EDITORIAL

Busy times for health promotion: capacity building in action

As President of the International Union of Health Promotion and Education, one cannot help but be impressed by the breadth and scope of IUHPE’s activities in recent times. Much of this has focused upon the critical need to build global capacity for health promotion (IUHPE, 2009). Indeed, critical capacity remains the major challenge of the field. It takes many forms including building sustainable, systematic infrastructure within institutions to carry out the everyday tasks of health promotion practice. This need is obvious whether the institutions are governmental, academic or non-governmental. Furthermore, the recent economic downturn has only exacerbated the need for sustained capacity if health promotion is to carry out its mission.

The year 2009 has not only seen an increase in IUHPE’s work, but also a general upsurge in global activity that is pertinent to the field. It has been the first year of response to the landmark WHO report on the social determinants of health (CSDH, 2008); a year of many regional and global meetings focusing on health promotion, notably the first Asia-Pacific Conference on health promotion in Japan (IUHPE, 2009) and a continuation of the string of WHO health promotion conferences with the first held on the African continent in Nairobi (WHO, 2009) [It is the latest in the series, which began in Ottawa in 1986 and produced the Ottawa Charter on Health Promotion. The benchmark conference was followed by Adelaide in 1988, Sundsvall 1991, Jakarta 1997, Mexico-City 2000 and Bangkok 2005.;] a year of developing a consensus on the core values and concepts of health promotion (Barry et al., 2009; McQueen, 2009); and a year of intense preparation leading to the 20th IUHPE world conference on health promotion in Geneva next summer (http://www.iuhpeconference.net/).

Just reviewing the range of planned sub-plenaries scheduled for Geneva reveals the enormous transition that contemporary health promotion has made to a broader interpretation of what constitutes health and what is the meaning of work in the field of health promotion, for example:

- healthy and sustainable settings;
- salutogenic pathways to health promotion sustainability, equity and participation;
- social determinants for health: a foundation to promote a human rights agenda;
- behavioral risk factor and public health surveillance: a key support for health promotion;
- debating the roles of impact assessment in promoting health: purposes, methods, outcomes;
- supporting local health actions that address the social determinants of health;
- building consensus on domains of core competencies in health promotion;
- challenges and issues around the evaluation of interventions, vision and action for health promotion in Latin American countries;
- health promoting architecture: contributions to a new culture of living;
- building high impact partnerships for health, equity and sustainable development;
- what health promotion can learn from other social movements;
- capacity building: sustainable financing and infrastructures for health promotion;
- sustainability and equity in urban Latin America: convergent strategies for transportation, development, the environment and health;
contemplating the science and the art of advocacy.

In 2009, IUHPE organized several global working groups (GWG) to support the IUHPE scientific portfolio. Their task is to further health promotion research and practice in key areas including settings, salutogenesis, social determinants of health, surveillance and health impact assessment. Although they all have a different contextual backdrop for their establishment and development, the formation of each GWG is related to a direct IUHPE response to its membership’s expressions of interest and the need to convene a set of global professionals around a specific facet of modern health promotion. A distinguishing factor of these groups is that they are all grounded in a set of core principles and are seen as a mechanism to engage with key stakeholders and seek commitment of other key players for capacity building.

The working group on Healthy Settings, for example, originally established as an informal group in 2005, was formed in response to a resolution passed at the 19th World Conference in Vancouver. Its membership reflects the health promotion response to work in a broad number of settings (e.g. schools, hospitals, workplace, universities, cities) and can trace its ancestry to statements from several key health promotion documents:

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. (WHO, 1986, Ottawa Charter);

Settings for health represent the organizational base of the infrastructure required for health promotion… comprehensive approaches to health development are the most effective…[and] particular settings offer practical opportunities for the implementation of comprehensive strategies. (WHO, 1997, Jakarta Declaration);

The reach of settings-based health promotion should be greatly expanded. (IUHPE/CCHPR, 2007, Shaping the Future of Health Promotion).

Not all of the working groups can trace their history to illustrious health promotion documents, but do reflect key concerns such as the active interest in health impact assessment. Some reflect a particular theoretical orientation that has interested many working in the field, thus the GWG on Salutogenesis explores the relevance of the salutogenic approach and framework for health promotion research and practice.

The GWG on Surveillance seeks to further the development of a broad-based behavioral risk factor surveillance approach as a tool for building an evidence-based health promotion, acknowledging the importance of such an information source to inform, monitor and evaluate health promotion policies, services and interventions. It seeks to integrate surveillance as a tool into the mainstream of health promotion work. And, of course, the recently formed GWG on the Social Determinants of Health reflects the whole field’s concern with this area. For many working with this notion, the challenge is to identify and apply the best health promotion practice to ‘close the gap’ which was so clearly highlighted in the recent WHO report (Sparks, 2009).

There has also been a broadening of health promotion in its engagement with the emerging threat of an H1N1 (swine flu) pandemic. Obviously, many practitioners in the field have been engaged in concerns with this threat. IUHPE has coordinated contributions to the settings-based manuals for H1N1 pandemic preparedness, ensuring an integrated health promotion approach to strengthening community responses to pandemic influenza. In addition to launching some of the products of this work at the WHO conference in Nairobi in October 2009, IUHPE also supported a sub-plenary session to discuss the emerging issues and processes in mainstreaming health promotion in response to pandemics. This is an example of IUHPE’s commitment to build capacity of health promotion to engage and contribute to global public health priority areas using effective health promotion approaches.

In sum, this year has seen a significant broadening of the health promotion agenda. Of course, this intense interest in health promotion does not come without challenges. If one were to carry out a so-called SWOT analysis on the current activities of the field as seen through an IUHPE perspective, there would be much to consider. However, no matter what the analysis, it is inevitable that any reasonable person would be led back to the urgency and need for capacity building in the field of health promotion. Increasing demand, without concurrent increase in resources and infrastructure is a pathway to further problems. The current successful activity of the field will only be
maintained when and if there are the necessary sustainable resources.

ACKNOWLEDGEMENTS

The author wrote this editorial while employed by the National Center for Chronic Disease Prevention and Health Promotion, CDC. The views and opinions in this editorial are those of the author and do not necessarily reflect the views of the CDC and the DHHS.

David McQueen
President
International Union of Health Promotion and Education

REFERENCES


