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FRAMEWORK FOR COUNTRYWIDE PLANS OF ACTION FOR HEALTH PROMOTION

I. GENERAL FRAMEWORK

A. Preamble

The purpose of this document is to provide a framework for developing countrywide plans of action to follow up the commitments made in the **Mexico Ministerial Statement on Health Promotion**.

Bridging the equity gap is one of the greatest challenges of our times. Promoting health is one effective strategy to reduce these inequalities. To achieve health for all it is essential to focus efforts on improving conditions for the underprivileged and marginalized groups in both developing and developed countries.

Health promotion has a major contribution to make in bridging the equity gap, and in addressing the main determinants of health. Such a contribution can be best provided through participatory planning resulting in reflection and action. These countrywide plans should be considered in the overall context of achieving global equity in health.

B. Objectives

1. To position health as a fundamental human right and as a resource for social and economic development in the context of structural change and global forces;
2. To mobilize financial, human and technical resources to build sustainable community, institutional and civic capacity to address the main determinants of health;
3. To address social and gender equity at all levels of governance and in all sectors of society;

4. To support knowledge development, which advances understanding of ways to fully develop human potential and institutional capacity;
5. To promote meaningful participation and supportive environments thus strengthening community cohesion and building social capital;
6. To systematically integrate health promotion into the healthcare reform agenda.

C. Principles for Success

Plans of action are most feasible and effective when:

1. They have clear aims and objectives.
2. The roles and responsibilities between concerned stakeholders have been clarified and accepted.
3. There are transparent mechanisms for accountability.
4. The strategies developed are comprehensive.
5. The plans include mechanisms for monitoring and evaluation.

D. Key Considerations

Participation: Public, private and community sectors will be encouraged to take part in the preparation of the plans of action, facilitated by the Ministry of Health.

Adaptability: Plans of action need to be responsive to local needs. Countries will prepare plans based on their own circumstances, building on existing plans settings, programmes and investments.

Feasibility: It will be possible to carry out the proposed activities within a stated timeframe, given necessary human resources; supportive economic, legal and social policies; and capacity to establish partnerships and alliances.

Measurability: Process and impact evaluation will be carried out.

Innovation: The process of developing plans will involve new approaches to communication and encourage creative action and dialogue.

E. Support and Facilitation

The development of these plans of action must build or strengthen infrastructure such as institutional networks, knowledge and skills development programmes and research focused on implementation. It is envisaged that support will be provided mainly by existing resources in each country, including from sectors other than health.

Ministers of Health have committed themselves to supporting and facilitating this process. They will encourage inter-departmental and inter-ministerial coordination at senior levels. WHO, PAHO, UN agencies, bilateral and multilateral agencies, academia, centres for health promotion, national health promotion foundations, IUHPE and other NGOs, the private sector, social insurance groups, cooperatives, and others will also be relevant partners.

F. Anticipated Outcomes

Agreement will be reached among the key players on the first steps of the plans of action. This will involve a meaningful and open consultation with communities and all sectors of society.

In accordance with the **Mexico Ministerial Statement on Health Promotion**, the following actions will be taken:

- Establish or strengthen national, regional and international networks which promote health;
- Advocate that UN agencies be accountable for the health impact of their development agenda.
- Periodically report to the Regional Committees and the World Health Assembly on the progress made in the performance of the above actions.

The process of developing and implementing countrywide plans of action will create shared ownership and responsibility and strengthen national capacity for bridging the equity gap.

II. OPERATIONAL STRATEGIES

1. Planning Process

a: Needs Assessment

The preparation of the plans of action should follow the identification of:

- Priority health development issues to be addressed;
- Assets available (policy, legislation, human and financial resources);
- Capacity of human resources and the infrastructure available.

The national plan of action should be developed in the light of the most reliable data and experience available. The problem definition would include a review of (a) epidemiological and demographic information; (b) behavioural and social research on the determinants of health; (c) community needs and perceived priorities. The process of identifying needs and priorities must involve members of the community and relevant public and private sectors. It should include the following characteristics:

- Clearly defined objectives and expected outputs within given time frames.
- Expected outcomes clearly stated and indicators of progress identified.
- Form part of, or contribute to, the overall national development plans, and specifically the national health plans, where they exist.
- Involvement at appropriate levels and stages of all relevant stakeholders and key contributors, including the community, NGOs, private sector, academia, religious institutions, WHO, PAHO, UN and donor agencies.

Among the tools used to identify problems, needs and issues are problem trees, the fish bone, community consultation, focus groups and surveys. In generating proposed solutions and ideas for action, it is crucial to review social and behaviour theory and intervention models, analyse evidence from other programmes, and incorporate the experience of community workers and other relevant practitioners.

The ultimate objectives of health promotion plans are to improve the health of communities and individuals and to attain acceptable levels of equity in health. Incorporating strategies to bridge the equity gap in health promotion plans of action is vital.

A tool that provides positive discrimination to reduce inequities is targeting: focusing specific activities, services and resources on specific population groups or specific products such as a staple food. The criteria for targeting varies depending on the need and the desired outcome: it could be increasing opportunities such as giving pre-school children a head start with early stimulation, nutrient supplements, parenting classes, etc.; transferring income to alleviate poverty; or providing water and sanitation to neighbourhoods that lack these services.

Targeting does not mean excluding groups or leaving them aside. It means providing different services to beneficiaries with different levels of needs. Targeting does have a cost, depending on the type and extent of the mechanisms and the specific criteria. Targeting low-income communities, neighbourhoods and schools is sometimes less costly than targeting specific population groups.

b. Determining priorities, objectives and outcomes

This step of the process often involves a list of problems to be solved, many of which implicate measures to control and prevent specific diseases. It is important to go beyond defining the problem to identify causes and consequences and to involve people in trying to visualize what they would like to see in the near and long-term future.

The focus of disease prevention and health promotion is slightly different. The goal of prevention is the absence of disease, whereas health promotion seeks to create and maintain healthy and supportive environments, ensuring protective factors at the policy and community levels, providing life skills education and developing healthy life styles and conditions. Despite these different approaches, both of them contribute to the attainment of health, and there is evidence that prevention programmes are gateways to

health promotion. It is essential that the goals and outcomes decided on involve all sectors of society and are fully agreed upon by the different stakeholders.

Once priorities are identified, desired objectives and outcomes are defined. This process builds and strengthens the capacity of all involved: community members, relevant sector representatives and institutions. A review of available resources and assets is necessary. It is important to raise public and political awareness during the entire process. On-going consultation and communication with the broader community as well as with policy- and decision-makers in the relevant sectors is essential for success.

c. Selecting the most effective strategies and interventions

This involves selecting and adjusting the means of action most suited to the situation, the prime subjects (the target audience), the desired health objective, the manner of the intervention (mechanisms or levels) and the setting (where).

Health promotion is principally directed at the factors that determine health and the causes of identified problems or risk conditions, rather than their consequences. Given the diversity of the factors that determine health, cooperation between different sectors is essential, in particular between those with economic, social and environmental responsibilities. The extent to which action in different sectors overlaps should also be taken into account when planning a strategy.

The health promotion strategies that are proven to be most effective are those combining complementary actions based in different sectors of society. The most common partners in such actions are government agencies, health institutions, NGOs, schools and universities, the mass media, religious groups, and public and private organizations.

Depending on the plan of action, it will be necessary to develop and pre-test the methods and materials to be used. Health promotion actions often implement an education strategy, e.g. community or popular education, school health education and teaching of life skills, patient education, strengthening family support groups. A social communication strategy including broadcast and print media can also be effective. Social mobilization strategies, including community development, strengthening social support networks, group facilitation, targeted mass communication, and others are also used. Advocacy is an important tool and includes lobbying, political organization and activism, overcoming bureaucratic inertia, identifying a champion for the cause, enabling community leaders and mediating to manage conflicts.

2. Implementation

Emphasis on implementation should be on strengthening country capacity at all levels, developing assets and resources, and assuring appropriate infrastructure for promoting health. Once the needs and priorities have been identified, objectives and outcomes agreed upon, and the plan designed, action can be taken. A plan for monitoring and quality control must also be developed, as well as a mechanism for reviewing the results.

The plan of action for effective health promotion involves various types of activity:

- Raising public and political awareness;
- Communicating health promotion message;
- Proposing healthy public policy;
- Strengthening community action for health; and
- Creating supportive environments and encouraging healthy lifestyles.

3. Evaluation

Ongoing monitoring and regular review should be included early on, to provide timely warning of difficulties that will require the need to refocus or redirect action plans. Outcome evaluation should be measured against agreed indicators. Unexpected results should also be carefully noted and acted on.

There are various approaches to evaluation. Some maintain that no quantifiable objectives can be set *a priori* for health promotion, and that actions cannot be determined in advance, since it is up to the individuals and communities to decide whether or not to take them. On the other hand, there is considerable pressure from sponsors, politicians and the scientific community in general, for measurable results and proposals that include clear, measurable and viable objectives, a strategic plan defining the what, who, how and when of specific activities.

To respond to these pressures, we must take up the challenge of testing and validating instruments that objectively document the process, the results and the costs of various health promotion programmes. Evaluation is not to be equated with measurement of results, or merely gathering data on a set of indicators. Evaluation can concern the results or the process, or it can be part of training. Although health promotion must account for its results, it is equally important to understand the processes. The monitoring and evaluation of complex interventions require different evaluation models and instruments.

Health promotion outcome measures can include:

1. Health literacy measures, including health-related knowledge, attitudes, motivation, behavioural intentions, personal skills, and self-efficacy;
2. Social action and influence measures, including community participation, community empowerment, social norms, and public opinion;
3. Healthy public policy and organizational practice measures, including policy statements, legislation, regulation, resource allocation, organizational practices, culture and behaviour;
4. Healthy lifestyles and condition measures, including tobacco use, food choices and availability, physical activity, alcohol and illicit drug use and the ratio of protective vs. risk factors in the social and physical environment;
5. Effective health services measures, including provision of preventive services, access to health services and social and cultural appropriateness of health services.

6. Healthy environments measures, including restricted access to tobacco, alcohol and illicit drugs, positive environments for youth and the elderly, freedom from violence and abuse;
7. Social outcomes measures, including quality of life, functional independence, social support networks, positive discrimination and equity;
8. Health outcomes measures, including reduced morbidity, disability, avoidable mortality, psychosocial competencies and life skills;
9. Capacity building outcomes, including measures of sustainability, community participation and empowerment.

4. Mechanisms for Action

The five complementary mechanisms for action proposed by the Ottawa Charter are:

a. Building Health Public Policy

Healthy public policy is a mechanism for investing in health, and sustainable human and social development. Healthy public policies are the key mechanism to ensure the existence of prerequisites for health, including work, peace, education, social justice and equity.

The establishment of healthy public policies involves identifying protective factors in the physical and psychosocial environment that would contribute to improving the determinants of health. These may include: access to work, financial security, adequate housing, universal access to quality education, food security and safety, access to healthy food, access to information, availability of safe transportation, recreation and physical activity areas, and opportunities to develop life skills and be connected to social support networks. Healthy public policy is often translated into legislation that safeguards the necessary conditions to develop healthy lifestyles. Healthy public policies protect communities, families and individuals from risk factors and conditions and make the healthiest options the easiest choices. They also seek to achieve an equitable distribution of resources.

Policies are drawn up at various levels. At the local level, regulations serve a twofold purpose: on the one hand, they provide instruments for putting into practice concrete aspects of the major national policies; on the other, they are a tool for *deciding* certain political responsibilities that are regulated at this level, and adapting them to local needs. At the national level, legislative issues with a bearing on health are clearly not the sole responsibility of Ministries of Health. The guidelines adopted will need to adopt the right approach in order to identify both the instrumental measures to be carried out at local level and those concerning the macroeconomic and social policies that determine health.

Healthy public policies are decrees, regulations and norms adopted by the state to safeguard the economic and social conditions that have a significant impact on community health.

b. Creating Supportive Environments

By the year 2010, the majority of the world's population and their economic activities will be located in urban areas. This raises significant concerns in terms of resource allocation, income distribution and provision of services such as water, sanitation, and pollution. Poverty and inequities contribute to difficult psychosocial environments where violence is a priority issue.

In this context, health promotion proposes initiatives to empower communities and create partnerships between elected local authorities, representatives of different sectors, public and private leaders to establish plans of action and create healthy and supportive settings. Multisectoral teams all over the world are joining forces to design strategies that will create supportive environments and promote health where people live, work and play. Healthy and safe environments are created by the investment of many sectors in health. The close link between psychological and social environments must also be considered.

c. Reorienting health services

The reorientation of health services is a process of adapting structures and functions to new demands for health. The most common components are preventive measures, health development strategies, intersectoral involvement, community participation, increasing equity and furthering decentralization. It is well known that health is determined by biological factors, lifestyle and environmental factors. Consequently, health services must work in an alliance with other sectors that influence health. The task of working with other sectors demands experience and technical skill.

For primary health care, health professionals can play an important part in catering for the needs of users and helping them to participate in the provision of services. At local level, this means adapting the form and kind of services provided to the needs of the population. At national level, it means assuring that health professionals are well placed in society to create and maintain mechanisms that will empower individuals, families, populations and communities.

A full concept of equity in health must produce not only full coverage with equal opportunity of access, utilization and quality of health services, but also the examination and correction of avoidable unjust and unnecessary factors which impair the health of various parts of the country.

Decentralization of health services is another essential component of the transformation of the health sector. It calls for delegation of administrative and executive power from central to local levels. Its purpose is to optimize the distribution of resources and avoid duplication of skills. It also means more effective, efficient and equitable provision of health services, adapting delivery to the needs of each part of the country.

d. Strengthening community action

Community action is a concept that is both exciting and complex. In fact, the term "community" can mean different things in different contexts. The traditional notion of community is a well-defined geographical area with formal institutions such as church; town hall and school, where families live whose values are rooted in a shared history. This has begun to change in places where geographical barriers have been overcome by communications and transport. People no longer live where they work and their support networks do not coincide with any geographical boundaries. These considerations must be taken into account when the activities of groups, communities or social support networks in a given area are analyzed and evaluated.

Empowerment gives a sense of personal control and the ability to bring about change in the social and health conditions through collective mobilization and counteracts the feelings of powerlessness and despair. Participation in the decision-making process is desirable not only from the ethical point of view but also in order to guarantee effectiveness.

e. Development of individual skills

Although many factors affecting health are beyond the reach of the individual, some individual choices or lifestyles - use of tobacco and alcohol, diet, exercise, and sexual practices - can influence the health and well-being. Such choices can be influenced by action to empower the most vulnerable.

The distinction between individual and collective empowerment is more theoretical than real. In practice, understanding a problem and acquiring the personal ability to deal with it are the basis of collective action for social change. In a social support network, each individual keeps his or her social identity while receiving material support, services, information and new social contacts.

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Far from being mutually exclusive, these five mechanisms for action in health promotion are complementary. Achievement of health promotion objectives depends on implementing an appropriate balance of strategies within these five areas.