New players for a new era: how up to date is health promotion?

A couple of months ago a foreign affairs commentary in the *New York Times* took a look at the composition of the G7 group, which at present includes the US, Britain, France, Japan, Italy, Germany and Canada. It made the point that this composition does not include the key actors that shape the world today and it offered proposals for alternative compositions. One read as follows:

(1) China; (2) Japan. (3) The US. (4) Germany. (5) Rupert Murdoch, because he is... putting together the first truly global telecommunications network and he scares everybody in every market. (6) Bill Gates of Microsoft, because through his software he is building the first truly global marketplace, ... he is doing more to enlarge the global market for goods and services than any trade minister. (7) Mother Teresa, because she understands that promoting economic efficiency—a G-7 specially—is not the same as building a caring society.

Just a couple of months later one might be tempted to change that list of seven yet again, given the rapid developments on the global marketplace. To me, the parallels to health promotion development are obvious: like Alice in Wonderland we had better run fast just to stay where we are, let alone move into new global dimensions.

**REVISITING HEALTH PROMOTION—WIDENING OUR PERSPECTIVE**

In preparation for the 4th International Conference on Health Promotion in Djakarta in July 1997, the World Health Organization (WHO) is in the process of evaluating health promotion achievements and outlining future challenges in the form of health promotion scenarios. This work clearly indicates that we are entering a new phase where public/private partnerships for health promotion increasingly need to complement the healthy public policy initiatives and organizational development approaches. Creativity is called for in responding to global challenges.

In preparation for this conference I would like to propose a number of issues that need consideration and pose a number of questions that relate to the cutting-edge role that health promotion should be playing in health development.

Health promotion contributed significantly to moving the health debate—from what we do to eliminate disease—to a paradigm based on the creation and production of health. Investment in health gain is at the core of health promotion and it has become increasingly clear that the major part of this investment must be undertaken outside of the health sector. Less discussed has been the contribution and responsibility of the private sector in the production of health gain, beyond the critical debate on the alcohol and tobacco industry. Public health action—says the US Institute of Medicine report 1988—must take the form of an organised social response that includes private organizations, individuals as well as public agencies. If the health of the public is not just a government concern, implemented by government agencies, but a truly joint societal effort then we need to clarify in more detail where the respective responsibilities lie and what the rules of the game are. We are still far removed from that—in many countries the question is not even being considered.

**WHO IS PROMOTING HEALTH?**

Many insights and strategies that constitute the 'core' of health promotion are being used successfully in the private marketplace, linking health gain with profit margins. While health promoters...
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still need to argue the case for the importance of self-esteem and social support in the creation of health within a system ruled by a medical paradigm, advertising messages use this knowledge with abundance: self-esteem will for a long time to come be linked with the slogan of a shoe company and every food, soft drink or alcoholic beverage ad shows a social situation—the breakfast table, the party, the pub—if not a situation of seduction. It's all about feeling good (feeling better), being acknowledged, loved and respected. In many parts of the world, health promotion is big business: be it by using health as the added value of an otherwise rather normal product or offering specific products and services that (supposedly) will increase personal or family health. In fact, the health theme has become so dominant that advertising is responding with double messages, e.g. one ad shows a teenager eating breakfast cereal with the parents watching and the voice over advising 'just don't tell him its healthy'.

Three industries are particularly active in the health promotion marketplace: the communications industry, the lifestyle and leisure industry and, of course, the health industry itself. I will just highlight a few of the points that I feel need much more analysis, consideration and creative response from the health promotion community.

THE COMMUNICATIONS INDUSTRY

A key player is the media/communications/information industry. It is the mega growth market of the present, it helps create and structure how we live, love, work and play—to paraphrase the Ottawa Charter. This industry will aim to satisfy the public interest in health matters through massive expansion of its health programmes. Zapping through popular talk shows indicates the prominence of health issues (how did I pick up life again after my stroke, how do I live with a partner who has Alzheimer's, how do I cope with my HIV infection . . . the list is endless and sometimes truly obscure), teenage programmes provide sex education while state agencies are hampered by close scrutiny and problems of language and style, health magazines (fit for fun, men's health) abound and the self-care video market is exploding. A major communications company has just launched a self-care video to be sold through major retail chains: $20 million production costs, $15 million marketing expenses, $19.80 for the consumer. When did a health education authority ever get that amount of money to launch a major campaign? While there is strong resistance from the public to any increase of contributions to health insurance schemes, significant amounts are spent in the private health market—be it for magazines, fitness training, health foods and the like. And the market will continue to expand: 24-hour health channels, interactive health programmes, CD roms, self-help groups on the world-wide web, health on-line services, etc.

What does this mean in terms of planning and financing health promotion? Where does the personal, where the state responsibility lie? Do we want the market to take over middle-class health while government programmes focus on closing the gap? In the developing world interesting projects have been developed that use entertainment—for example soaps and sitcoms—as a way to reach wide populations with key health messages. And, I must say, one of the most impressive portrayals of the dilemma of a girl asked by her boyfriend to sleep with him that I have seen was on the Cosby show. Where does health promotion fit in here? ARE WE WILLING TO ACCEPT THAT THE ABOVE IS HEALTH PROMOTION? If yes, what does it mean for the work of governmental health promotion agencies frequently caught in the political mire and financial squeeze. Will the market take up the controversial issues and will the health education authorities be restricted to the 'safe' issues, that do not hurt politicians' feelings or sense of language—and finally miss the target group because of that? Is it good or bad that 'the market' is doing a major part of our job? And is it doing it rather well? How does that correlate with the fact that there will be 2 billion teenagers world-wide by the year 2001 and that MTV is trying to reach them all.

THE LIFESTYLES AND LEISURE INDUSTRY

The second major health promotion player is the 'lifestyles and leisure industry' of products and services (foods, drinks, cigarettes, travel, pop concerts, snacks, entertainment, sports). It of course overlaps strongly with the communications industry and helps finance many of its programmes. These industries will continue to expand into global markets. At the same time, many of these products are produced in the developing world under unacceptable working conditions. A case in point being the shoe company mentioned...
above. Already today an average of $250 per capita is spent world-wide annually on product packaging and marketing. Advertising is still tax deductible in many countries—meaning that there is a public subsidy of billions of dollars world-wide on the promotion of products, many of which are harmful to health. Should there be a health promotion tax on company expenditure on advertising in general, or an end to tax deductions on advertising for products harmful to health? Or a health promotion levy on advertising and marketing dollars spent? Or an incentive scheme? Such an approach could widen the possibilities of creating health promotion foundations throughout the world, widening the scope from just the tobacco tax levy. It could also open the way to alliances with consumer organizations, responsible companies, sport organizations, arts councils and business representatives as practised in Australia.

The key question is how can this industry be leveraged for health and healthy products and for healthy work conditions in its own ranks. Ethical issues are beginning to enter the private sector increasingly. An interesting example is the sporting goods industry, whose world federation (representing $100 billion) recently hosted a conference on human rights and child labour, which discussed issues such as fair trade, international standards for social responsibility and the role of business in preventing child labour. Is health promotion leading in these kinds of debates, or lagging behind? How about an alliance between consumer organizations and health promoters to move towards a company health promotion audit in relation to working conditions and goods and services produced. That is not as impossible as it may sound: the UNCTAD recently published a 'Benchmark Corporate Environmental Survey' of transnational companies; the World Travel and Tourism Council has identified 'sustainable development' as one of its long-term goals, following Agenda 21; and a number of airlines and credit card companies are running 'responsible citizen campaigns'. There are groups such as the Washington Business group for Health or the British 'Business in the Community'.

THE HEALTH CARE INDUSTRY

Finally the health care industry will see health promotion as a market of the future. Hospitals/health service institutions/health maintenance organizations will compete for health gain, quality of care and managed care. They will increasingly enter the area of community health, as is already the case in the USA, where community based projects and assessments allow hospitals to keep a tax free status. Increasingly, areas that were seen to be uniquely the responsibility of the state will be seen to move into the private sector or into public/private mix. The health care industry will be restructured as totally as the communications industry—meaning the interlinkage of separate functions or 'industries' to a new type of service and product—as computer hardware firms buy up software producers, link with telephone and cable companies and go global as 'mega media'.

The pharmaceutical industry, for example, will redefine its product to be 'health' rather than a pill which can be bought at a chemist's or in a pharmacy—as IBM buys Lotus, they will get involved in direct health care provision (hospital chains), home order systems (for self-medication) and health advice on-line (interactive television, 24-hour health lines, etc.). A recent ad for an American hospital advertised the totality of its services, including its web home page and the service ‘Talk to our doctors on the internet': Monday 7 p.m., arthritis; Tuesday 7 p.m., gynecology; Wednesday 7 p.m., heart disease...

NEXT STEPS

Ten years after the Ottawa Charter proclaimed a 'new public health' it would seem imperative that 'today more than ever public health institutions world wide . . . need to redefine their mission in the light of the increasingly complex milieu in which they operate' (Julio Frenk, Mexico).

Our proposal in preparing for the 4th International Conference on Health Promotion is to face up to issues such as the ones raised above, to arrange a series of critical dialogues and think-tanks to move the agenda ahead and clarify our thinking and to explore mechanisms to establish new types of partnerships as well as new tools for health promotion.

Visit our web site soon.

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