



Health promotion in times of crisis

The COVID-19 pandemic has plunged us into a health crisis that puts our governments and our health systems to the test. Responses vary from country to country depending on available resources, governance structures and sociocultural aspects.

Other disruptive events affecting health are likely to arise, such as catastrophes related to climate change, major migratory movements, the aging population, a second wave of COVID-19 and the emergence of new diseases. In order to minimize the impacts and respond adequately, it is important to take the necessary steps to build resilient and equitable societies in the area of health.

In this context, the International Union for Health Promotion and Education (IUHPE) and the Réseau francophone international pour la promotion de la santé (RÉFIPS) assert the key role of health promotion in the response to the pandemic.

The current situation illustrates that health is a field that concerns all spheres of society and brings out the major impact of social inequalities on health. Economically and socially disadvantaged populations, as well as those already with health problems, experience the negative effects of the pandemic disproportionately, both in the short and long term. For example, this calls to mind the effects of lost income, interrupted schooling, unequal access to technology and access to preventative and curative health services being hindered by the reorganization of services – the response to a crisis should not be at the cost of other health services, such as those related to non-communicable diseases. As of now, it is important to anticipate social inequalities in health that are liable to increase in order to alleviate them.

The crisis has also brought out the close relationship between health and its social, political, economic and environmental determinants, which emphasizes the relevance of acting on these to protect the health of all. Through its adopting of a holistic vision of health, the field of health promotion provides responses to improve the health and well-being of populations in a sustainable and equitable manner. In the current context, health promoters can act by using various methods and tools in several lines of action.

Health literacy – <u>Health literacy</u> is the combination of personal competencies, and situational demands and resources necessary for people to access, understand, appraise and use information and services to make decisions about health. The ability of citizens to take appropriate action and to adopt new behaviours depends on the population's level of health literacy on one hand, and on the ability of authorities to express risks and protective measures clearly for all on the other hand. This also implies that authorities respond to false information when it circulates and share reliable sources of information. People who work in health literacy can support the communication efforts of health authorities.

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Governance and public policy – Resilient public health and health promotion systems are fundamental in fighting the current pandemic and its manifold short- and medium-term effects and to respond to any future crises. Increased collaboration between sectors of society is essential to ensure healthy living conditions for populations (e.g., safety in the workplace, transport and neighbourhoods; access to education; protection of the natural environment). It is necessary to <u>advocate adequately financed</u>, <u>influential health promotion systems</u> that strengthen the capacities of professionals and enable sustainable action towards the health of everyone.

Community participation/social mobilization – The involvement of community actors in the choice of COVID-19 protective measures, their application, the mitigation of their negative impacts and the management of their flexibility is necessary in order for these measures to be adapted and acceptable. Opportunities for social engagement and volunteering also provide the chance to involve the community in managing its own health and well-being. This crisis represents an opportunity for decision-makers to establish structures that take into account the voice of groups considered vulnerable in decision-making processes that impact their health, for example, by involving them as partners. Examples include persons in a situation of homelessness, visible minorities, victims of domestic violence, the elderly and persons with physical and mental disabilities. Health promotion actors can support decision-makers in the implementation of strategies designed to create spaces of community participation.

Settings – The health consequences of the pandemic are not limited to the direct impacts of the COVID-19 virus. The pandemic also leads to specific needs related to mental health in coping with loneliness, anxiety, grieving and changes to settings in observing protective measures and physical distancing. Other collateral health effects of the pandemic can include a change in lifestyle habits, such as the quality of diet, the level of physical activity and the quality of sleep. Through its settings approach, the field of health promotion takes into account all impacts of the pandemic on health. For example, actions can be put in place to ensure that settings such as schools, institutions for the elderly and early childhood services continue to favour human relations and well-being while abiding by protective and distancing measures. Actions can also be integrated to continue to promote healthy lifestyle habits (e.g., diet, physical exercise) in confinement contexts.

In summary, the current situation calls for a response that considers the needs of all, including the most vulnerable, as well as a concerted effort to reduce health inequalities and make our societies more resilient in times of crisis.

For more information on the International Union for Health Promotion and Education (IUHPE) and the Réseau francophone international pour la promotion de la santé (RÉFIPS):

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