

New Players for a New Era

Leading Health Promotion into the 21st Century

**4th International Conference on Health Promotion
Jakarta, Indonesia 21-25 July 1997**

Conference Report

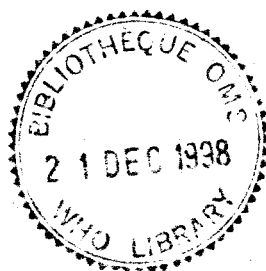


Table of Content

Foreword

Fourth International Conference on Health Promotion Report	1
Conference Format	1
Structure of the Report	2
The Road to Jakarta	2
Where Are We Now?	4
Healthy Cities/villages/islands/communities	4
Health Promoting Schools	4
Healthy Workplaces	5
Healthy Ageing	5
Active Living/Physical Activity	6
Sexual Health	6
Tobacco free societies	7
Promoting women's health	7
Health promoting health care settings	8
Healthy homes/families	8
The Road Ahead	8
Healthy Cities/villages/islands/communities	11
Health Promoting Schools	12
Healthy Workplaces	12
Active Living/Physical Activity	13
Sexual Health	13
Tobacco free societies	14
Promoting women's health	14
Health promoting health care settings	15
With Whom Do We Travel?	16
A Global Commitment	17
Partnerships and Alliances	19
The Global Healthy Cities Network	19
Global School Health Initiative	19
Healthy Work Initiative	20
Healthy Ageing Initiative	21
Active Living Initiative	21
Mega-Country Initiative	22
Health Promotion Foundations Initiative	23
Health Promotion for Chronic Health Conditions	23
Health Promoting Hospitals Initiative	23
Health Promoting Media Settings	24
Conference Conclusions	26
Tradition	26
Future	26
Evidence	26
Partnerships	27
The beginning of the future	27
The Jakarta Declaration on Leading Health Promotion into the 21st Century	28
Special Statements	
Statement on healthy ageing	34
Statement on health promoting schools	35
Statement on healthy workplaces	36
Statement on partnerships for healthy cities	37
Statement of member companies and groups	38

Annexes

Annex 1 - Conference Programme	39
Annex 2 - Conference Secretariat	66
Annex 3 - Conference Advisory Group	67
Annex 4 - List of Background Papers	71
Review and evaluation of health promotion	71
Health promotion futures	72
Partnerships for health promotion	73
Other publications/ sources	74
Annex 5 - Follow-up Activities	75
Annex 6 - World Health Assembly 51 Resolution on Health Promotion	76
Acknowledgments	78

Foreword

The Fourth International Conference on Health Promotion: 'New Players for a New Era - Leading Health Promotion into the Twenty-first Century', Jakarta, 21-25 July 1997

The spirit of Alma-Ata was carried forward in the Ottawa Charter developed at the First International Conference on Health Promotion (1986) in Ottawa, Canada. The Ottawa Charter, with its five independent action areas, has since served as the blue print for health promotion worldwide. The subsequent Second and Third International Conferences on Health Promotion in Adelaide, Australia (1988) and in Sundsvall, Sweden (1991), examined two major action strategies of health promotion, resulting in the adoption of the Adelaide Recommendations on Healthy Public Policy and the Sundsvall Statement on Supportive Environments.

The Fourth International Conference on Health Promotion was the first to be held in a developing region. It provided the opportunity to exchange experiences, for developing and developed countries to share and to learn from each other. In view of the major changes which have taken place since the Ottawa Conference in 1986, it provided the opportunity to evaluate the impact of health promotion globally and its priorities in today's world.

It is essential to review and evaluate the impact of health promotion globally, to take stock, to provide vision as to the most desirable future scenarios for world health and to try and identify the approaches, partnerships and alliances which will be required to achieve the desired goal.

Consequently, the Jakarta Conference had three objectives:

- a) to review and evaluate the impact of health promotion;
- b) to identify innovative strategies to achieve success in health promotion; and
- c) to facilitate the development of partnerships in health promotion to meet the global health challenges.

Preparations for the Conference, which formed the central focus in 1997 of the WHO Five-Year Plan for health promotion, served as a catalyst to stimulate action in capacity build capacity for health promotion at local, national and international levels in both developing and developed countries. A series of planned preparatory activities were carried out jointly with the WHO Regional Offices and/or through WHO Collaborating Centers and NGOs in all regions, including intercountry meetings, workshops, and consultations.

These preparations contributed to three major inputs, each addressing one of the specific Conference objectives, namely: I) review and evaluation track; II) scenario/futures track; III) partnership track.

- I) The review and evaluation track was developed following a global literature analysis of all evaluated health promotion and education projects. Case studies, published or unpublished, on successful health education and health promotion action were collected and analyzed on a region by region basis through specially appointed focal points. The overall state of health promotion research was reviewed. A number of WHO Collaborating Centers held symposia on the effectiveness of health promotion and prepared papers on health promotion evaluation and research. The results of these efforts provided convincing evidence that health promotion strategies can develop and change lifestyles, and have an impact on the social, economic and environmental

conditions, that determine health (a book with selected papers is available as part of proceedings).

- II) The scenario/futures track provided a set of health promotion futures papers and practical guidelines in scenario development. Guidelines for developing scenarios and a global scenario for health promotion in 2020 were specially prepared. Detailed review for health promotion futures in selected topics areas were also prepared, including health promoting schools, workplace health promotion, tobacco free society, ageing and health, sexual health, women's health, healthy cities, and food and nutrition.
- III) The third input was on building partnerships for which a series of five papers were prepared outlining the possible way forward, including one on partnerships for health in the 21st Century, and a working paper on partnerships for health promotion. Also, a series of six specific issue papers were prepared for review at the conference as part of the health promoting school global initiative.

The Jakarta Declaration confirmed the five action areas of the Ottawa Charter :

- build healthy public policy;
- create supportive environments;
- strengthen community action;
- develop personal skills;
- reorient health services.

Research and case studies from around the world provided convincing evidence that health promotion is effective and confirmed its continuing validity and relevance. It placed health promotion at the centre of health development. In calling for a global alliance it widened the emphasis to include all sectors of society to work together for the health and well-being of all peoples and societies. The Jakarta Declaration set out the global priorities for health promotion as we enter the new century - health promotion is a key investment.

The success of the 4 ICHP is due to the active contribution of many, the host country, WHO, HQ and the Regional Offices, WR Country Offices, WHO CCs, UN, IGOs and NGOs.

Special gratitude is extended to all; to the countries, institutions and bodies whose support enabled the Conference to take place and assistance to be given to many participants who would otherwise have been able to attend. We are most grateful to all who have contributed to this collective global effort.

Since the Jakarta Conference there has been active follow-up. In May 1998 the World Health Assembly (WHA) has passed the first ever Resolution on Health Promotion confirming the priorities as identified in the Jakarta Declaration and to report back to the WHA in two years time on the progress achieved. This challenge has now to be met.

Dr Desmond O'Byrne
Chief, Health Education and
Health Promotion Unit (HEP)
World Health Organization

Dr Ilona Kickbusch
Director, Division of Health Promotion,
Education and Communication (HPR)
World Health Organization

Fourth International Conference on Health Promotion Report

Conference Format

The Fourth International Conference on Health Promotion (4IHP) took place in Jakarta, it was the first in the series to be hosted by a country from the South, with a majority of participants coming from the South. But this was not the only thing that made 'Jakarta' unique. It was the first conference of the four to deal with three *different* but intricately connected themes:

- The Conference was to review critically the achievements in the area of health promotion since the adoption of the Ottawa Charter;
- The meeting was to explore possibilities and commitments towards the involvement of new players in partnerships and alliances for health promotion;
- It was to formulate the challenges that are ahead of us, as well as the responses and strategies which health promoters in their partnerships and alliances could employ.

First Truly Global Health Promotion

Achievements Partnerships Strategies

These objectives made the conference very much a working meeting. Plenaries provided food for thought, to be expressed in a daily symposia series. Morning plenary sessions were followed by 'Leading Change' symposia in which insights on new work styles, health promotion skills, the economics of health promotion, ethical conduct, new technologies and much more were shared. In this report, 'Leading Change' symposia will not be reported on, as they were conceived to be training-like sessions; information on sessions can be obtained through their facilitators. Further, networking time was scheduled every day in order to facilitate further exchange around themes felt important to participants; every late afternoon participants were found all over the conference venue, involved in debates. The core of the conference process was found in 'Partnership in Action' symposia, which will be reported on below.

The centre of the programme was constituted by *Indonesia Day*, during which the host country's health promotion policy was unveiled and national and local health promotion programmes were presented. Indonesia has committed itself formally to the theme of the conference, and presented an overview of the most innovative health programmes in the country.

The commitments formulated around the above-mentioned themes were ultimately reflected in the *Jakarta Declaration*, the development of which was a continuous participatory process throughout the conference.

Indonesia Day on Health Promotion

Structure of the Report

Rather than following the structure of the conference, this part of the report takes a more evolutionary perspective. The next section describes developments that made a 4IChP on *'New Players for a New Era'* timely. It contains a review of political and scientific advances in the field.

The *'Where are We Now?'* section takes stock of the current state of health promotion in settings, contexts and stages of life. *'The Road Ahead'* takes an overall view of health promotion challenges in the new era, supplemented by findings of a second set of Symposia on contexts and settings. Partnerships are dealt with in the subsequent section: *'With Whom do we Travel?'*. The *'Conclusion'* deals with health promotion tradition, future challenges, evidence of health promotion working, and partnership issues.

Throughout the report, the global commitment to health promotion in the next millennium will become obvious. In *'A Global Commitment'* representatives of some of the major political global constellations will be presented.

The Road to Jakarta

'Jakarta' should be viewed in the context of a health promotion development process that was started with the adoption of the *Ottawa Charter* in 1986. This conference was followed in 1989 by a conference in Adelaide dealing with *Healthy Public Policy*. The third international conference on health promotion dealt with *Supportive Environments for Health*, and was organised in Sundsvall, 1991.

The Fourth Conference is not only significant because we are on the brink of the next millennium (a symbolic threshold which stimulates the imagination), but

also because the world seems to be changing at an ever increasing pace.

Neither of the above developments can be separated from the context of *Primary Health Care* (Alma Ata, 1978) and the rejuvenated strategy *Health for All by the Year 2000*. These major initiatives constitute a strong global commitment to public health.

Particularly globalization of communication, trade, and norms and values was referred to by many as being the most recent challenges. The WHO/SEARO Regional Director (Dr

Globalization of communication, trade, norms and values

Dynamic forward-looking development

Uton Muchtar Rafei) said during the very first plenary session that *'the New Era has already begun.'*

Two leading policy makers also took stock of the advances of health promotion in the changing context of their countries. Mr I.

Potter (Assistant Deputy Minister for Health) demonstrated the Canadian commitment to working on prerequisites for health (particularly the distribution of wealth), and the need for intersectoral collaboration in the development of healthy public policy. And even though economically adverse conditions abound, health promotion has been growing. Hungarian Minister for Health Dr M. Kökeny also dealt with economic and political changes. He explained that the launch of the *Ottawa Charter*, in 1986, came both too early and too late for his country. Because of a deteriorating economy, health promotion at that time was not

perceived to be feasible; once the former socialist block (1990) had disappeared, it seemed that health promotion could no longer claim a place on the political agenda. Yet, in spite of a decrease in GDP and the actions driven by market forces, health promotion is back on the agenda. Health Promoting Schools and Healthy Cities are very much integrated in the Hungarian health domain.

Mr J. Mullen, of the 'Private Sector for Health Promotion', suggested that indeed the conference was a landmark, acknowledging the important contributions that the private sector has already made and will make in the future. He showed that the private sector is already collaborating intensively with the health sector in a number of regions. Further global partnerships can be developed, he asserted.

A review of the effectiveness of alliances and partnerships for health promotion presented by Prof P. Gillies (Health Education Authority, London) examined evidence of the success of health promotion. Two approaches to the study were chosen: a literature review using

bibliographies of peer-reviewed journals, and snowball sampling through a network of global focal point consultants who were asked to provide further case studies.

Significant behaviour change.

Yet: more emphasis on

'Social Capital' in studies

Following a validated search protocol, 16 randomised controlled

trials, 15 comparison studies, and 12 pre-post test evaluations were found. They generally reflected a narrow focus on behaviour change alone, although some highlighted process and policy development outcomes. The focal point consultants provided a further 46 examples of health promotion alliances and partnership programmes. These were predominantly from developing regions in the world.

Significant health behaviour change has been reported. The concept of 'social capital' would potentially add a crucial dimension to the understanding of social influences on health, and would take into account the broader contexts in which health is produced. The approach would focus attention on the mechanisms connecting people with public institutions and with power at local level. The idea of social capital may therefore have much to offer to health promotion research in future, particularly those studies that aim to understand and evaluate the impact of alliances or partnerships for health promotion.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_30590

