

Responding to the policy challenges of health promotion

Dr Simon Barraclough
Associate Professor
School of Public Health
La Trobe University
Australia

What is health promotion

“Health Promotion is the process of enabling people to increase control over their health and its determinants and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and non-communicable diseases and other threats to health”

The Bangkok Charter for Health Promotion in a Globalized World (2005)

“Bridging the Gap” requires policy



Millau Bridge, France

Thinking about gaps

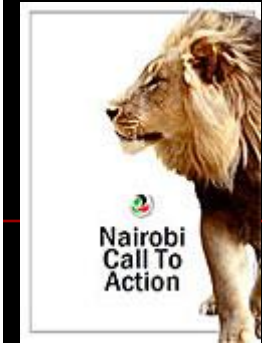
Between richer and poorer

Between urban and rural populations

Between ethnic groups

Between the sexes

Implementation gaps



- **Evidence is not implemented in practice**

Knowledge and evidence that exists on the effectiveness of health promotion strategies is not being sufficiently applied.

- **Evidence on health impact is not applied to public policy**

Health should be integrated across broader economic and social development policies in order to act on social determinants of health.

- **Countries have insufficient capacity to put health promotion into practice**

Health systems should invest in sustainable capacity and infrastructures for health promotion.

No matter what your role in health promotion I want you to become policy advocates

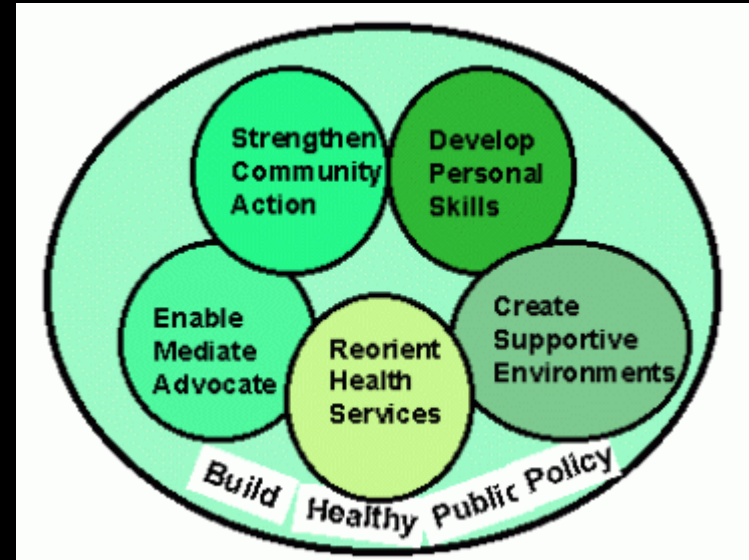
I want to persuade each one of you in your personal lives and occupations to consider yourselves as advocates for:

1. Better public policies for health promotion
2. Better and more inclusive processes for making public policies affecting health

Policy is essential for health promotion

The first and basic principle of the Ottawa Charter for Health Promotion:

“Build healthy public policy”



Policy knowledge and skill is vital

“Empowering individuals demands more consistent, reliable access to the decision making process and the skills and knowledge essential to effect change”

Jakarta Declaration on Leading Health Promotion into the 21 Century (1997)

Policy is political

“Progress towards a healthier world requires strong political action, broad participation and sustained advocacy”

The Bangkok Charter for Health Promotion in a Globalized World (2005)

What is policy?

“Those decisions made at all levels and sectors of government which shape social, economic and physical activities and directions through regulation or resource allocation”

Victorian Better Health Commission, Promoting Health and Preventing Illness in Victoria: A Framework, Health Department Victoria, 1991

The health field concept

- Human Biology
- Environment
- Lifestyle
- Health care

Source: Marc Lalonde “The Health Field Concept” in Anne Crichton, Health Policy Making: Fundamental Issues in the United States, Canada, Great Britain, Australia, Ann Arbor: Health Administration Press, 1981

Human Biology

- Knowledge about biological functions including sex education
- Screening for illness prevention
- Encouraging human organ donation

Environment



- Pollution
- Carbon emissions
- Vector control
- Green belts
- Hygienic food preparation areas
- Recreation facilities in the built environment
- Deforestation
- Plastic bags and bottled water

Lifestyle

- Condoms
- Violence
- Road accidents
- Alcohol
- Illicit drugs
- Smoking
- Advertising “junk” foods



The challenge of NCDs in SE Asia

An estimated 2.6 million people from ASEAN Countries died from chronic non-communicable diseases in 2005 (almost 61.5% of deaths)

With ageing of populations prediction of an estimated 2.6 million people from ASEAN Countries died from chronic non-communicable diseases in 2005 (almost 61.5% of deaths)

With ageing of populations, prediction of 4.2 million deaths by 2030

Dans et al. The rise of chronic non-communicable diseases in Southeast Asia: time for action

The Lancet Vol.377, February 2011:680-689

Three major behavioural factors that predict
NCDs are:

- Tobacco use
- Inappropriate diet
- Insufficient physical activity

Some examples of Malaysian lifestyle challenges

More than 80% of ASEAN inhabitants including Malaysians consumes fewer than 5 servings of fruit and vegetables daily

Smoking in Malaysia was twice as prevalent in the poorest quintile (approx. 32%) of the population compared to the richest

Malaysia topped the ASEAN league for insufficient physical activity (15%)

Malaysian estimated rates of diabetes (20-79 year old population) 11.6 – the second highest in ASEAN after Brunei (12.6%)

Challenges: Health promotion is the “poor cousin”

Ministry of Health gets 8% of national budget and prevention, promotion and public health services get just 6.8% of the Ministry's budget



Curative health dominates



- Doctors, hospitals and pharmaceuticals are the main concerns of health systems in terms expenditure, staffing, and how people think of health
- Curative care is an important economic commodity
- Malaysian governments are a significant investor in private commercial hospitals
- Medical dominance of the policy process does not always serve the interests of health promotion

Lower status of health ministries

The Ministry of Health usually has a lower status in governments

In Australia the portfolio of health is usually given to a middle ranking politician

In Malaysia the portfolio is traditionally reserved for the MCA

Health promoters are often not “political animals”

Government servants
are nervous about
their role in policy
making and of forming
links with civil society

Many people in health
promotion have not
had policy experience
and lack knowledge
about policy



The policy making process in Malaysia

In Malaysia, as in many countries until recently, there has not been a strong culture of involving civil society in the health policy process

In the 1980s the government legislated to try to control the political role of non-government organizations

Over secretive culture: the Official Secrets Act can still be invoked and NGO representatives are sometimes forbidden to publicly or privately discuss the results of consultations with government ministries

Processes lack transparency

Access to policy information is not adequate

Mass media has limited independence

The challenge of agenda setting

- It is difficult to get some issues on to the agenda due to cultural, religious and political sensitivities
- Political skill is needed
- The “policy story” needs to be told in an appropriate way sometimes stressing human rights and humanitarian values, sometimes appealing to economic rationality

Evidence-based policy

Evidence requires research and takes time and money

Health promotion often has a very long term time frame and results are not seen for years or even generations

Malaysians often have to depend upon evidence from other countries since there is limited research

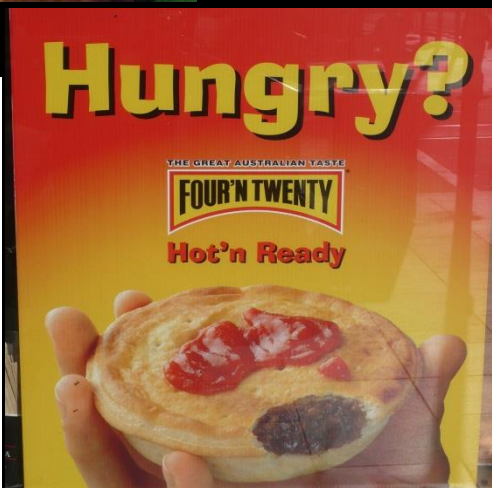
Evaluation is an important part of policy design

Vested interests will dispute the evidence (eg advertising junk food to children; passive smoking)

Health promotion polices sometimes face opposition due to conflicting values



Resentment of intrusion of the government with calls to prohibit “junk food” advertising to children on TV or what may be sold in school canteens



Taxation of high fat, high sugar foods?

Policies can have unintended consequences

- In Australia, Victorian law requires a helmet be worn by all cyclists to reduce head injuries
- Melbourne City Council has spent millions installing bicycle stations where with a credit card you can rent a bike to travel around the city but uptake has been poor due to the helmet requirement



The challenge of policy advocacy



- Policy can be in the form of advocating changes in behaviour
- Advocacy is a relatively economic form of policy action
- In Australia organ donation advocacy has not been as successful as in other countries

Conflict with vested interests

The Australian Government is enacting legislation to force tobacco packages to be in dull olive green with no logos, trademarks or distinctive writing

Tobacco companies are running a counter campaign, threatening legal action, and will take Australia to the World Trade Organization



The challenge of international and regional policy cooperation



Globalization calls for greater international cooperation in health promotion policy

- Bilateral
- WHO
- ASEAN
- The Commonwealth of Nations
- Organization of Islamic Conference

The challenge of inter-sectoral cooperation

“There is a clear need to break through traditional boundaries within government sectors, between governmental and nongovernmental organizations and between public and private sectors”

Jakarta Declaration on Leading Health Promotion into the 21 Century (1997)

What is needed

- Do not be afraid to be political as this is part of policy making
- Be committed to influencing policy and to implementing it effectively
- Develop greater knowledge about how policy is made
- Develop policy skills and strategy
- Have a greater awareness of the need for evidence in policy making
- Recognize the value of greater plurality and openness in the policy process
- Make health promotion part of all policy thinking