

ADVOCATING FOR HEALTH PROMOTION APPROACHES TO NON-COMMUNICABLE DISEASES PREVENTION

**KEY MESSAGES FROM THE INTERNATIONAL UNION FOR
HEALTH PROMOTION AND EDUCATION**

*In the lead up to the
United Nations High Level Meeting on NCDs
New York, September 2011*

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1.0 Introduction

1.1 Purpose of this paper

This brief '**key messages**' paper aims to better enable IUHPE Officers, Board Members, Regional Committee Members and Members **to advocate for health promotion approaches to NCD prevention in a unified way** – and importantly **to enable the Organization to speak with an authoritative, consistent and unified voice in multiple forums and in all regions on the subject of NCD Prevention.**

It is presented as a brief summary document with key actions that the IUHPE seeks.

Advocacy for health promotion is therefore the key.

1.2 The context

♦ **the United Nations High Level Meeting (HLM) on non-communicable diseases in September 2011**

♦ **WHO Strategy on NCDs Prevention and Control and Work Plan Implementation**

Non-communicable diseases (NCDs), including cancer, cardiovascular diseases, chronic respiratory diseases and diabetes, are the **world's number one killer** causing 60% of deaths globally. A staggering 35 million people die from NCDs. NCDs will be a **central problem for health systems and economies globally for many years to come.**

These facts prompted the decision by the United Nations General Assembly to convene a **high level meeting (HLM) on non-communicable diseases in September 2011.** In the lead up to September 2011 there are numerous opportunities for advocacy. A summary of key meetings follows:

January 2011

February 14 - 16, 2011

February 23 - 25, 2011

March 25 - 27, 2011

April 4 - 5, 2011

April 27, 2011

April 28 - 29, 2011

May 15, 2011

June 16, 2011

August 2011

September 2011

WHO Executive Board

WHO SEARO Regional Consultation, Dhaka

Americas Regional Consultation, Mexico City

WHO WPRO Regional Consultation, Seoul

WHO AFRO Regional Consultation, Brazzaville

WHO Global Forum 2011: Addressing the Challenges of NCDs, Moscow

Russia Ministerial Conference on NCDs and Healthy Life-styles

NCDNet Global Forum Moscow

Commonwealth Health Ministers Meeting, Geneva

NCDs Summit, Civil Society meeting, New York

NCDs Global Economic Report (Date TBD)

United Nations High Level Summit on NCDs, New York (TBD)

2.0 The IUHPE's recommendations

The IUHPE calls for full and robust implementation of NCD policies and strategies and is keen to support an expanded role for comprehensive health promotion approaches in addressing this major challenge.

2.1 In relation to health promotion policy reform and health promotion approaches to NCD prevention, the IUHPE recommends:

- Coordinated actions directed towards changing social, environmental and economic conditions which have a negative impact on public and individual health alongside actions directed at strengthening the skills and capabilities of individuals to improve their health.
- Allocation of funding necessary to create the infrastructure to support the promotion of health at the population level (and in sub-populations at risk) and addressing NCDs before they reach the stage of high cost treatment.
- Reorienting health systems to increase the focus on health improvement while simultaneously engaging with all other economic, social and environment systems. *"The health system ends up owning the problems that result from the chronic diseases epidemic and must deal with these. However, it does not own the ways of addressing the causes of the problems as the answers are not medical or clinical but environmental and social"* (Kickbush, 2010).
- That in low and middle income countries health promotion approaches to NCD prevention are supported as a development issue and that critical values such as equity and justice should inform healthy public policies.
- **A commitment that NCD policies and methods will address:**

Across Government:

- ◆ High level Government policy and political intervention to prioritize health promotion.
- ◆ Government commitment to ensuring participation of all sectors of Government and civil society in addressing NCDs.
- ◆ The determinants that underpin the NCDs epidemic including environments (physical, economic, social, cultural), policies and systems contexts.

Within health:

- ◆ Health system reform to re-direct resources to health promotion and prevention of NCDs.
- ◆ Prioritization of health promotion as an essential function of Departments of Health.
- ◆ Coherent and consistent policy frameworks that elevate the status of health promotion in national health policies, funding systems and research.
- ◆ Explicitly funding the expansion of the health promotion workforce.

2.2 In relation to health promotion research, evaluation and surveillance, the IUHPE recommends:

- A systematic approach to ensure development and dissemination of the knowledge and evidence base through:
 - ◆ robust programme evaluations that contribute to the body of knowledge.
 - ◆ population surveillance at country level as a core component of national health policy.
 - ◆ success stories, widely published and in turn 'translated' into policy and practice.

2.3 In relation to the health promotion workforce, the IUHPE recommends:

- That the relevant workforce is equipped with the core health promotion competencies to implement current knowledge , policies and practices to contribute effectively in reducing the global burden of NCDs.
- Acceptance that the domains of core competency for health promotion should inform the supply of an expanded and skilled workforce of health promotion specialists (Allegrante *et al.*, 2009).
- A key role for the IUHPE in providing global leadership and advice in relation to assuring standards and quality for those who work in health promotion.
- An explicit commitment to expanding the health promotion workforce.

2.4 In relation to healthy settings, the IUHPE recommends:

- A stronger focus on creating “healthy settings”, tackling NCDs in local communities, and in the settings where people live, work and play. This includes health promoting schools, workplaces, local governments, healthy cities and villages, health promoting hospitals, primary health care settings, and others.
- Increased funding to ‘scale up’ and generalize effective interventions in these settings, and resource the professional networks that will ensure widespread implementation.

2.5 In relation to the social determinants of health, the IUHPE recommends :

- That an effective NCDs strategy takes into account the complexity of NCDs whilst addressing its global social, environmental and socio-economic determinants.
- The adoption of an NCDs strategy that addresses these determinants, such as lack of education, employment, housing, income, access to health care and lack of access to effective health promotion.
- Firm action to advance the WHO Commission on the Social Determinants of Health (CSDH) three principles of action:
 - ◆ improve daily living conditions;
 - ◆ tackle the inequitable distribution of power, money, and resources; and
 - ◆ measure and understand the problem and assess the impact of action. (WHO, 2008).

2.6 In relation to addressing common risk factors for NCDs, the IUHPE recommends:

- The adoption of a strategy which reflects the fact that reducing NCDs will require action across a number of areas. This includes tobacco control, improving food supply and systems and environments for physical activity, reducing hazardous alcohol intake and delivering cost-effective and affordable essential drugs and technologies.
- **While all of the above are important, a significant proportion of heart diseases, stroke, type 2 diabetes and cancers would be prevented if the major common risk factors (tobacco, physical inactivity, unhealthy diet) were eliminated.** This would save many millions of premature deaths.
- **An equal emphasis on the three critical fronts of healthy eating, physical activity and tobacco control.** Effective health promotion action on healthy eating, physical activity and tobacco control will make the most important contributions to reducing the burden of NCDs on the global population .
- **That equity forms a central part of the NCD prevention and control agenda and disproportionate attention and resources are allocated to addressing the needs of disadvantaged groups.** Risk factors are clustered in disadvantaged populations and communities, and those in these communities often have the poorest access to health services , healthy environments and health promotion programmes.

→ In this regard, the IUHPE supports the following actions:



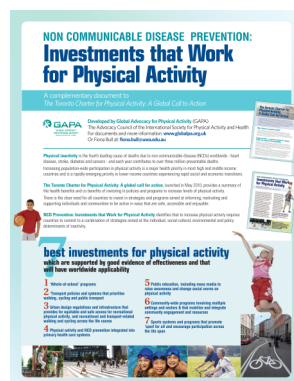
Physical activity: The IUHPE supports comprehensive environmental and systems approaches to physical activity across areas such as healthy urban planning and design, equitable access to active and sustainable transportation, healthy villages, cities and schools. The IUHPE has participated in and supports two Global Advocacy for Physical Activity (GAPA) documents and calls for their full adoption (GAPA is the Advocacy Council of the International Society for Physical Activity and Health):

- **'The Toronto Charter for Physical Activity'** - <http://www.globalpa.org.uk/charter/>

This lists nine guiding principles for a population approach to physical activity and provides a framework for physical activity policy development.

- **'Non-communicable disease prevention: best investments for physical activity'**.
<http://www.globalpa.org.uk/pdf/investments-work.pdf>

This complementary document to the Toronto Charter for Physical Activity identifies seven best investments to increase population levels of physical activity which, if applied at sufficient scale will make a significant contribution to reducing the burden of non-communicable diseases and promoting population health.



Healthy food supply, food systems and healthy eating: the IUHPE Recognizes that healthy eating can be best approached by addressing the whole food system – from the farm, to the market, to the home (as opposed simply to 'healthy diet'). This includes holistic approaches including addressing such things as: improving food security, ensuring diverse, safe and healthy farming practices, comprehensive national food policies, regulating front of pack labeling, regulating marketing and promotion of unhealthy foods, education and media to support nutrition literacy and personal choice.

- IUHPE draws attention to the *Healthy3 Initiative* for healthy food system building that was launched at the 20th IUHPE World Conference on Health Promotion in Geneva in July 2010, as well as to the recommendations of the *White Paper 'The Food System: a prism of present and future challenges for health promotion and sustainable development'*, that was also launched at that World Conference.
<http://www.iuhpeconference.net/downloads/en/Healthy3/White-Paper---The-Food-System.pdf>



Triggering Debate – White Paper The Food System

a prism of present and future
challenges for health promotion
and sustainable development

With the kind support of Health Promotion Switzerland



Tobacco control: The IUHPE calls for the full implementation of the WHO Framework Convention on Tobacco Control and for ratification in the case of States that have not yet done so. The IUHPE is a member of the Framework Convention Alliance. Its advocacy actions are strictly in line with the IUHPE priorities on tobacco control.

2.7 In keeping with the above, the IUHPE argues that achievement of an NCDs strategy requires all governments to actively support implementation of :

- The 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs,
- The WHO Global Strategy on Diet, Physical Activity and Health,
- The WHO Framework Convention on Tobacco Control, and
- The WHO Global strategies to reduce harmful use of alcohol.

2.8 The role of the International Union for Health Promotion Education (IUHPE) in reducing the burden of NCDs:

- The International Union for Health Promotion and Education (IUHPE) strongly welcomes the prospect for an increased contribution by health promotion globally to NCDs prevention.
- As the only Global organization with a specific Global mandate for health promotion the IUHPE:
 - ◆ has a unique and important role and responsibility in providing advice and influencing outcomes.
 - ◆ has a network of leading experts as well as organizations, with a strong presence in all global regions,
 - ◆ can contribute solid and unique experience and expertise in health promotion, and can play a vital role in advising on health promotion effectiveness.
- The IUHPE's Global Working Groups can contribute expertise to various areas of health promotion and NCD prevention. Specific IUHPE Working Groups include:
 - ◆ A Global Working Group on Surveillance – World Alliance for Risk Factor Surveillance (WARFS),
 - ◆ A Global Working Group on the Social Determinants of Health,
 - ◆ A Global Working Group on Health Impact Assessment,
 - ◆ A new Global Working Group on Food System,
 - ◆ An Advisory Group on Non-communicable Diseases (NCD) Prevention and Control,
 - ◆ An Advisory Group on Tobacco Control, particularly concerned with closing the health equity gap by incorporating tobacco control into poverty alleviation schemes.
- The IUHPE was pleased to have been invited to attend the WHO Global Forum in Moscow on April 27, 2011 preceding the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Diseases and recognises the acknowledgement and incorporation of health promotion approaches to reduce incidence and impact of NCDs in the Moscow declaration.
- The IUHPE looks forward also to a role in the UN Civil Society meeting on June 16 at the United Nations in New York.
- The IUHPE welcomes dialogue regarding how it may play a forthright role in helping to address this major Global Challenge.

Advancing health promotion & achieving equity in health globally



BACKGROUND DOCUMENT

The following information is provided in support of the key actions recommended above.

WHY A HEALTH PROMOTION APPROACH? OR AN EXPLICIT ROLE FOR HEALTH PROMOTION IN THE FIGHT AGAINST NCDs

⇒ *NCDs present a complex picture of associated risk factors, causes, and causes of the causes in social contexts that are highly varied and complicated to understand. They present the kind of patterning that the field of health promotion has long recognized, understood, and addressed with limited funding, limited capacity, and little support from governmental and international agencies across the globe” (McQueen, 2011).*

⇒ **Health promotion is concerned with NCDs before they reach the stage of high cost treatment.** Health promotion deals with the earliest stage of causality (the causes of the causes).

⇒ Health promotion *“is concerned with those critical values such as equity and justice that lead to healthy public policies and a population perspective on health. It is arguably the key field in public health to address the concerns of the UN summit” (McQueen, 2011).*

⇒ **There is a strong element of inequity and social injustice in NCDs. It is felt greatest and is growing faster in low and middle income countries.** Three out of four NCDs deaths (28 million deaths a year) occur in low- or middle-income countries. **Over the next ten years, the largest number of NCDs deaths will be in the Asia/Pacific region; NCD death rates are expected to rise most steeply (25%) in Africa. NCDs are a major threat to the economic viability and growth and development of poorer countries.**

⇒ In low and middle income countries **health promotion approaches to NCDs prevention is a development issue. We need to identify the opportunities and actions to integrate prevention of NCDs in the development agenda at global, national and regional levels.** When compared to high-income countries, NCDs strike people an average of 10 years younger in low- and middle-income countries. NCDs cause just under half (44%) of all deaths under the age of 70; they are **striking many people in the peak of their productive years** where poor access to medical care, social benefits and insurance make their economic impact much greater. **In fact The World Economic Forum Global Risk Reports 2009 and 2010 identified non-communicable diseases as a Global risk in both the developing and developed worlds, with a potential economic impact equal to the impact of the Global fiscal crisis over the next ten years.**

⇒ While the burden of NCDs is overwhelming in low and middle income countries **NCDs also remain the leading causes of death and the major public health challenge in higher income countries. There is wide disparity within these countries** as well as between countries in accord with socio-economic disadvantage.

⇒ The prevention of NCDs and the promotion of health should remain **high on the agenda of all countries.**

⇒ **We need to move beyond the ‘lifestyles’ approach to impact on the determinants that underpin the NCDs epidemic across populations by changing the environments (physical, economic, social, cultural) , policies and systems contexts.**

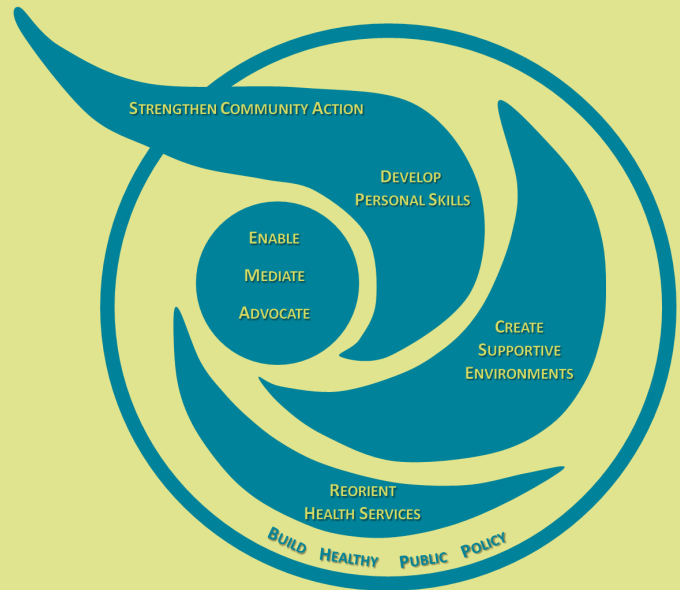
HEALTH PROMOTION

Its main measures are described in the Ottawa Charter for Health Promotion (1986)

Health promotion represents a **comprehensive social and political process**. It not only embraces actions directed at strengthening the skills and capabilities of individuals to improve their health, but also actions directed towards **changing social, environmental and economic conditions** which have a negative impact on public and individual health.

Health promotion provides a framework for policy action on NCDs. It lays out five priority areas of action.

- Build **healthy public policy**, including attention to health impacts from policies and programmes in all social sectors (e.g., agriculture, food, education, transportation, infrastructure, and their equitable distribution and access).
- Create **supportive environments for health** so that healthy choices are easy choices, focusing on the environments in which people spend much time, such as schools and workplaces, but also rural development and urban centres.
- **Strengthen social networks, build social capital, and build capacity for healthy social change** by providing communities with useful information, learning opportunities and a broad range of resources.
- Through education, **develop the skills of all people** to control their own health situation to the extent possible (empowerment).
- **Re-orient health services** so the health care system contributes to the pursuit of health not only for patient groups but for all citizens.



Subsequently these landmark actions have been supplemented by new action areas including acknowledgement that:

- **Comprehensive initiatives** that use a health promotion framework based on a combination of the above approaches are most effective.
- **Partnership and multi-sectoral approaches** are required.
- **Settings-based approaches** offer practical opportunities for the implementation of comprehensive strategies. Health Promotion involves the population as a whole in the context of their everyday life, rather than focus on people at risk for specific diseases.
- **Action on the social determinants of health** is vital for health improvement and development.
- **Community participation** is vital – with people at the centre.
- **Health literacy** is vital to foster participation.

ADDRESSING ALL KEY RISK FACTORS COMMON TO ALL NCDs IS A MUST

- The IUHPE recognizes that reducing NCDs will require focus in a number of areas. This includes tobacco control, reducing salt use, improving diets and physical activity, reducing hazardous alcohol intake and delivering cost-effective and affordable essential drugs and technologies.
- **While all of the above are important, a significant proportion of heart diseases, strokes, type 2 diabetes and cancer would be prevented if the major risk factors (tobacco, physical inactivity, unhealthy diet) were eliminated. This would save many millions of premature deaths.**
- **We therefore recommend an equal emphasis on the three critical fronts of healthy eating, physical activity and tobacco control.** Effective health promotion action on healthy eating, physical activity and tobacco control will make the most important contributions to reducing the burden of NCDs on the global population .
- WHO's data shows the six leading causes of risk of death are hypertension, high blood glucose, tobacco, physical inactivity, obesity and high blood cholesterol. Clearly **tobacco control** remains vital, but in addition, forthright and comprehensive health promotion approaches to **nutrition** and **physical activity** are where the solutions lie to most of these risks of death. **It is worthy of note that nutrition and physical activity relate to five of the top six causes of risk of death.**
- While we have not made specific reference to overweight and obesity, we recognize that effective action in relation to nutrition and physical activity beyond individual behaviours will make the most important contribution to reducing obesity.
- **The IUHPE notes that these risk factors have complex economic, social, gender, political, behavioural and environmental determinants that require a multi-sectoral response** (see cross government policies, environment and systems approaches to health promotion, healthy settings and social determinants of health).
- **The IUHPE recommends that equity forms a central part of the NCD prevention and control agenda and disproportionate attention and resources are allocated to addressing the needs of disadvantaged groups.** Risk factors are clustered in disadvantaged populations and communities, and those in these communities often have the poorest access to health services, healthy environments and health promotion programmes.
- **The IUHPE affirms its strong support for the work outlined in the following WHO documents:**
 - * **The 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs,**
 - * **The WHO Global Strategy on Diet, Physical Activity and Health,**
 - * **The WHO Framework Convention on Tobacco Control, and**
 - * **The WHO Global strategies to reduce harmful use of alcohol.**

The following comments are restricted to the three critical areas of:

A: *healthy physical activity and built environments,*

B: *healthy eating, healthy food supply, and*

C: *tobacco control.*

Physical activity and built environments

- The IUHPE would like to draw attention to two **Global Advocacy for Physical Activity (GAPA)** documents. GAPA is the Advocacy Council of the International Society for Physical Activity and Health:
 - **'The Toronto Charter for Physical Activity'** - <http://www.globalpa.org.uk/charter/>, and
 - **'Non-communicable disease prevention: best investments for physical activity'**. <http://www.globalpa.org.uk/pdf/investments-work.pdf>
- **The Toronto Charter for Physical Activity** lists **nine guiding principles for a population approach to physical activity**. These are health promotion principles and are transferable also to nutrition:
 1. Adopt **evidence based strategies** that target the **whole population** as well as specific population sub groups, particularly those facing the greatest barriers;
 2. Embrace an **equity approach** aimed at reducing social and health inequalities and disparities of access to physical activity;
 3. Address the **environmental, social and individual determinants** of physical inactivity;
 4. Implement **sustainable actions in partnership** at national, regional and local levels and across multiple sectors to achieve greatest impact;
 5. **Build capacity** and support training in research, practice, policy, evaluation and surveillance;
 6. **Use a life-course approach** by addressing the needs of children, families, adults and older adults;
 7. Advocate to decision makers and the general community for an **increase in political commitment** to and resources for physical activity;
 8. Ensure **cultural sensitivity** and adapt strategies to accommodate varying 'local realities', contexts and resources;
 9. Facilitate **healthy personal choices** by making the physically active choice the easy choice.
- Furthermore the Toronto Charter for Physical Activity outlines a framework that calls for **concerted action across four key areas**:
 - **Implement a national physical activity policy and action plan,**
 - **Introduce policies that support physical activity,**
 - **Reorient services and funding to prioritise physical activity, and**
 - **Develop partnerships for action.**
- These guiding principles and action areas are entirely consistent with health promotion thinking.
- The **'Best investments for physical activity'** document is a complementary document to the *Toronto Charter for Physical Activity*. It identifies **"seven best investments to increase population levels of physical activity which, if applied at sufficient scale will make a significant contribution to reducing the burden of non-communicable diseases and promote population health. In addition, these investments will contribute to improving the quality of life and the environments in which we live"**.
- The seven areas for investment are:
 1. **Whole of school programmes.**
 2. **Transport policies and systems** that prioritise walking, cycling and public transport.
 3. **Urban design regulations and infrastructure** that provide for equitable and safe access for recreational physical activity, and recreational and transport-related walking and cycling across the life course.
 4. Physical activity and NCDs prevention integrated into **primary health care** systems.
 5. **Public education**, including mass media to raise awareness and change social norms on physical activity.
 6. **Community-wide programmes** involving **multiple settings and sectors** and that mobilize and integrate community engagement and resources
 7. Sport systems and programmes that promote **'sport for all'** and encourage **participation across the life span**.

- As noted and reinforced by the NGO dialogue (WHO, 2010), healthy eating can be best approached by **addressing the whole food system – from the farm, to the market, to the home (as opposed simply to ‘healthy diet’)**.
- This would result in more holistic approaches including addressing such things as:
 - **Improving food security**
 - **Working with agriculture to ensure diverse, safe and healthy farming practices**
 - **Comprehensive national food policies**
 - **Regulating front of pack labeling**
 - **Regulating marketing and promotion of unhealthy foods**
 - **Education and media to support nutrition literacy and personal choice**
- (Glanz et al. 2005) identified four types of nutrition environments for targeted intervention
 - **community environments**
 - **consumer environments**
 - **organizational environments, and**
 - **information environments**

These are useful constructs for thinking about health promotion interventions. Each can be affected by policies of governments and other organizations.

- **Community Food Environments**

This includes distribution systems for food, as well as the number, type, location, and accessibility of food outlets. Access and availability of food markets is associated with a better-quality diet and a lower prevalence of obesity. Equally, higher access to convenience stores and fast food outlets is associated with a less healthy diet and higher levels of obesity.

- **Consumer Food Environments**

Consumer food environments are what consumers encounter within and around retail food outlets (stores, restaurants, and within-organization food sources) (Sallis & Glanz, 2009). The consumer environment influences health eating through its impact on availability of healthy foods, price of healthful food choices, the quality of food, portion and package sizes, in-store promotions and marketing, and point-of-choice nutrition information (Sallis & Glanz, 2009).

- **Organizational environments e.g. schools, workplaces and the home**

Catering and food policies in schools and workplaces can have a large impact on dietary intake of large numbers of children, adolescents and adults. The *home environment* is affected by supply, availability, income and the food literacy of adults.

- **Information environments**

Media is pervasive in the lives of citizens across the world. Media information often directly or indirectly encourages unhealthy eating behaviours. Likewise pervasive advertising and promotion of fast foods, soft drinks and other unhealthy products promote increased consumption.

- **The IUHPE would like to draw attention to the *Healthy3 Initiative*** for healthy food system building that was launched at the 20th IUHPE World Conference on Health Promotion in Geneva in July 2010, as well as to the recommendations of the **White Paper ‘The Food System: a prism of present and future challenges for health promotion and sustainable development’**, that was also launched at that World Conference. <http://www.iuhpeconference.net/downloads/en/Healthy3/White-Paper---The-Food-System.pdf>
- These documents emphasize **a growing recognition of the significance of building a bridge between the health promotion agenda and the sustainability agenda.**

Tobacco control

- There has been a strong emphasis on tobacco control as a key priority in the lead up to the NCDs High Level Summit. This is highly appropriate as **smoking remains the second leading cause of risk of death according to WHO data** and second hand smoke has a major impact on the health of non-smokers including children.
- **The IUHPE is a member of the Framework Convention Alliance. Its advocacy actions are strictly in line with the IUHPE priorities on tobacco control.**
- The IUHPE **advocates for full implementation of the WHO Framework Convention on Tobacco Control and for ratification** in the case of States that have not yet done so.

WHAT REFORM IS REQUIRED TO ENABLE A HEALTH PROMOTION APPROACH ?

- The Jakarta Declaration on Health Promotion in the 21st century (WHO, 1997) recognized the importance of **securing an infrastructure for health promotion**
- Successfully addressing NCDs Prevention through a health promotion approach requires:
 - **High level Government policy and political intervention.**
 - **Health system reform, and re-direction of resources to health promotion** and prevention of NCDs. Health promotion should be re-prioritized as **an essential function of Departments of Health.**
 - **Coherent and consistent policy frameworks** are needed to elevate the status of health promotion in national health policies and funding.
 - **Population-based approaches** to risk factor reduction, to complement the focus on high-risk individuals within health systems.
 - **A skilled workforce.**

Cross-Government policies

- **National Governments should provide leadership in ensuring participation of all sectors of Government and civil society in addressing NCDs.**
- Health gains can be achieved much more readily by **influencing public policies in a variety of sectors** than by changes in health policy only.
- These policies should address the issues which impact on health, both **within the health sector and in other sectors, through a whole-of-government approach.**
- Policy interventions are required across sectors that address the **social determinants of health. Such an approach will be effective for low and middle countries as well as for poorer groups in high income countries.**
- **The Adelaide Statement on Health in all Policies** recognizes that government objectives are best achieved when all sectors include health and wellbeing as a key component of policy development (Health in All Policies, Adelaide, 2010).

Examples are provided in Table 1 of cross-government approaches to nutrition/food supply and physical activity/built environment

Sector	Examples: Health promotion approaches to <u>food supply and nutrition</u>	Examples: Health Promotion approaches to <u>physical activity and the built environment</u>
Agriculture	Improve food security Diverse, safe, sustainable and healthy farming practices	
Finance	Tax and fiscal policy to make healthier foods cheaper	Financial subsidy or tax deductibility for physical activity participation
Transport	Ensure ready availability of fresh food to market	Transport policies and systems that prioritise walking, cycling and public transport
Planning	Planning provision for healthy food supply in low income areas Limit the density and locations of fast food outlets	Urban design regulations and infrastructure that provide for equitable and safe access to recreational physical activity, and recreational and transport-related walking and cycling
Education	Requirement for: Nutrition education for all children Healthy canteens and food supply in schools A health promoting school approach to nutrition	Requirement for: Comprehensive quality physical education in schools Whole of school (health promoting school) approaches to physical activity and active transport
Health	Education and media to support nutrition literacy Nutrition-related NCD prevention integrated into primary health care systems	Education and media to support nutrition literacy Physical activity related NCD prevention integrated into primary health care systems
Government: Law and regulation	Regulate front of pack labeling Restrict advertising, sponsorship and marketing of unhealthy foods Regulate for healthy food reformulation to remove saturated fat, salt and trans-fats.	Regulate land development and planning to ensure healthy active urban design
Sport and recreation	Ensure healthy catering in sport and recreation venues	Sport systems and programmes that promote 'sport for all' and encourage participation across the life span

Table 1. Cross Government approaches to nutrition/food supply and physical activity/built environment

Environment and systems approaches to health promotion

→Effective approaches to physical activity and the food supply (addressed above) require broad systems-based and environment interventions. **This includes addressing better urban planning, active transport systems, healthier work settings and schools and agriculture and delivery systems that enable a healthy food supply.**

→Broad environment and systems-based approaches can result in impacts across populations by changing the environments, policies and system contexts, as well as the determinants that underpin the NCDs epidemic.

Healthy Settings

- Fundamental to an environment and systems approach is a stronger focus on creating health supporting environments through **“healthy settings”**, as a way to contribute to tackling NCDs and support sustainable development.
- Tackling NCDs requires interventions that take place in **local communities, and in the settings where people live, work and play**. This includes health promoting schools, workplaces, local governments, healthy cities and villages, health promoting hospitals, primary health care settings, and others.
- A key part of the strategy to address NCDs should be **scaling up and generalizing effective interventions in these settings**, and resourcing the professional networks that will ensure widespread implementation.

Social determinants of health

- The NCDs epidemic is largely a consequence of global social, environmental and socio-economic determinants. Any effective NCDs strategy must address these determinants. It is these determinants, such as **lack of education, employment, housing, income, access to health care and lack of access to effective health promotion** and the causes of these lacks that lead to the world’s most vulnerable suffering the highest rates of disease – **and the prospect of existing inequities widening**.
- The **WHO Commission on the Social Determinants of Health (CSDH) (WHO, 2008)** provides a comprehensive background to inform effective approaches to the social determinants of health. The Report outlines three principles of action:
 - **improve daily living conditions;**
 - **tackle the inequitable distribution of power, money, and resources; and**
 - **measure and understand the problem and assess the impact of action.** (WHO, 2008).
- Broad approaches such as **promoting education and literacy, employment and housing programmes and programmes that address the empowerment of women** will therefore have an important impact on NCDs.
- Failure to act now on NCDs will undermine development gains made to date on the Millennium Development Goals** and will contribute to further broadening inequities both between and within countries.

Health promotion research, evaluation and surveillance

- Investments in the prevention and control of non-communicable diseases should be based on **sound research, evidence of effectiveness and cost-effectiveness analyses**.
- While our knowledge in relation to effective health promotion has been enhanced in recent years and strategic approaches such as the Toronto Charter for Physical Activity and the Framework Convention on Tobacco Control are based on solid evidence, **further investment is required in health promotion research and in robust programme evaluation to continue to add to the body of knowledge**.
- Studies need to be based on robust designs and as far as possible use **objective measures of effectiveness**.
- Research, population surveillance and programme evaluation at country level should be a core component of national health policy and of national NCD plans**.
- Success stories should be widely published** and efforts made to ensure **‘translation’ of research findings into policy and practice**.

A well trained health promotion workforce

- Effectiveness in reducing the global burden of NCDs depends on **a workforce that is equipped with the core skills to implement current knowledge, yet is flexible and adaptable to change.**
- **Achieving global consensus around domains of core competency for health promotion as well as the professional preparation of health promotion specialists** have been vital strategies of the IUHPE, and are vital strategies to advance standards of practice in health promotion.
- **The IUHPE has performed an important Global leadership role** in this. **The Galway Consensus Conference** was an important gathering of health promotion leaders who **advanced international consensus regarding the minimum competencies required to work in health promotion.**
- The Galway Consensus Conference Statement (Allegrante *et al.*, 2009) represents a significant advance in **articulating core values and principles for health promotion and the domains of core competency for health promotion.**
- This work and other projects, that the IUHPE participates in, help to **assure standards and quality for those who work in health promotion.**
- By developing consensus on health promotion competencies and workforce capacity building and training the IUHPE is contributing to **a strong and consistent language around health promotion.**
- It is vital to ensure that **policies and practices of health promotion institutions are informed by an agreed, well-defined body of knowledge and a competent and well-prepared workforce.**

THE ROLE OF THE INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION (IUHPE) IN THE FIGHT AGAINST NCDs

- The International Union for Health Promotion and Education (IUHPE) **strongly welcomes the prospect for increased global commitment to NCDs prevention and health promotion.**
- As the **only Global organization with a specific Global mandate for health promotion** the IUHPE:
 - aims to advocate for **health promotion approaches to NCDs Prevention** and present these as **central to the solutions to the NCDs epidemic.**
 - has a **unique and important role and responsibility in providing advice and influencing outcomes.**
- The IUHPE has **a network of leading experts** as well as organizations, with a strong **presence in all global regions.** It can contribute solid and unique experience and expertise in health promotion, and can play a vital role in **advising on health promotion effectiveness.**
- The IUHPE's Global Working Groups can contribute expertise to various areas of health promotion and NCDs prevention. Specific IUHPE Working Groups include:
 - A Global Working Group on **Surveillance** – World Alliance for Risk Factor Surveillance (WARFS).
 - A Global Working Group on the **Social Determinants of Health**
 - A Global Working Group on **Health Impact Assessment.**
 - A new Global Working Group on **Food System**
 - An Advisory Group on **Non-communicable Diseases (NCD) Prevention and Control**
 - An Advisory Group on **Tobacco Control**, particularly concerned with closing the health equity gap by incorporating tobacco control into poverty alleviation schemes
- The IUHPE can also **contribute to better understanding** the evidence and effectiveness of interventions. Of particular relevance in this regard is the ongoing **Global Programme on Health Promotion Effectiveness (GPHPE).**

- The IUHPE welcomes the fact that **NGOs are recognized as a crucial** resource and as key partners of governments for NCDs prevention.
- We are pleased that the **IUHPE was invited** to attend the WHO Global Forum in **Moscow on April 27, 2011** preceding the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Diseases: an opportunity for the IUHPE to **mobilize a broader base of stakeholders in support for health promotion approaches to NCDs prevention.**
- The IUHPE calls for full and robust implementation of NCDs policies and strategies and an expanded role for health promotion approaches to addressing this major challenge.
- The IUHPE welcomes dialogue regarding how it may play a forthright role in helping to address this major Global Challenge.

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