population.

Presentations at the second session on the Co-operative Model of inter-sectoral collaboration showed how co-operatives in different business sectors can contribute to improved population health and well-being. Co-operatives as in banking industry can result in sustainable economic growth which has a direct correlation with health promotion. The Migros food chain conglomerate with ten regional co-operatives has as its priority the safety and health of its customers. HeW Co-op Japan (Japanese Health and Welfare Co-operative Federation), a national federation of consumer co-operatives, that runs medical and welfare businesses has contributed immensely to health promotion and community development through voluntary health-promoting activities by co-operative members.

The third session on Experiences from Kitale in Kenya stressed the need for participatory methodology by involving local people from the outset on project design and implementation. This was a lesson learnt at the health promotion workshop organized by the Alliance in 2012 and 2013. The Kitale experiences showed also a strong link between the environment and health.

The last session examined examples from Switzerland of local implementation of health promotion activities. Meinier community in Geneva canton has instituted inter-generational space to promote a holistic healthy lifestyle. Fifty-nine pharmacies in Geneva are also engaged in promoting healthy living by advocating good nutrition and regular physical exercise. The Department of Youth Health, Ministry of Health, Geneva initiated health promotion activities targeted at primary and secondary school children to introduce health and nutrition education issues to them. In the Canton of Neuchâtel, there are concrete examples of implementing the principles of the Ottawa Charter in health services provided in the jail and school settings Overall, the one-day Forum highlighted the need to pool resources and expertise for a coordinated and collective response to promote a healthy lifestyle covering the physical, mental, social and spiritual wellbeing of a society.

About the Alliance for Health Promotion - A4HP

Founded in 1997, the Alliance for Health Promotion is an open , multi-sectoral partnership of NGOs, civil society and other stakeholders committed to health promotion. It was formed to provide a stronger voice from the local health promotion community to the global health arena and vice versa. The Alliance participates annually with an NGO Briefing at the World Health Assembly in May, a Health Promotion Forum in November and with a lunchtime consultation at the WHO Executive Board in January.

The Alliance aspires to see individuals and communities empowered by ownership of knowledge and means in a supportive environment to fully enjoy a healthy life.

The Alliance mission is to strengthen global efforts to improve health, to bridge between global policies and local realities and knowledge, and to align and facilitate synergies and coherence on health promotion efforts in different sectors.

Board Members:

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