Health Promotion at PAHO

During the XXIII Pan American Sanitary Conference, Health Promotion was adopted as one of the strategic orientations for the work of the Pan American Health Organization (PAHO) for the quadrennium 1991-1994. (1). This orientation is very clear in stressing that health promotion "is increasingly conceived as the sum activity of the population, the health services, the health authorities, and other social and productive sectors, aimed at improving the status of individual and collective health." In 1991, the Program, previously called Health of Adults, became the Regional Program on Health Promotion, introducing certain structural and functional changes through strengthening of the components of social communication and management of information.

In organizing the First International Conference on Health Promotion in November 1986, together with the Ministry of Health and Social Welfare of Canada and the Canadian Public Health Association, the World Health Organization took the definite step, as it had with regard to Primary Health Care and Health for All by the Year 2000, in establishing the strategy of Health Promotion in the Charter of Ottawa (2). This product of the Conference briefly summarizes the principles of public health for the development of health as opposed to medical interventions, which are limited solely to disease.

According to the definition contained in the aforementioned document, health promotion is the process of enabling people to increase control over, and to improve, their health.

Renewal of these concepts beginning in 1986, is a landmark in the history of modern public health insofar as declaring peace, education, shelter, food, income, a stable ecosystem, sustainable resources, social justice, and equity, as fundamental requirements for health.

Also worthy of note is the recognition that health promotion is not solely a responsibility of the health sector. On the contrary, it is only through intersectoral action that success can be achieved in attaining acceptable health levels among the population.

The concept of health promotion encompasses diverse, albeit complementary, fields and approaches, which include education, information, mass communication, legislation, policy-making, community organization and participation, and efforts designed to reorient the health services.

These principles and approaches are not actually new to public health work. The history of medicine and of public health is rich in the contributions made by many scientists to the social causes of disease or, more precisely, the partial or total loss of individual and community well-being. Cabanis, in the period following the French Revolution, proposed his well-known aphorism: "Les maladies dépendent des erreurs de la société" (Diseases depend on the mistakes of society,)(3). A reading of the recommendations made in the last century by Virchow (4) for eradicating typhus epidemics shows a startling similarity with current proposals for health promotion: "The remedy is complete and unlimited democracy, or education, freedom, and prosperity." A great number of authors could be cited who have recognized the determinants of health in the various social sectors and who have criticized the solutions proposed by the various political actors.

The challenge has always involved moving toward action, and even more so preparing the health sector for such action. At this point the Ottawa Charter becomes useful again in defining five operational areas for implementation of the strategy:

- Build public policy
- Create environments of social support
- Strengthen community action
- Develop personnel skills
- Reorient health services

Mechanisms and lines of action for work in these areas will assist in reorienting public health toward reaching targets and objectives more likely to improve the living conditions and, obviously, the health of the population. These areas form the bases for developing work patterns that will contribute to improving the circumstances and lifestyles that influence health. (2)

Consequently, it becomes clear that health promotion, in the final analysis, refers to health in development and is a strategy that makes it possible to seek a greater commitment on everyone’s part to improvement of the quality of life and of the environment in which we live.

Health promotion thus forms part of the political arena of the various sectors and levels, which constitutes one of its greatest achievements and a significant advance in bringing about the action desired. Similarly, from a positive perspective, the concept of work for health is incorporated into the daily life of the individual and the community as a whole. In addition, health is considered as a resource for the development of the peoples of the Americas, and a high value is thus assigned to human capital.

The responsibility of health workers should include a seeking of general welfare extending beyond changes in lifestyles, but also including this important area of positive change in order to avoid the risks associated with them.
Implementation Mechanisms

Several mechanisms have been identified in the programs and activities for health promotion, with the aim of strengthening the participation of the people in health interventions at both the individual and collective levels.

Thus, for example, education, as an instrument for changing human beings, plays an important role in transforming living conditions and bringing about changes in unhealthy behavior. However, health promotion is a problem for the health sector in that its success also depends on the commitment and effectiveness of the education sector. Health and education, jointly, should apply methodologies to inform and educate adults, and also to create attitudes and less risky lifestyles in the younger generations.

Taking into account the importance of health education and information, PAHO also defined **Using Social Communication in Health** (1) as a complementary and empowering strategic orientation for health promotion.

The provision of health information and knowledge to the population and the promotion of community discussion on the needs and alternatives to be considered in seeking the common welfare, reinforces the principles of health education and the democratization of scientific knowledge. The purpose of this orientation is to capture the interest not only of the workers in the sector but also of those in the social and political sectors, in order to obtain their support for the changes that will help the population to attain higher levels of health.

One of the major challenges for the health sector today is the design of information programs and materials for the entire population, those educated formally and those who have not had the privilege of formal education. The methods and techniques of social communication, which were developed for other purposes, have an enormous potential for application to health.

It is worth mentioning briefly some of the interventions in the industrialized countries that have been successful in changing the behavior or lifestyles currently associated with major health problems, such as non-communicable diseases, accidents and injury, and addictions to substances harmful to health.

Among these interventions is school education, which seeks not only to provide health knowledge to children and adolescents, but also to change their behavior so that they will resist external pressures from their peers to lead them to risky consumption and behavior.

Other successful interventions are the specific activities of social communication, such as use of the mass media, which is reinforced with interpersonal communication and *role models* selected from within the community to exemplify healthy behavior.

Community organization is decisive and involves a process of strengthening the mechanisms of participation natural to communities through joint analysis of health problems, and searching for solutions, by representatives of the sector and representatives of the various formal and informal groups. In the English-speaking world, the *advocacy* approach is often used, which in the final analysis seeks to create a climate of social conscience with regard to a given problem, thereby facilitating political decision and, above all, supporting its implementation. The best example of this is the campaign against smoking, which, *inter alia*, in creating a collective conscience regarding its effect on health, promotes regulatory action to protect nonsmokers and enforce legislation against advertising.

Population interventions at the community level should be supported by public policies, both at the national and local levels.

Regulatory policies, tax increases, regulation of the food industry, and protection of the environment, among many others, are indispensable in the task of promoting health. This must not be overlooked, and it is very important that it be incorporated into the health sector and into the actions of health workers. All of this is part of the necessary coordination of the efforts of different sectors.

**Development of the Strategy**

Development of the strategy of health promotion requires strengthening the health infrastructure. The new tasks added to public health activities in the area of noncommunicable disease prevention and associated risk factors, together with the intersectoral activities that must be carried out to improve health levels, demand both human and financial resources. This should be taken into account to an even greater degree in developing countries, where the economic crisis has left very little possibility of investing resources in preventive activities and where the expenditures for curative services, also necessary, are becoming increasingly burdensome. Reorientation in the training of human resources is urgent in order to devise public health approaches that are consistent with health promotion.

Health policies also require important changes, especially with regard to providing a true response to the most outstanding problems. Illustrative of this is the fact that in countries where cardiovascular diseases clearly number among the most urgent health problems, no policies are being formulated to diminish their frequency. For this reason, it is necessary to strengthen the use of epidemiological analysis in health planning.

The resources and approaches of health programs should be reoriented so as to utilize epidemiology to a
much greater extent, not only for the purpose of planning in the health sector but also for planning in other sectors concerned with the determinants of health conditions and, consequently, of development. Again, the need for intersectoral action is immediately apparent at all levels of action.

**PAHO Program on Health Promotion**

The mandate for the Program includes application of the strategy of health promotion in several technical fields that fall within its purview and collaboration with other units and programs in assimilating operational concepts, principles, and mechanisms to implement the strategy in Member Countries. Insofar as the specific technical aspects of the Program are concerned, health promotion is an axis that serves to articulate approaches to highly prevalent problems in most countries of the Region, such as the noncommunicable cardiovascular diseases, cerebrovascular diseases, cancer, chronic respiratory diseases; mental disorders, drug abuse, injury, and accidents. In addition, the Program has been assigned technical responsibility for helping to improve the quality of life and well-being of special groups, such as the elderly, and to promote human development through improved mental health.

In general terms, unhealthy lifestyles are closely related to risks and disease, and consequently their modification is of great importance in this Program.

For the purpose of implementing the new orientations, lines of action have been formulated that are directed toward garnering support in the countries for implementing community-based demonstration programs aimed at reducing morbidity and mortality associated with the problems mentioned above, as well as those that promote the formulation of policies, plans, and programs to improve the quality of life of the population. High priority is being assigned to social communication and the dissemination of information to mobilize the population in the search for alternative healthy behavior.

Approaches and mechanisms for health promotion may also be identified in other PAHO programs and in interprogram activities that emphasize the role of health in intersectoral work for the development and improvement of the living conditions of the population. Cholera is a good example of this type of work. The catastrophic situation revealed to all by the epidemic of cholera, which the Director has framed within the context of the interrelationship of health and development (5), has made it possible for the Organization to analyze more clearly the fundamental and historical role it should play in implementing the principles of health promotion in the countries.

The Healthy Municipalities movement that is being organized in the countries with the assistance of PAHO is another clear-cut example of work for health promotion that is paving the way toward new forms of conceiving and implementing public health actions.

Health promotion, together with disease prevention and the recovery of well-being, are the challenges that lie before us and for which we must assign rational priorities and organize resources efficiently and effectively.

**References**


4. Ibid (3).


(Source: Health Promotion Program, PAHO.)

**First Ibero-American Congress of Epidemiology**

The Spanish Society of Epidemiology and the Andalusian School of Public Health are sponsoring the First Ibero-American Congress of Epidemiology, which will take place in Granada, Spain, on 19-21 October 1992. The Congress will examine the historical development and practice of epidemiology, in addition to Ibero-American cooperation in health, by means of lectures and discussion groups. Subject areas will include economic and cultural inequalities, administration of services, the environment, working conditions, problems related to age, and major health problems and work methodologies. On 22 October the Andalusian School of Public Health will hold its Seventh Seminar on Public Health and Health Administration on the subject of environment and health.

Papers will be accepted until 10 July, and registrations until September. The languages of the Congress will be Spanish and Portuguese. Requests for information should be addressed to: Secretaría del Primer Congreso de Epidemiología, Escuela Andaluza de Salud Pública, Campus Universitario de Cartuja, Apdo. 2070, C.P. 18080, Granada, Spain.