

Civil Society and Health Promotion



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Outline of presentation

- Growing role of Civil Society (CS) in International Health Partnerships (IHP)
- NGO Alliance 4 Health Promotion (HP) – focal point of CS to WHO in HP issues
- New challenges in the health arena
- World Health Report, 2008 Statistics, Report on Social Determinants of Health
- The co-operative model as a Community of Practice (CoP) in HP



Positive Health

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Constitution of WHO as adopted by the International Health Conference, New York, June 1946, signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948



Health Promotion

“Health promotion is the process of enabling people to increase control over and to improve their health.”



Civil Society

Civil society refers to the arena of uncoerced collective action around shared interests, purposes and values. In theory, its institutional forms are distinct from those of the state, family and market, though in practice, the boundaries between state, civil society, family and market are often complex, blurred and negotiated.



CS in the health sector

CS's role and activities at three levels:

- Generation of knowledge
- Relations of power (among civil society actors and between CS and the state)
- Relation to oneself and to others

(Foucault's analysis)



International Health Partnership

- Engage and provide guidance on the implementation of the IHP+ work-plan
- Facilitate and improve dissemination of IHP+ outputs of global inter-agency work and country dialogue
- Monitor progress achieved as a result of the IHP+ through annual external independent reviews
- Ensure responsiveness of the IHP+ to government-led, inter-agency country teams, holding IHP+ development partners accountable



WHO and NGOs

- NGOs – a heterogeneous group of organisations
- Long history of WHO-NGO collaboration: from 1948 onwards
- Diverse relationships WHO-NGOs:
 - Informal – majority
 - Formal: “Official Relations” – 186 NGOs



Objective of WHO

“The objective of the World Health Organization shall be the attainment by all people of the highest possible level of health”

Article 1. Chapter 1. WHO Constitution



WHO six-item agenda

Health development	Health security
Health systems	Health research
Partnership	Performance



Why collaborate?

- MDGs – requires all actors
- PHC – communities are central and so are NGOs
- Aid Effectiveness – requires effective national collaboration and inclusiveness
- Countries in conflict – central role of NGOs
- Multisectoral action – effectiveness of NGOs



NGO A4HP

Alliance for Health Promotion

- An international partnership of NGOs and civil society committed to promoting health
- Objective: build a collective NGO voice to strengthen advocacy, policy and action in the promotion of health
- www.ngos4healthpromotion.net



IHCO's involvement in HP

- 1997- Jakarta – present at the decision on forming the NGO Ad hoc Advisory Group
- Participation in activities, presentations at workshops, WHA Annual Briefings
- Global Conferences: Mexico City, Bangkok
- Implementation of BCHP
- Forming the Alliance



Structure of NGO A4HP

Health Promotion and

- Health Professionals
- Community-based Groups
- Specific Diseases
- Patients' Organisations
- Humanitarian Activities

Cross-cutting issues:

Gender – Youth – Local Knowledge



Focus areas

- Local Knowledge as a resource for communities to promote their own health
- Advocacy for a salutogenic approach to grassroots work by NGOs
- Health professional groups advocating for health promotion



Health Promotion in WHO

- The Ottawa Charter – 1986
- Jakarta Declaration – 1997
- Mexico City - 2000
- Bangkok Charter on HP – 2005
- 60WHA Resolution noted: HP is essential for meeting the targets of internationally agreed health-related development goals, including those contained in the Millennium Declaration, and recognised the relationship of HP to the work of WHO's Commission on Social Determinants



The Bangkok Charter

Four commitments: make the promotion of health

- Central to global development agenda
- Core responsibility for all of government
- Key focus of communities and civil society
- Requirement for good corporate practice

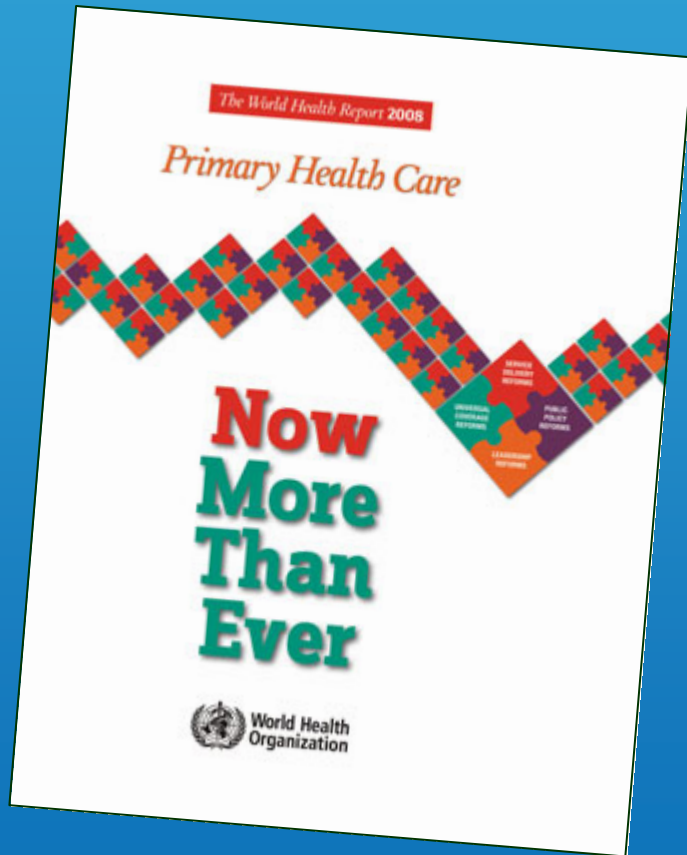


Next Health Promotion Conference

- 7th Global Conference on Health Promotion, Nairobi, 10-14 August 2009
- Theme: “Health and Development - Closing the Implementation Gap”
- Working in partnership to enhance community assets
- NGO Workshop planned



World Health Report 2008



30 years after the Alma-Ata Declaration which put health equity on the international political agenda for the first time the World Health Report calls for return to primary health care approach.



Primary Health Care and NGOs

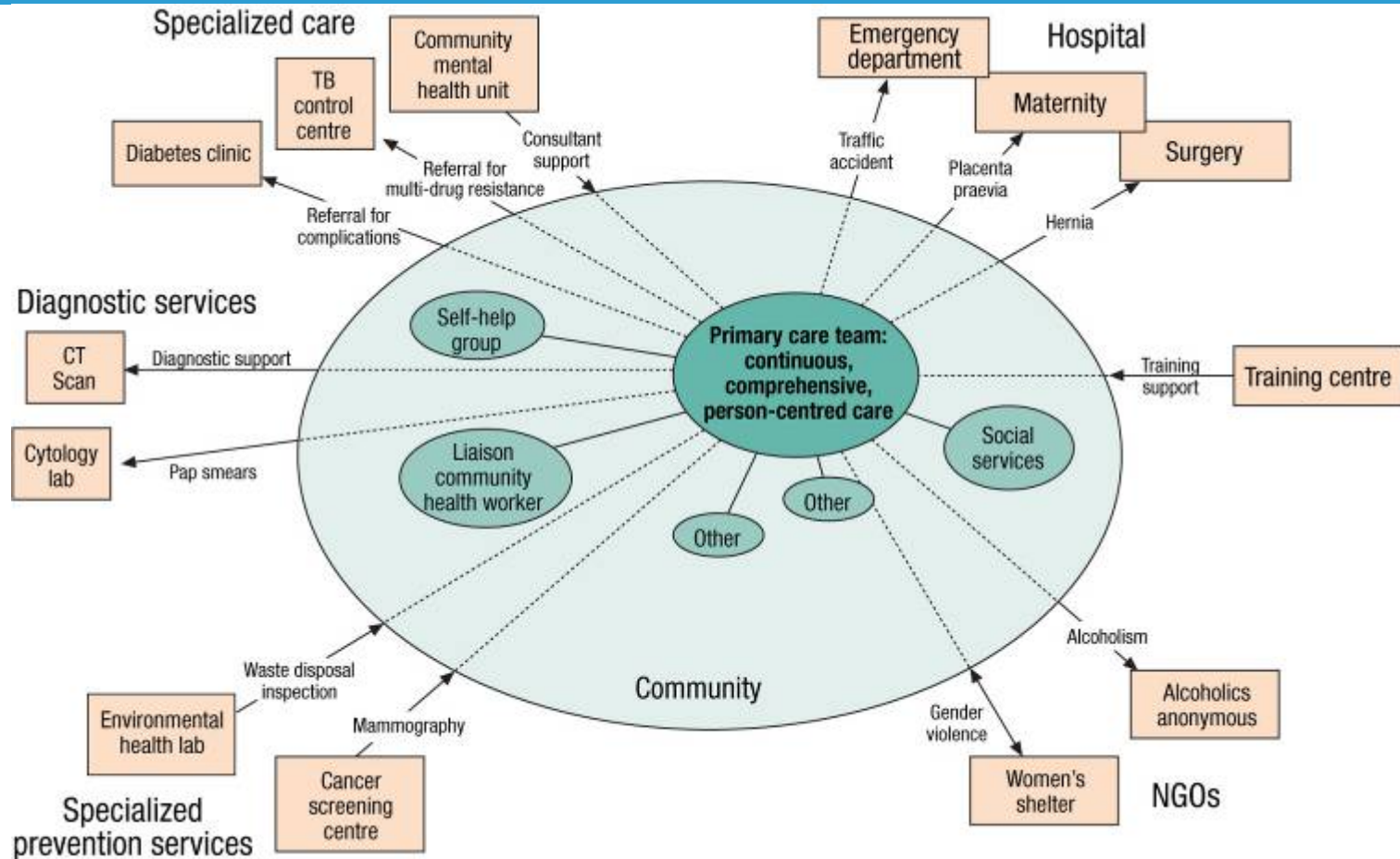
Reappraise PHC 30 years after Alma Ata:

- Participation – progress due to growth of civil society movement
- Equity – progress – slogan “health for all”
- Intersectoral collaboration – little progress:
 - go beyond health
 - go beyond WHO
 - increased role for civil society



Primary Health Care Reforms

Primary Care as a Hub





Growing demand for renewal of PHC





Inclusive leadership and better government

- Recognition of the key role & responsibilities of government
- From command-and-control to steer-and-negotiate
- Inclusive leadership
 - Investment
 - Mechanisms
 - Alliances around values

Civil society as motor of change

Participation through the local
« health committee »

People at the centre of care:
from target to subject



Deaths by cause in the world

Noncommunicable diseases:

Heart disease
30.2%

Cancer
15.7%

Diabetes
1.9%

Other chronic diseases
15.7%

Infectious diseases:

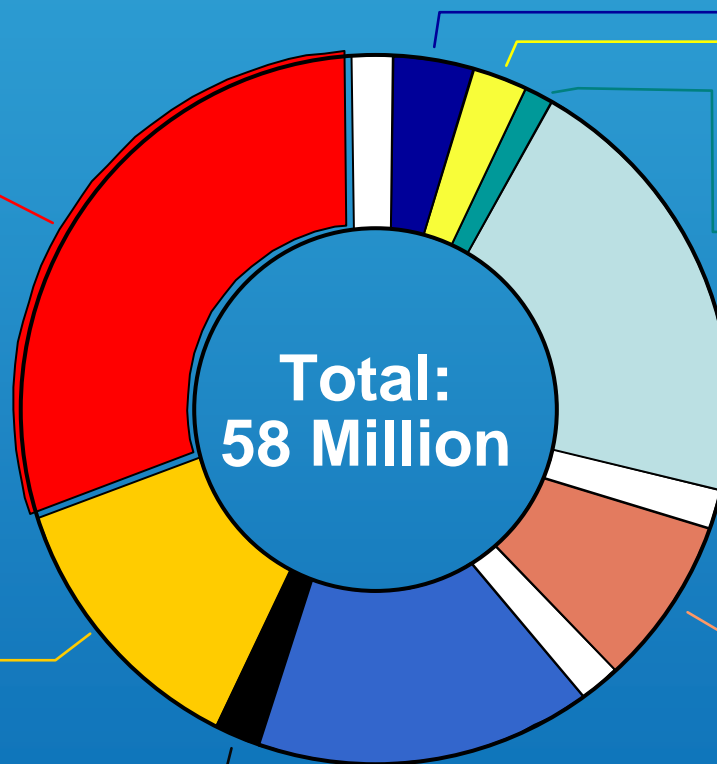
HIV/AIDS 4.9%

Tuberculosis 2.4%

Malaria 1.5%

Other
Infectious
Diseases
20.9%

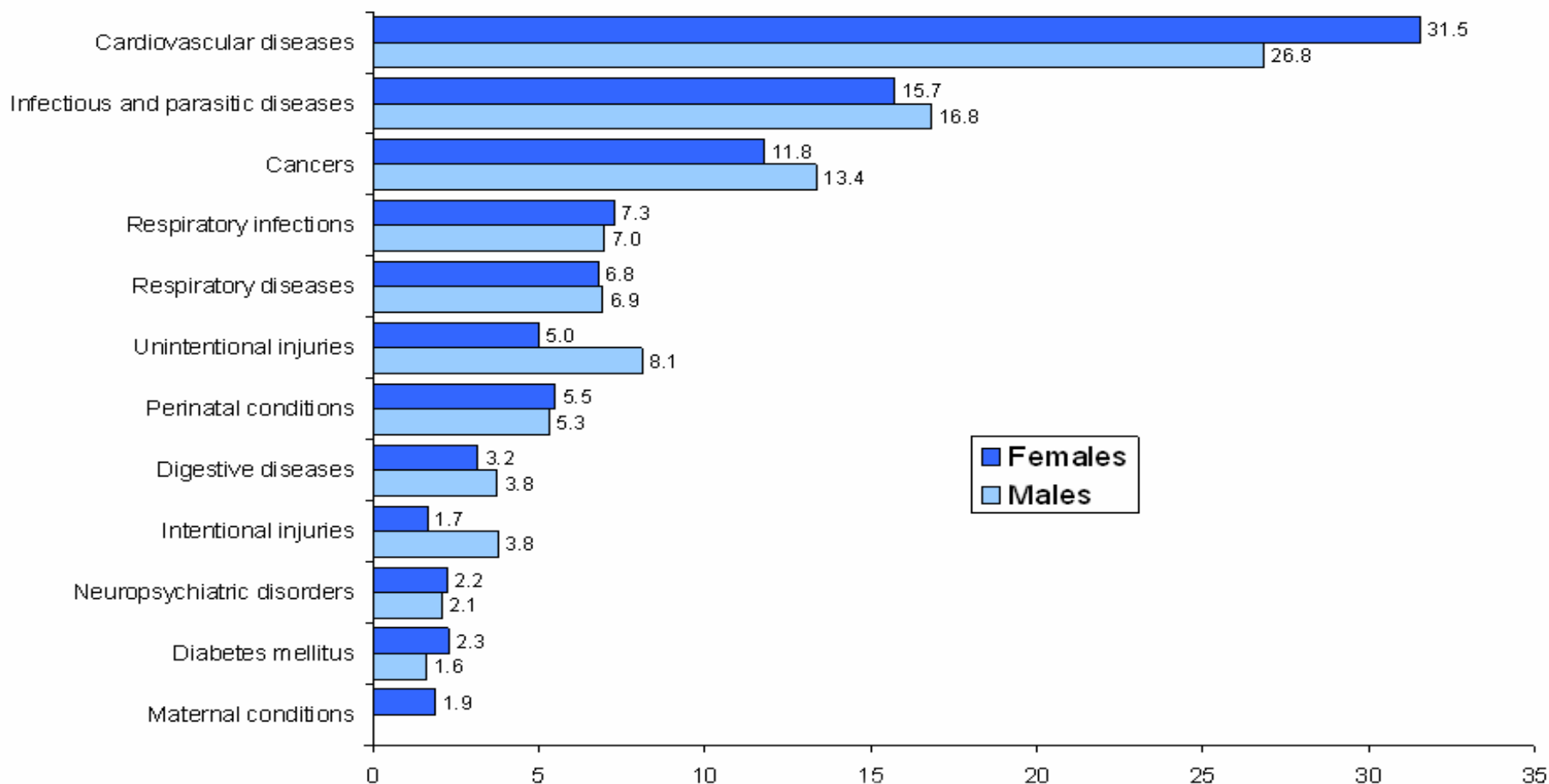
Injuries 9.3%





Distribution of deaths by leading cause groups, men and women, World, 2004

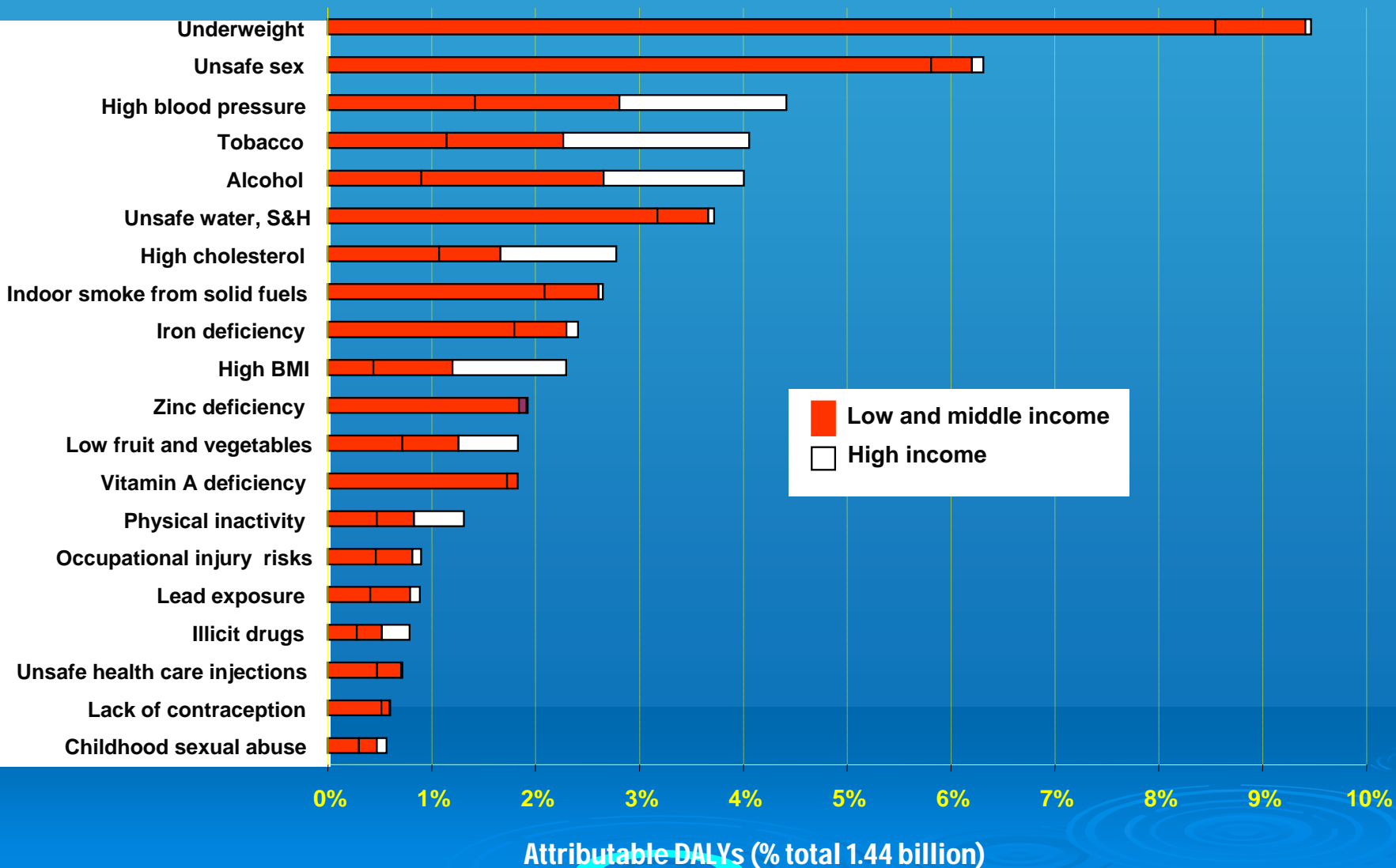
WHO-IER



Per cent of total deaths



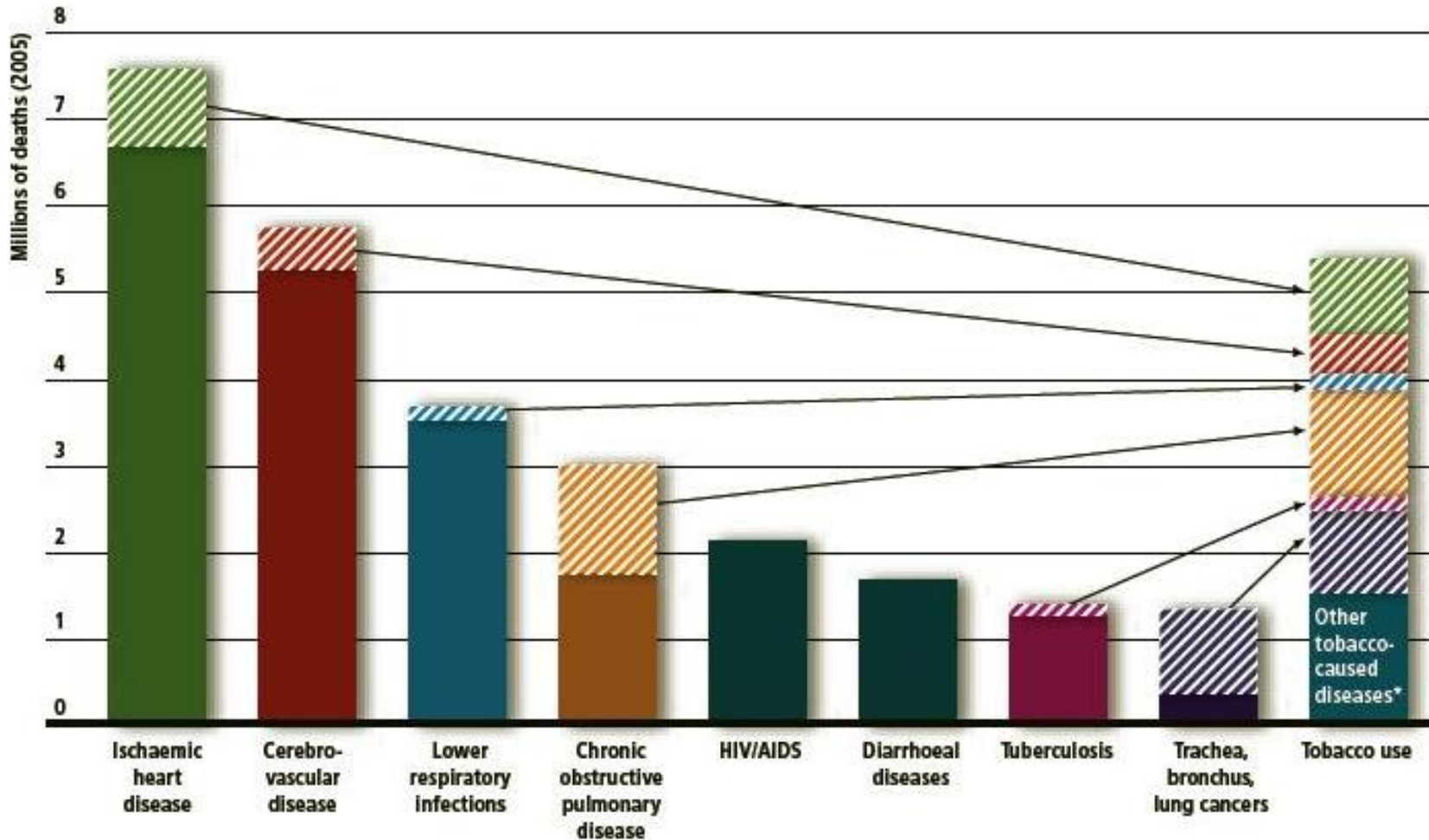
Global burden of disease attributable to 20 leading selected risk factors (2000)





Tobacco

A risk factor for six of the eight leading causes of death in the world





Deaths by cause in the world (2004, 2030)

2004					2030
Disease or injury	Deaths (%)	Rank	Rank	Deaths (%)	Disease or injury
Ischaemic heart disease	12.2	1	1	14.2	Ischaemic heart disease
Cerebrovascular disease	9.7	2	2	12.1	Cerebrovascular disease
Lower respiratory infections	7.0	3	3	8.6	Chronic obstructive pulmonary disease
Chronic obstructive pulmonary disease	5.1	4	4	3.8	Lower respiratory infections
Diarrhoeal diseases	3.6	5	5	3.6	Road traffic accidents
HIV/AIDS	3.5	6	6	3.4	Trachea, bronchus, lung cancers
Tuberculosis	2.5	7	7	3.3	Diabetes mellitus
Trachea, bronchus, lung cancers	2.3	8	8	2.1	Hypertensive heart disease
Road traffic accidents	2.2	9	9	1.9	Stomach cancer
Prematurity and low birth weight	2.0	10	10	1.8	HIV/AIDS
Neonatal infections and other*	1.9	11	11	1.6	Nephritis and nephrosis
Diabetes mellitus	1.9	12	12	1.5	Self-inflicted injuries
Malaria	1.7	13	13	1.4	Liver cancer
Hypertensive heart disease	1.7	14	14	1.4	Colon and rectum cancers
Birth asphyxia and birth trauma	1.5	15	15	1.3	Oesophagus cancer
Self-inflicted injuries	1.4	16	16	1.2	Violence
Stomach cancer	1.4	17	17	1.2	Alzheimer and other dementias
Cirrhosis of the liver	1.3	18	18	1.2	Cirrhosis of the liver
Nephritis and nephrosis	1.3	19	19	1.1	Breast cancer
Colon and rectum cancers	1.1	20	20	1.0	Tuberculosis
Violence	1.0	22	21	1.0	Neonatal infections and other*
Breast cancer	0.9	23	22	0.9	Prematurity and low birth weight
Oesophagus cancer	0.9	24	23	0.9	Diarrhoeal diseases
Alzheimer and other dementias	0.8	25	29	0.7	Birth asphyxia and birth trauma
			41	0.4	Malaria

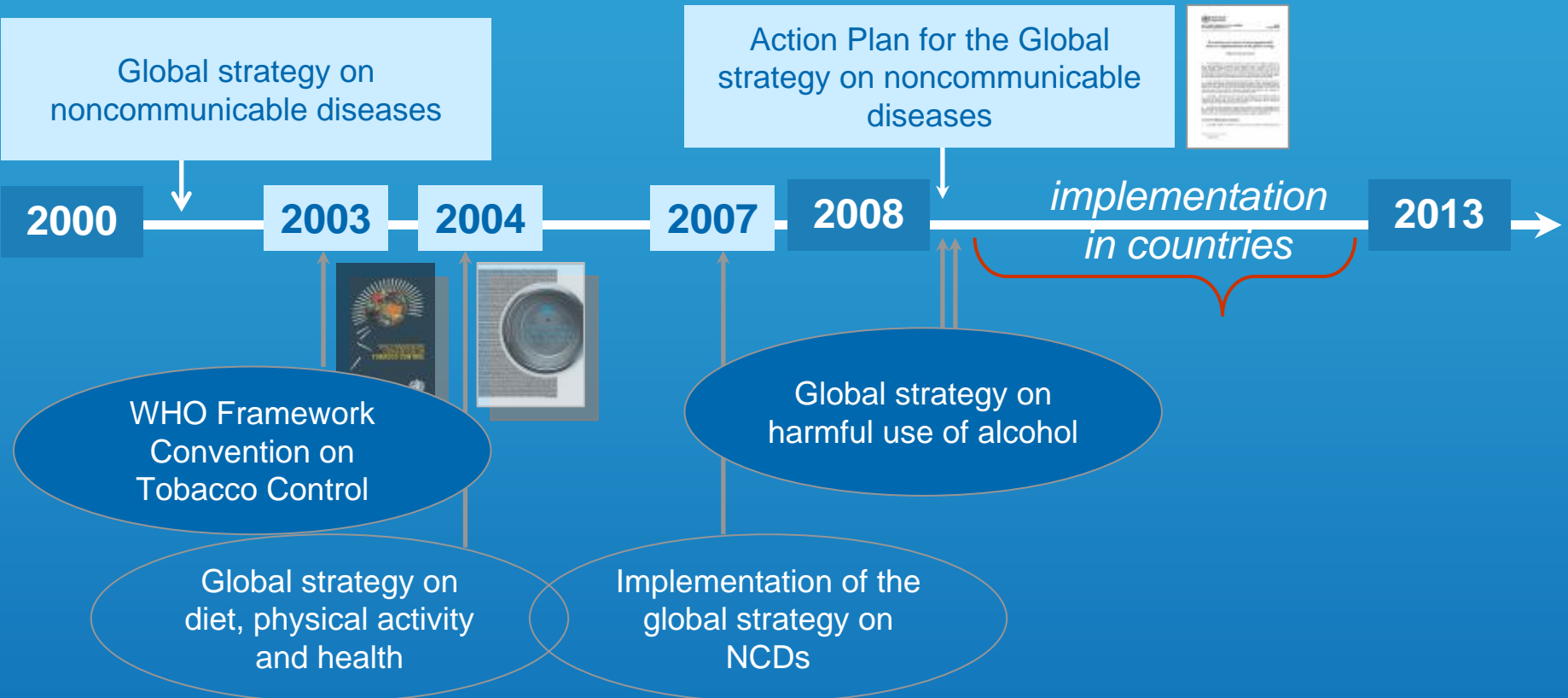


The NCD Burden

- Responsible for up to 60% of all deaths, 80% are in low and middle income countries
- Major non-communicable diseases:
 - Cardiovascular disease and diabetes
 - Cancer
 - Chronic respiratory disease
- Shared preventable risk factors:
 - Tobacco use
 - Unhealthy diet and physical inactivity
 - Harmful use of alcohol
- The NCD burden is inequitably shared between and within countries
- They are undermining development



The global response to address NCDs



A six-year Global Action Plan to address cardiovascular disease, cancer, respiratory disease and diabetes was endorsed by the WHO World Health Assembly on 24 May 2008.




Lessons Learned from International Experience

- **NCDs are preventable through interventions against the common risk factors and their determinants**
- **Strategies to reduce exposure to established risk factors should be combined with strategies to prevent the emergence of risk factors**
 - **Strategies should include population and high risk approaches**
 - **To have an impact, interventions should be of appropriate intensity and sustained over extended periods of time**
- **Success requires community participation, supportive policy decisions, legislation, intersectoral action and health care reforms**
- **More health gains are achieved by influencing public policies in other sectors like trade, education, agriculture, food production, urban development and taxation than by changes in health policy alone**



Global NCD Strategy and Action Plan

 **WORLD HEALTH ORGANIZATION**
FIFTY-THIRD WORLD HEALTH ASSEMBLY
Provisional agenda item 12.11

A53/14
22 March 2000

Global strategy for the prevention and control of noncommunicable diseases


Report by the Director-General

A CHALLENGE AND AN OPPORTUNITY

1. The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the coming century. This growing challenge demands economic and social development as well as the lives and health of millions of people.
2. In 1998 alone, noncommunicable diseases are estimated to have contributed to almost 60% (51.7 million) of deaths in the world and 45% of the global burden of disease. Based on current trends, by the year 2020 these diseases are expected to account for 73% of deaths and 60% of the disease burden.
3. Low- and middle-income countries suffer the greatest impact of noncommunicable diseases. The rapid increase in these diseases is sometimes seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. For example, in 1998, of the total number of deaths attributable to noncommunicable diseases, 77% occurred in developing countries, and of the disease burden (by prevalence), 85% was borne by low- and middle-income countries.
4. There now exists, however, a vast body of knowledge and experience regarding the preventability of such diseases and concrete opportunities for global action to control them.

ADDRESSING COMMON RISK FACTORS

1. Four of the most prominent noncommunicable diseases – cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes – are linked by common preventable risk factors related to lifestyle. These factors are tobacco use, unhealthy diet and physical inactivity. Action to prevent these diseases should therefore focus on controlling the risk factors in an integrated manner. Intervention at the level of the family and community is essential for prevention because the causal risk factors are deeply embedded in the social and cultural framework of the country. Addressing the same risk factors should be given the highest priority in the global strategy for the prevention and control of noncommunicable diseases. Coordinated surveillance of levels and patterns of risk factors is of fundamental importance to planning and evaluating these preventive activities.

 **World Health Organization**
SIXTY-FIRST WORLD HEALTH ASSEMBLY
Provisional agenda item 11.5

A61/8
18 April 2008

Prevention and control of noncommunicable diseases: implementation of the global strategy

Report by the Secretariat

1. The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. In resolution WHA53.17, the Health Assembly reaffirmed that the global strategy for the prevention and control of noncommunicable diseases¹ is directed at reducing premature mortality and improving quality of life, and requested the Director-General, *inter alia*, to continue giving priority to the prevention and control of such diseases. The global strategy sets out the roles of the main players in the struggle against noncommunicable diseases, namely Member States, the Secretariat and international partners.
2. In 2007, the Health Assembly adopted resolution WHA60.23, entitled "Prevention and control of noncommunicable diseases: implementation of the global strategy", which requested the Director-General, *inter alia*, to prepare an action plan for the prevention and control of noncommunicable diseases, to be submitted to the Sixty-first World Health Assembly through the Executive Board; and to provide support where needed for elaboration, intensified implementation and monitoring of national plans for prevention and control of noncommunicable diseases.
3. Accordingly, a draft action plan was drawn up and discussed by the Executive Board at its 122nd session in January 2008. The Board decided in decision EB122(11) to organize an informal consultation for Member States, which was held in Geneva on 29 February 2008. In light of the comments made the draft action plan has been duly amended.
4. The draft plan, which is attached at Annex, sets out objectives, actions to be implemented over the six-year period of the Medium-term strategic plan 2008–2013, and performance indicators for Member States, the Secretariat and international partners in order to guide their work on the prevention and control of noncommunicable diseases at national, regional and global levels.

ACTION BY THE HEALTH ASSEMBLY

5. The Health Assembly is invited to note the report and to endorse the draft action plan.

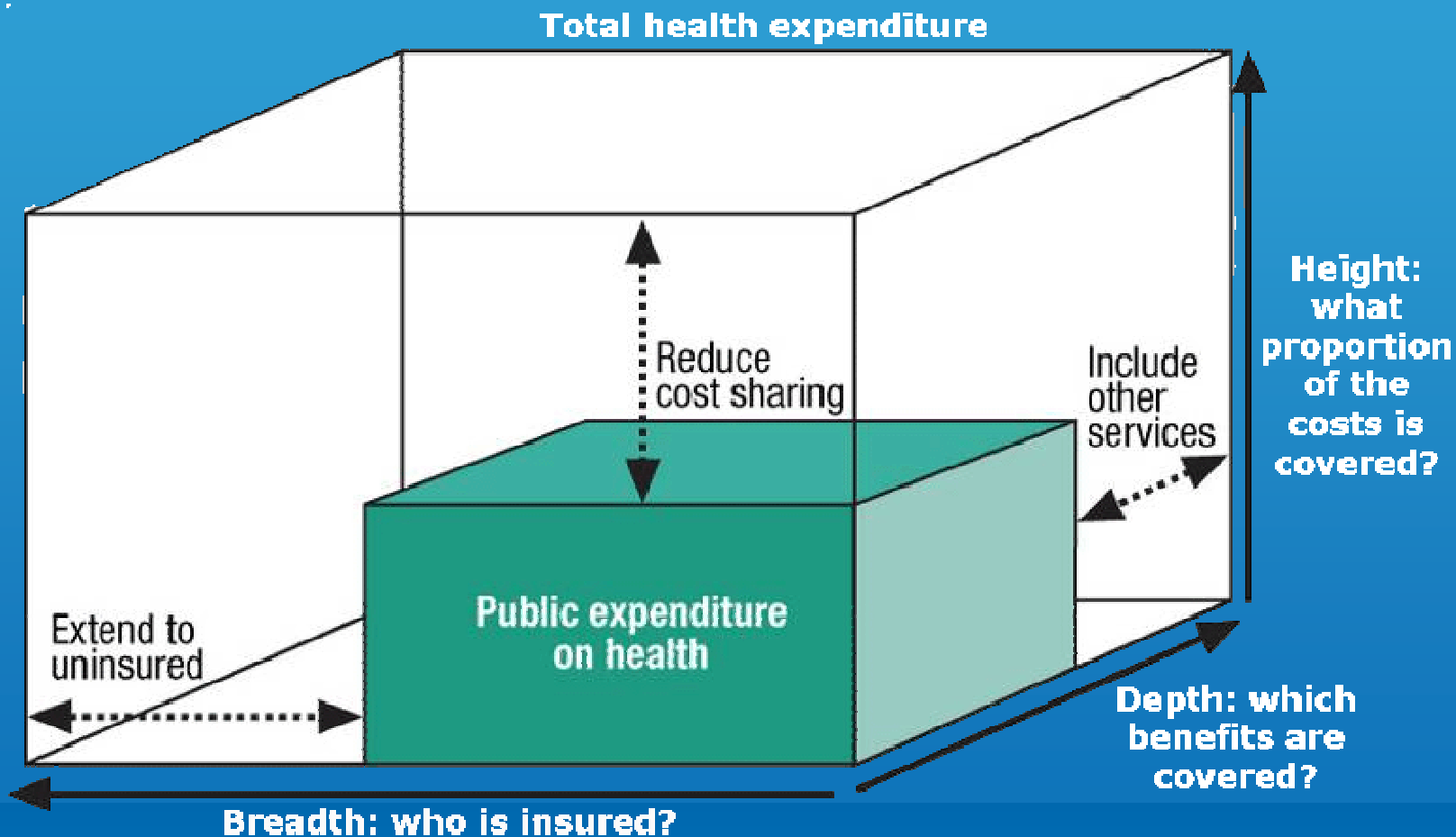
¹ Document A53/14.

Copies are available at <http://www.who.int/gb>



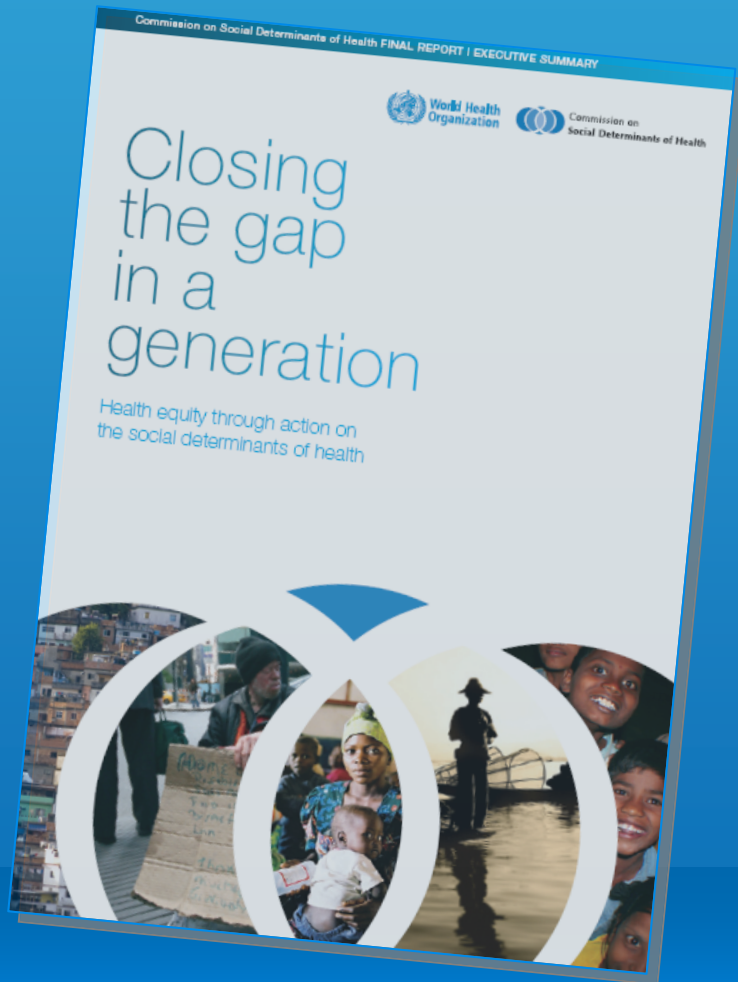
Public Expenditure on Health is Rising

Provide Marginal Increases for NCD Prev & Mgt





Report on Social Determinants



- Inequalities in health that are avoidable are inequitable
- Tackling health inequities is a matter of social justice



Social Determinants and CS

- “Civil society can be a powerful champion of health equity”
- Important role in action on the SDH through:
 - Participation in policy/planning/programmes and education (generate grassroots pressure that can ignite policy change)
 - Monitoring performance

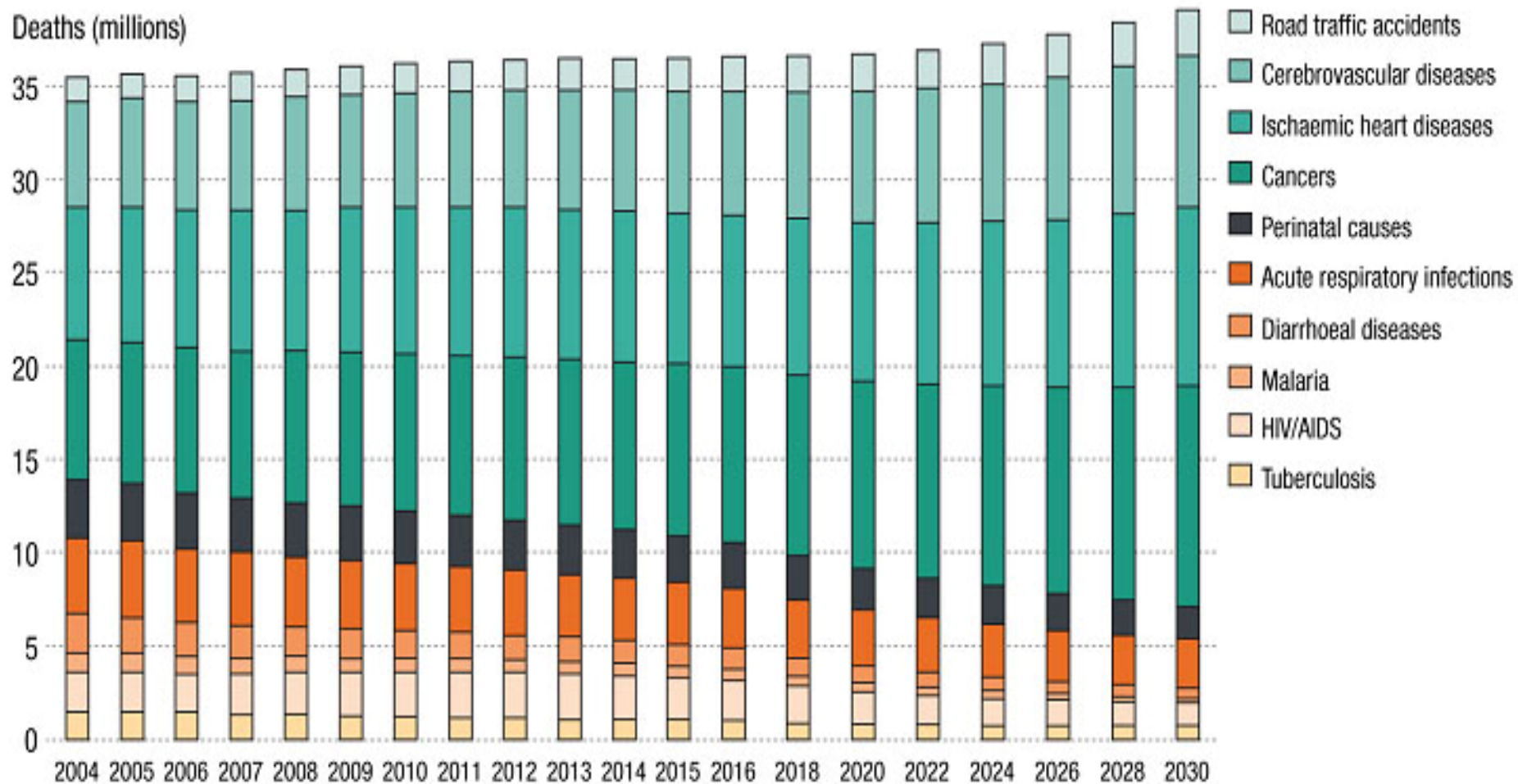


Social Determinants of Health

- The social conditions in which people are born, live and work are the single most important determinant of good health or ill health
- « Know and Do Gap »
- Prevention – a better approach
- Addressing the « causes of the causes »
- Nearly all SDH fall outside the direct control of the health sector



New Challenges





The Co-operative Model: an answer to Social Determinants

- Co-ops –strongest and largest building block of the NGO Alliance 4HP
- Evidence: UN Survey – 100 million households – health co-ops
- Co-ops in all sectors – 800 million members
- Multisectoral approach
- Co-op principles: co-operation among co-ops, care for community
- Development issue
- Income generation, social enterprises



The Co-operative Model: an answer to Social Determinants

- Health in all policies” - Intersectoral action
- Community engagement and empowerment
- Promote gender equality and empower women
- Partnership to enhance community assets (LK)
- Health system strengthening
- Ensure environmental sustainability: healthy settings initiatives
- Develop a global partnership for development