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INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION
UNION INTERNATIONALE DE PROMOTION DE LA SANTÉ ET D'ÉDUCATION POUR LA SANTÉ
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Strengthening health promotion practice: Implementation systems and capacity development

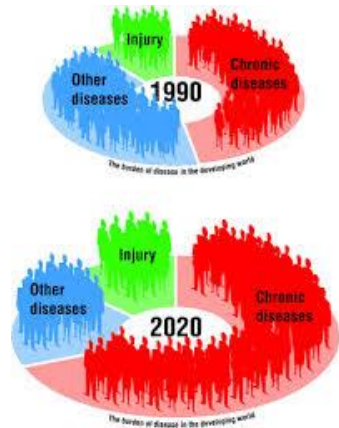
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Public Health across the world is under severe pressure



- Changing burden of disease

- more chronic conditions due to a growing proportion of elderly in the population (developed and developing countries)
- more stress and mental health problems
- Injuries and violence
- infectious diseases, antimicrobial resistance
- multimorbidity
- health consequences of urbanisation and environmental changes (climate change, natural disasters)

- Widening health inequalities

- Revolution in communication technology

- a powerful tool to effectively influence health
- **but** unequal access enhances **information and knowledge divide**
- commercial determinants of health

Addressing these challenges

- Requires a **reorientation of health services**, with a more prominent role for prevention and health promotion
 - health systems were developed to meet needs of demand-led health care, and do not give enough attention to what **produces** health
 - most health systems are still largely **focused on treatment, cure, and care**
 - addressing the **enablers of health** requires a more prominent role for prevention and health promotion, integrated within the wider health system
- Reorienting health services is a key component of **Health Promotion**

« The process of enabling people to increase control of the determinants of their health, and thus to improve their health »

Ottawa Charter for Health Promotion (WHO, 1986)



Health Promotion since the Ottawa Charter

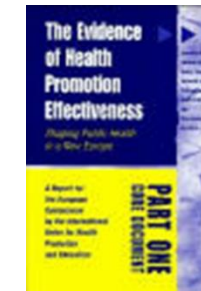
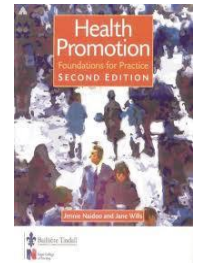


More than 30 years of development ...

- **Adelaide 1988:** clarification of the concept of healthy public policy
- **Sundsvall 1991:** clarification of supportive environments and settings approach
- **Jakarta 1997:** focus on globalisation and engaging developing countries in health promotion
- **Mexico 2000:** highlighting of the need for sustainable health promotion through capacity building
- **Bangkok 2005:** make HP a core responsibility for governments and a key component of corporate practice
- **Nairobi 2009:** closing the implementation gap in health and development through health promotion
- **Helsinki 2013:** consolidation of the place of Health in All Policies (HiAP) in health promotion
- **Shanghai 2016:** recognition that health is essential to achieving sustainable development

The results of > 30 years of development

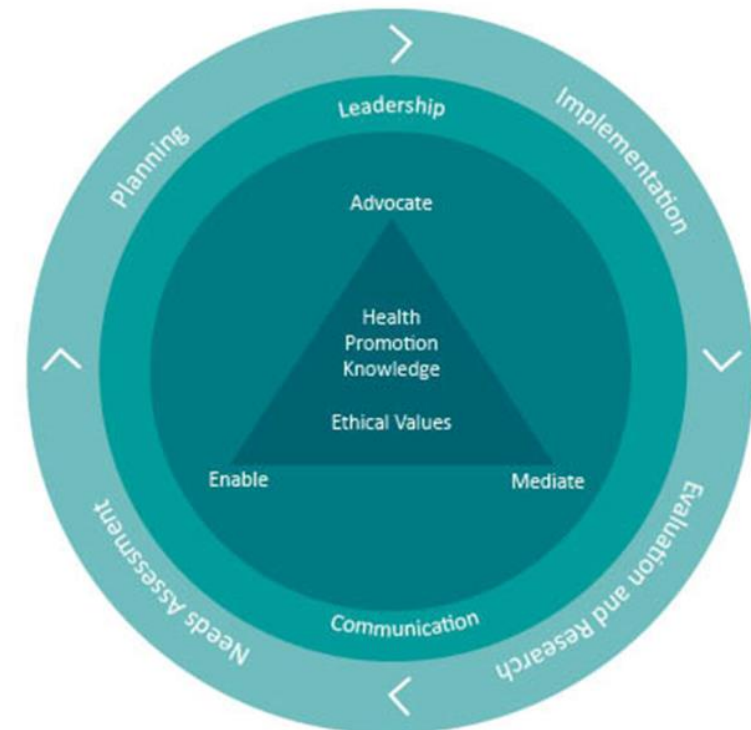
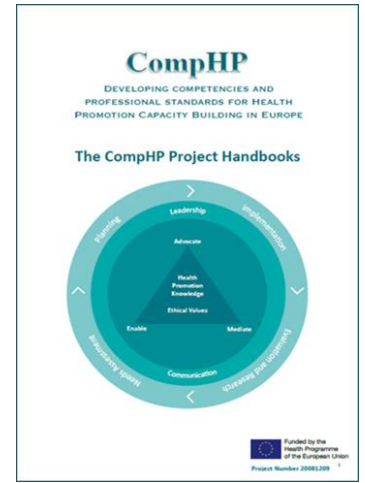
- The *practice of health promotion* has considerably developed since the Ottawa Charter
 - expansion of the workforce
 - wide range of health promotion activities
 - proliferation of HP training programmes & course materials
 - established structures and institutions
- IUHPE as a driving force for *professionalization*
 - support for extending the evidence base for health promotion
 - dissemination of knowledge to the health education, health promotion and public health workforce
 - advocacy for health promotion



The CompHP Core Competencies Framework for Health Promotion

Domains of Core Competencies

- Ethical Values and Principles for health promotion
 - include belief in equity and social justice, respect for the autonomy and choice of individuals and groups, and collaborative and consultative ways of working
- Knowledge Base
 - a health promotion practitioner draws on a multidisciplinary knowledge base of the core concepts, principles, theory and research of health promotion
- Enable Change
 - enable individuals, groups, communities and organisations to improve health and reduce health inequities
- Advocate
 - with, and on behalf, of individuals, communities and organisations to improve health and well-being and build capacity for health promotion action
- Mediate through partnership
 - work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action



The CompHP Core Competencies Framework for Health Promotion (continued)

- **Communication**
communicate health promotion action effectively, using appropriate techniques and technologies for diverse audiences
- **Leadership**
contribute to the development of a shared vision and strategic direction for health promotion action
- **Assessment**
conduct assessment of needs and assets in partnership with stakeholders, in the political, economic, social, cultural, environmental, behavioural and biological context
- **Planning**
develop measurable health promotion goals and objectives based on assessment of needs and assets in partnership with stakeholders
- **Implementation**
effective and efficient, culturally sensitive, and ethical health promotion action in partnership with stakeholders
- **Evaluation and Research**
use appropriate evaluation and research methods, in partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action



Health Promotion within Public Health

- Health promotion is being *mainstreamed* into modern public health
 - reference to « New Public Health » since the 90s
 - HP firmly embedded in core competency and accreditation systems for Public Health (e.g., EPHO, ASPHER, WHO-EURO Action Plan, Coalition of Partners to strengthen public health services in Europe)



Roadmap to
professionalising the
public health workforce



The effect of mainstreaming Health Promotion



- Opportunities for Health promotion
 - a stronger *focus on the enablers of health* enhances the strategic importance of a whole-of-government/society approach
 - showcase the *achievements* of health promotion with regard to core professional competencies
 - build *public health capacity* through a 'health promotion lens'
- Challenges for Health Promotion
 - weakening of the *organizational capacity of HP*
 - loss of *visibility*
 - absorption of Health Promotion into a *traditional public health discourse*, dominated by other (predominantly medical) professions

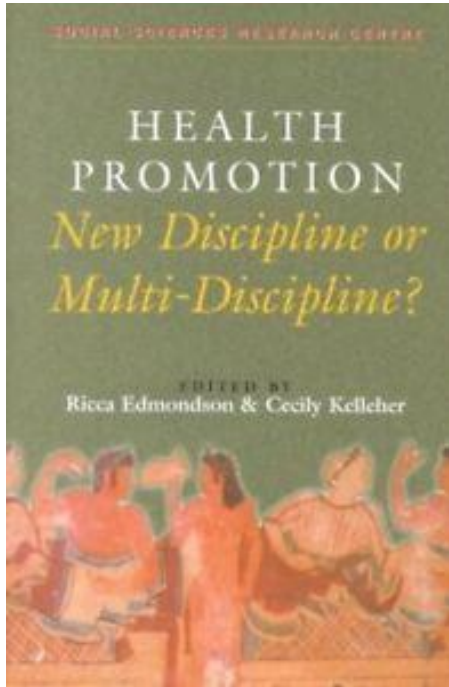
The status of Health Promotion practitioners



Bunton, Macdonald & Macdonald.
(Eds.) (2003). *Health promotion:
disciplines and diversity*. Routledge.

- Health promotion is
 - a social movement
 - an ideology
 - a field of practice
 - ...
- Is health promotion also a **discipline** or **profession**?
 - To be considered a **discipline**, a field of study must have its own specific knowledge domain, history, value base, traditions, codes of conduct, and preferred research methods.
 - To be considered a **profession**, it needs a recognized workforce, professional competency and capacity-building methods.

Health Promotion as a discipline



HP practice is truly
transdisciplinary!

- **Yes**



- Has its own set of concepts and values
crystallized around the paradigm shift from an individualistic to a holistic and emancipatory approach that relates to equity, social justice, participation and empowerment
- Applies a methodology that extends the notions of 'best evidence' used in (evidence based) medicine to other kinds of information
necessary to capture the complex interactions between various determinants of health situated at different levels

- **No**



- Not (yet) based on a single paradigm with its own epistemological, theoretical and methodological foundations
- Theoretical and disciplinary roots of HP are borrowed from longer established disciplines
such as sociology, psychology, education science, political science, communication science, marketing and ethics

Health Promotion as a professsion

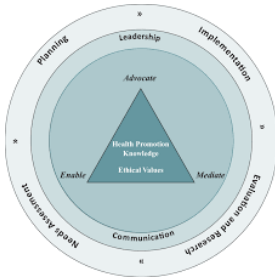
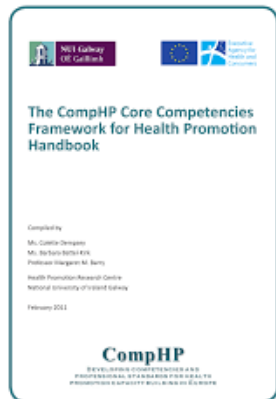


• **Yes** 

- university programmes and courses, handbooks, journals, global and regional conferences
- Dedicated Non-Governmental organizations (e.g., IUHPE) and Foundations

e.g. in Switzerland, Thailand, Tonga and Victoria Australia, supporting its development as a discipline

- accreditation system for health promotion specialists and courses (CompHP)



• **No** 

- No distinctive institutional structure
 - No operational accreditation system
 - No oversight by a professional body
- de facto anyone can call him/herself a health promoter

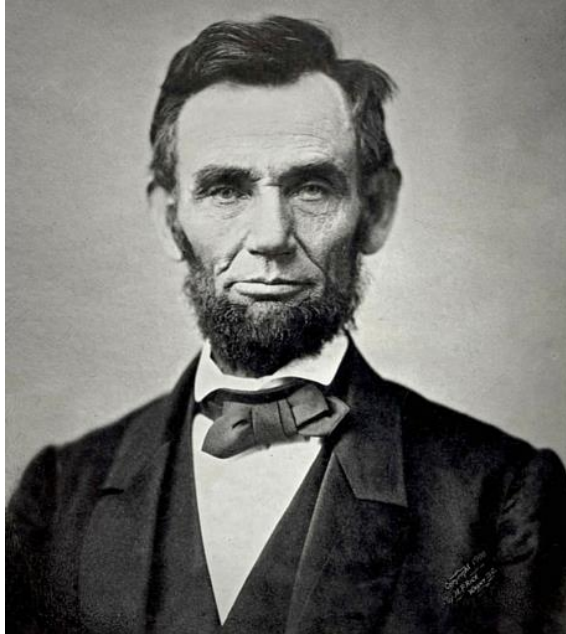


Specialist versus mainstreamed Health Promotion



The contribution of health promotion to public health development lies in the complementary nature between specialist and mainstreamed Health Promotion

- **Mainstreaming** health promotion can ensure that the HP approach
 - finds its way in the broader public health domain
 - is reflected in the training curricula and professional standards of public health specialists
- Training and supporting a core body of **health promotion specialists** within academia, policy and practice settings can
 - maintain its identity and traditions
 - further advance the body of knowledge, values, competencies and research methods that make health promotion unique
 - nurture the broader group of mainstreaming health promoters without precluding HP to develop as a discipline



THE BEST WAY TO
PREDICT THE FUTURE IS
TO CREATE IT.

- ABRAHAM LINCOLN

The health promotion community should not just face the future, but shape the future

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