ADVOCATING FOR HEALTH PROMOTION APPROACHES TO NON-COMMUNICABLE DISEASE 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
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 tried to address with limited funding, limited capacity, and little support from governmental and international agencies across the globe” (McQueen, 2011).

1 To address the well documented global crisis of NCDs, the IUHPE calls for an expanded role for health promotion.

A comprehensive approach to health promotion embraces actions directed at strengthening the skills and capabilities of individuals to improve their health alongside actions directed towards changing social, environmental and economic conditions which have an impact on health. This is especially important in low and middle income countries where health promotion can contribute not only to better health but to sustainable development, equity and social justice. This is of course valid in higher income countries where the gap of inequalities is broadening.

2 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, recognising that tackling NCDs is complex.

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. Any effective NCDs strategy must address determinants such as education, employment, housing, income, access to health care and lack of access to effective health promotion. We call for actions on the structural drivers of inequitable distribution of power, money and resources, human rights, and support to the Millennium Development Goals.

3 Reforms are required within health systems that redirect resources to health promotion and prevention of NCDs and prioritize health promotion as an essential function of Departments of Health, working across the whole of government.

This expansion of health promotion needs to be explicitly and securely funded. Within this commitment, health systems need to invest in research into the evidence of effectiveness and cost-effectiveness of health promotion policies and interventions, and enable a new paradigm of research-policy-practice interface that allows for knowledge exchange and application.

4 The IUHPE urges reorientation of health systems to increase the focus on health improvement whilst simultaneously engaging with all other economic, social, and environmental systems.

“ The health system ends up owning the problems that result from the chronic disease 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” (Ilona Kickbush, 2010).

5 A further crucial need for investment is in ensuring a health promotion workforce that is prominently placed and equipped with the core competencies to implement current knowledge, policies and practices.

The IUHPE has invested in developing global consensus around domains of core competency for health promotion. These competencies should inform the supply of an expanded and skilled workforce of health promotion specialists.

6 The IUHPE recommends that an equal emphasis and resources be placed 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 in the global population.

The IUHPE recognizes that reducing NCDs will require focus in a number of areas. This includes tobacco control, improving food supply and system 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 disease, stroke, type 2 diabetes and cancer would be prevented if the major common risk factors (tobacco, physical inactivity, unhealthy diet) were eliminated. This would save many millions of premature deaths.

7 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 programs.

The International Union for Health Promotion and Education (IUHPE) has a keen interest in the success of addressing the NCDs challenges and is eager to work on supporting the important role of health promotion globally to change the environment to one that is conducive to the prevention of NCDs.

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. It has a network and specific working groups of leading experts and organizations, and a strong presence in all global regions. The IUHPE is willing and able to contribute its solid and unique experience and expertise in health promotion and play a vital role in advising on health promotion effectiveness and mobilizing its members to implement the NCD strategy.