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STRENGTHENING HEALTH PROMOTION PLANNING FOR ACTION IN THE AMERICAS

Health promotion as an effective strategy for improving health and quality of life emerged as a result of a major shift in public health thinking provoked by the Lalonde Report (Canada 1974). Social and environmental factors and lifestyles were recognized as the key determinants of health, and a decade later the public health community adopted the Ottawa Charter (Canada 1986). Five key areas for health promotion are: (1) healthy public policy, (2) supportive environments, (3) community action, (4) developing personal life skills, and (5) reorienting health services.

Despite a growing consensus of health promotion effectiveness, many Member States have yet to develop and implement health promotion plans for action, and few countries have dedicated adequate resources to health promotion. In the Americas, Canada, Chile, Mexico, and the United States, have implemented countrywide planning for action, and various experiences in other countries show the effectiveness of health promotion at a community level.

Member States have committed to strengthening health promotion planning for action (Mexico Declaration 2000). This requires positioning health promotion high on the political agenda and a clear identification of priority areas. The purpose of this document is to stimulate debate and: (a) elicit suggestions on how technical cooperation can effectively strengthen health promotion planning for action, (b) identify ways to strengthen the necessary infrastructure, (c) secure support in resource mobilization efforts for countrywide and regional activities, and (d) obtain suggestions on the most effective role(s) for the Secretariat in this process.

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1. Introduction

The importance of health promotion as powerful public health strategy emerged from the framework put forth in the Ottawa Charter in 1986. Canada as the world leader in health promotion has produced much of the conceptual and operational guidelines in this field. The Lalonde report launched in 1974 by Health and Welfare Canada concluded the health care system played a role in the health of individuals but contributed less to the social, environmental, and lifestyle determinants of health. The report introduced health promotion as for improving health and quality of life. After some debate, the public health community adopted five key strategies outlined in the Ottawa Charter that today provide the main direction for health promotion practice and policy development:

- Building healthy public policies
- Creating supportive environments
- Strengthening community action
- Developing personal skills; and
- Reorienting health services

Health promotion is a process, not a quick fix. It is directed at achieving an outcome sometimes over a long term with specific results in the medium and short term. Specific outcomes differ, but they involve citizen and community participation and contribute to improvement in quality of life. Effective health promotion strengthens the skills and capabilities of individuals, organizations, and communities to act and improve the determinants of health. Member States can achieve significant progress in reducing tobacco use and protecting nonsmokers by increasing taxes on tobacco and by eliminating smoking from public places. A municipality or community can implement a combination of such measures as tobacco control strategies, fiscal and social policy, advocacy for smoke free spaces, negotiation and advocacy to stop advertising, and school-based life skills education programs.

Over the last years, health promotion provided evidence of effectiveness in improving health and quality of life. This evidence clearly indicates that a comprehensive approach using a combination of the five Ottawa strategies is effective. It is widely recognized that promoting health in certain settings such as schools, workplaces, cities, and communities improves the health status of populations and the quality of life in those spaces. There is overwhelming evidence that people, including those most affected by poverty and adversity, need to be

involved in defining health promotion action and making decisions to ensure effectiveness and sustainability of community programs.

Despite the evidence of health promotion effectiveness, few countries in the Region have considered it as an important investment and an essential element for social and economic development, and few have destined adequate resources to this essential public health strategy. A commitment to strengthen health promotion planning for action is necessary to ensure that communities and societies are able to address the determinants of health and increase equity in health. PAHO, through its Division of Health Promotion and Protection, provides technical cooperation in health promotion and stimulates collaboration among Member States to strengthen health promotion planning for action, establish public policy, and create supportive environments.

2. Current Situation

2.1 *Brief Analysis of the Socioeconomic Context*

The Region of the Americas has achieved significant progress in life expectancy, access to clean water, and immunization coverage. Infant mortality due to infectious diseases has steadily declined, yet Member States continue to struggle with persistent poverty and poor living conditions associated with great inequities in income and wealth distribution. The number of people that lack access to employment, housing, basic services health, education, water, basic sanitation, and proper food and nutrition is unacceptable. Member States are still struggling to reduce maternal mortality, improve basic sanitation systems, manage new and emerging diseases such as tuberculosis, cholera, dengue and HIV/AIDS, and deal with increasing noncommunicable diseases associated with poor eating habits and lack of exercise.

The growing burden of mental illness and recognition of the magnitude of mental health problems such as depression, suicide, addictions, abuse, and violence, requires urgent action from health authorities and community leaders. Many adolescents and older adults suffer from depression and other mental illness and several countries of the Region have high rates of child and teen suicide. Illicit drug use, stress, and alcoholism continue to rise, presenting an extraordinary challenge for families, communities, and the social sector, especially health and education. Violence, especially abuse of women and children, is an increasing concern for public health everywhere. The number of smokers continues to increase. Tobacco use is the leading cause of preventable death in the Americas.

In the context of globalization, decentralization, and greater opportunities for citizens to participate in decisions that affect their health and well-being, local authorities, health personnel,

and community leaders face limited resources and the need to strengthen institutional capacity. Community governance appears likely to assume more importance in the future due to the capacity of communities to successfully provide appropriate solutions and greater social coordination of available resources.

The cities, communities, schools, and families of the Americas urgently need support to strengthen protective factors and develop life skills especially in childhood and adolescence. Greater efforts are needed to support community health care workers, teachers, and parents in teaching life skills and nurturing self-esteem in children and young people. Protecting the emotional lives of children is a major challenge for health promotion in the Region. At the same time, countries need to provide supportive environments for older adults, ensuring longevity with quality of life and dignity. Member States are urged to invest in strengthening local capacity by increasing levels of health literacy¹ as a basis for individual empowerment and community development.

2.2 *Global and Regional Commitments and Orientations*

The platform provided by the Ottawa Charter was ratified by subsequent international and regional conferences. The Adelaide Recommendations (Australia 1988) provided an in-depth review of the concept of public policy and outlined ways toward establishing healthy public policy. The Sundsvall Statement (Sweden 1991) built on the concept of creating supportive environments and provided examples of good practice.

The Bogota Declaration (Colombia 1992) highlighted the relationship between health and development and called for a renewed commitment to solidarity and equity in health. It deplored the impact of violence on the health of individuals and communities. It summoned the political will of people and leaders to modify social conditions and make marginality, inequality, abuse, and environmental destruction unacceptable.

The Caribbean Conference on Health Promotion (Trinidad and Tobago 1993) strongly endorsed health promotion and protection and reinforced the principles and key areas identified in the Ottawa Charter. It set forth strategic approaches for intersectoral activities and called for a renewed commitment to community participation in decision-making processes, social communication, and the achievement of greater equity in health.

¹ Health literacy is a set of context specific capabilities to access, understand, and use information and other resources for personal and collective health development (Kickbusch 2001).

The Jakarta Declaration (Indonesia 1997) reiterated the global commitment to the strategies put forth in the Ottawa Charter and provided a clearer understanding of the critical importance of building partnerships for health. It called for new players and identified key ingredients aimed at improving health and quality of life later adopted by WHO Member States in the 1998 WHA Resolution 51.12. With each international conference WHO and its partners have restated the commitment to increase the infrastructure and strengthen technical cooperation in health promotion, build partnerships, and adopt an evidence-based approach to policy and practice.

The Fifth Global Conference on Health Promotion (Mexico 2000) produced a set of critical papers that clarify and outline the key ingredients for health promotion, as well as guidelines for strengthening health promotion plans of action: (a) the evidence base for health promotion; (b) increasing investment for health and development; (c) increasing social responsibility for health; (d) community empowerment and action for health; (e) increasing the infrastructure for health promotion; and (f) the reorientation of health services.

The Region of the Americas is committed to strengthening health promotion planning for action (Mexico Declaration, June 2000). This commitment embraced by Member States includes the following:

- □ To position the promotion of health as a fundamental priority in local, regional, national, and international policies and programs.
- □ To take the leading role in ensuring the active participation of all sectors and civil society in the implementation of health -promoting actions to strengthen and expand partnerships for health.
- □ To support the preparation of countrywide plans of action for promoting health, if necessary drawing on the expertise in this area of WHO and its partners. These plans will vary according to the national context, but will follow a basic framework agreed upon during the Fifth Global Conference on Health Promotion, and may include, among others:
 - The identification of health priorities and the establishment of healthy public policies and programs to address these.
 - The support of research to advance knowledge on selected priorities.

- The mobilization of financial and operational resources to build human and institutional capacity for the development, implementation, monitoring, and evaluation of countrywide plans of action.
- To establish or strengthen national and international networks to promote health.
- To advocate with UN agencies for accountability concerning the health impact of development agendas.
- To inform the Director-General of the World Health Organization, for the purpose of her report to the 107th session of the Executive Board, of the progress made in the performance of the above actions.

2.3 *Health Promotion in the Americas: Progress and Lessons Learned*

Among the lessons learned in health promotion are the experiences with participatory local planning in the healthy municipalities and communities. In a few countries, health promotion is positioned at high political level as an essential strategy for social and human development. Such is the case in Chile where President Ricardo Lagos has declared health promotion as a national priority and has committed to a national plan for action *Vida Chile*.

Health promotion in Canada highlights how the development of relevant infrastructures enables concepts to be transformed into effective policy and health promotion programs. The lessons learned in Canada and other countries illustrate the essential components for the development of effective health promotion and lead to a greater understanding of the factors that have limited its effectiveness. A strong conceptual basis for action has clearly been a positive guiding force in the development of health promotion. The previous lack of one was a limiting factor in successfully developing health promotion plans for action.

Engagement of academic institutions with an explicit research agenda and with programs for the training and development of human resources in health promotion is crucial in the development and implementation of health promotion plans of action. Canada and the United States of America provide evidence of the importance of this component for effective health promotion. Chile, as well, has created a network of universities, and developed a clearinghouse with health promotion documents and materials for training of local health teams, in collaboration with the Center for Health Promotion at the University of Toronto.

Strong, aware, and committed leadership at all levels of the health sector was key for health promotion policies and programs and especially to influence the health sector reform

agenda. Including health promotion concepts, goals, and strategies in the reform agenda is critical for the involvement of health systems and services.

A committed and strong partnership base among stakeholders plays a crucial role in the progress of health promotion. Multisectorial action for health is essential to successful health promotion. The role of different networks cannot be overemphasized in bringing to the negotiation table various levels of government officials, professional and community organizations, and the private sector to develop, implement, and evaluate health promotion plans for action. The Mexican Network of Municipalities for Health is a good example of this. The Network jointly with the Ministry of Health planned and carried out national meetings and regional thematic meetings key to building the capacity of new mayors that entered the network. The National Network also supported State Networks with meetings, workshops, and other local capacity building activities.

2.4 *Analysis of PAHO Technical Cooperation Activities in Health Promotion*

PAHO Directing Council resolution CD37.R14 (1993) and Regional Plan of Action for Health Promotion 1995-1998 stimulated the development of health promotion in the Region. PAHO's Strategic and Programmatic Orientations (SPOs 1995-1998) defined the priority for technical cooperation to create jointly with the countries a culture for health promotion.

Regional Plan of Action for Health Promotion in the Americas 1995-1998

The objectives of the Plan were to promote healthy public policies (food and nutrition, tobacco, alcohol and drugs, violence and environment); to create healthy options for the population; and to develop healthy cities and communities as settings for health promotion actions. The Plan specified three target areas: environments, behaviors and lifestyles, and health services. Progress in each area and lessons learned are presented in the following sections.

Healthy Spaces

A review of the Regional Plan of Action for Health Promotion (1994-1998) indicates progress in the development of healthy cities, communities, and schools as settings for health promotion actions. In 1994 there were eight countries each developing a healthy municipality pilot experience (Restrepo 1993). In 1998, 22 countries presented a variety of innovative experiences with healthy municipalities and communities and also with their health-promoting

schools experiences². The Regional Network of Healthy Municipalities and Communities established in 1996 (Campinas, Brazil) disseminated the conceptual framework and guidelines for action to mayors interested in implementing the healthy municipality approach. The seven countries with national networks comprise the Coordinating Committee of the Network. Mayors, community leaders, and personnel from health and other sectors actively participate in conferences meetings, seminars, and workshops sponsored by the Network. PAHO guidelines for local participatory planning (PALTEX 1998) are being used by mayors and community health workers in developing healthy spaces. Municipalities form an intersectoral planning committee and engage the citizens' participation in assessing their health situation, determining priorities, and developing, a plan of action, which is required for admission into the Network. Members of the Network have provided technical cooperation to other municipalities in the development of plans of action and of their network.

Member States implemented the health-promoting schools (HPS) initiative. The Latin American Network of HPS was created in 1996 with 14 member countries, and by 1998 had 20 member countries. The Network Bulletin disseminates information among its members to awareness about the importance of school health. Workshops on life skills education were carried out with teachers and health personnel in Mexico, Colombia, and Panama. A rapid assessment tool was developed to assist health and education authorities conduct a systemic situation analysis. It is also used as a guide for teachers, students, parents, and health personnel to carry out a rapid assessment of the health situation in their schools. Guidelines were developed for preparing a plan of action to improve physical and social conditions, introduce or strengthen life skills education, improve food and health services, and assure a clean and safe environment for schoolchildren.

Partnerships

The Inter-American Consortium of Universities and Training Centers of Health Education and Health Promotion Personnel (CIUEPS), established in Puerto Rico in 1996, is a partnership whose main purpose is to improve the training and development of human resources in health promotion. The Consortium offers a forum for analysis and debate on the importance of including health promotion concepts, methods, and strategic approaches in the training and development of personnel in public health and other fields. Member institutions have incorporated health promotion concepts and methods in courses, seminars, and workshops, such as the health promotion seminar for mayors and local level personnel offered by the School of Public Health at the University of Veracruz, in Xalapa, Mexico. The School of Public Health

² Third Congress of Healthy Municipalities and Communities in the Americas, Medellín, Colombia 1998 and Second Meeting of the Health Promoting Schools Network, Mexico 1998.

at the University of São Paulo, Brazil, also offers courses for mayors and has a permanent office that provides support to mayors in the implementation of the healthy municipality approach. Approximately 40 universities from 14 member countries participate in the Consortium including the WHO/PAHO collaborating centers in health promotion in the Region who provide guidance and leadership in this initiative.

The World Bank/PAHO partnership for school health established in 1997 in Panama, during the Summit of the First Ladies of the Americas, has provided technical support to various Member States in the development of their healthy schools initiative. The partnership carried out a review of the status of school health in the Region, and in-depth case studies of the life skills education program in Colombia, the school nutrition program in Panamá, and the school health program in Chile.

Development of Technical Areas

Policies and programs to promote and protect population health throughout the life cycle were a major thrust of PAHO's technical cooperation. The adolescent health program developed advocacy tools and raised awareness among decision-makers of the importance of investing in adolescent health and development. The program also strengthened country capacity in adolescent health and development policies and programs and increased opportunities for youth involvement in reorienting health services. Health education and social communication interventions directed at improving individual behavior were supported in the adoption of healthy lifestyles and the reduction of risky behavior, such as: (1) sexual and reproductive health, (2) tobacco consumption, (3) maternal and young child nutrition, (4) child abuse and neglect, and other forms of violence toward children and adolescents. Psychiatric reform continued to gain acceptance and strengthened community mental health initiatives. PAHO supported countries in implementing policies and legislation to control tobacco advertising and access to minors and, with CLACCTA, involved NGOs in activities to reduce tobacco consumption. The regional conference on violence (1995) and the multicountry study placed this important issue on the public health agenda and facilitated the dissemination of information on effective interventions at the local level.

Strategic and Programmatic Orientations 1999-2002

The Orientations supported the development of healthy spaces, healthy public policies, and other health promotion strategies in the following program areas: (a) mental health, including tobacco control and the prevention of substance abuse, (b) food and nutrition, and (c) family health and population throughout the life cycle and sexual and reproductive health.

Various Web pages were developed that disseminated essential technical information on the priority topics of the Division. Between 1998 and 1999 this became an important tool in technical cooperation. The evaluation of healthy spaces began in 1999 with a meeting of PAHO and Ministry of Health focal points responsible for health promotion from 14 countries to discuss the conceptual framework and broad guidelines for the evaluation of these experiences. During the Mexico Conference (2000) an ad hoc group discussed measurement and evaluation issues involved in assessing the evidence base for health promotion. The evaluation of selected experiences will be conducted during 2001.

Psychiatric reform continues in the Region. Other activities included a training module in epilepsy, a study of mental health in two countries, and a publication on legislation and human rights of patients with mental illness. The program works closely with PAHO's Program on Emergency Preparedness and Disaster Relief in developing mental health tools in time of emergencies and disasters. The Framework Convention on Tobacco Control involved 23 countries of the Region in this first global public health treaty. Other activities include the global youth tobacco survey and guidelines for tobacco regulation. Still much needs to be done especially in the area of alcohol and drugs.

The Food and Nutrition program, jointly with Caribbean Food and Nutrition Institute (CFNI), and the Institute of Nutrition of Central America and Panama (INCAP), implemented strategies to protect vulnerable groups from micronutrient malnutrition, namely iodine deficiency and goiter, iron deficiency anemia and vitamin A, and folic acid deficiencies. Other activities included the use of food guidelines such as "Best Buy," the promotion of maternal and young child nutrition, and the adoption of guidelines for breast-feeding and introduction of complementary foods.

The family health and population program developed materials on social communication to promote the adoption of healthy behaviors and lifestyles in children, adolescents, and the elderly. Other activities included the impact of public policies on adolescent health and development in Latin America and the Caribbean, a monitoring and surveillance system for adolescent health developed with Latin American Center for Perinatology and Human Development (CLAP), a study of sexual and reproductive health in male adolescents in nine countries, an advocacy training modules for adolescent health, modules for distance training in adolescent health, and the conceptual framework for life skills education.

The safe motherhood initiative prepared guidelines for surveillance of maternal mortality, intensified support in 11 priority countries, and carried out an evaluation of sexual and reproductive health policies and services in 19 countries, which led to the design of plans to improve the quality of services, including training and development of human resources in sexual and reproductive health. The database on aging (SABE) for six countries will be completed this

year. Other activities of the program include the dissemination of information on healthy aging in the Latin American and Caribbean Center on Health Sciences Information (BIREME), training materials for primary health care personnel on caring for the elderly, and a conceptual framework of healthy aging policies to promote the health and well-being of older adults.

A greater Regionwide understanding of health promotion as a public health strategy was evident during the Fifth Global Conference on Health Promotion held in Mexico in 2000. Countries of the Americas showcased their health promotion experiences yet few of these were evaluated. There is still much to be done to increase the use of a health promotion conceptual framework, the appropriate mix of strategies, and the evaluation of the experiences. An evaluation model is currently being developed that will be useful in the identification of good practices and strengthen the evidence base for health promotion.

3. Future Actions

Other units contribute to the promotion of health of the peoples of the Americas such as the Division of Health and Environment; the Program on Women, Health, and Development; the Program on Public Policy and Health, and others. Due to space limitations, for the purposes of this presentation we will only present the activities mandated for the Division of Health Promotion and Protection (HPP).

3.1 Challenges

A major challenge for PAHO's technical cooperation is to integrate the technical areas within a conceptual and methodological framework of health promotion. A strategic planning process is underway involving the regional program (HPP), the centers (CFNI, CLAP, and INCAP), health promotion focal points in the PAHO Country Offices, ministries of health and other sectors, and health promotion professionals, particularly those in the PAHO Collaborating Centers. The purpose of this strategic planning process is to continue integrating the content in the technical program areas with the strategies for health promotion. This process of integration and consolidation of HPP's Strategic Plan of Action for the next five years will be achieved by continued systematic consultation, and working meetings with regional, center, and country staff to assess progress and make necessary adjustments. An advisory committee will provide insight and suggestions, identify content areas that need greater integration with health promotion strategies and identify gaps in knowledge for further research.

A second major challenge will be to position health promotion high on the political agenda of the Organization. This will be achieved by advocating that Member States strengthen health promotion planning for action, by disseminating effective health promotion experiences,

and by mobilizing resources to support pilot and demonstration projects. A regional forum is planned to be held in 2002 to assess progress in health promotion planning for action (Mexico 2000). Inter-American Partnerships with other institutions, such as the Interamerican Development Bank and the World Bank within the context of the Shared Agenda, will also strengthen health promotion planning for action.

A third challenge is to secure the infrastructure and resources necessary to strengthen health promotion planning for action. This will be achieved by: (a) strengthening the development and training of human resources, especially building capacity of PAHO and health ministry staff responsible for health promotion and protection, (b) the preparation of project and research proposals to mobilize needed resources, (c) increasing the evidence base of health promotion effectiveness by increasing the evaluation of health promotion interventions, and (d) by establishing new partnerships and strengthening existing ones, especially with WHO Collaborating Centers in Health Promotion.

3.2 *Structure of the Division of Health Promotion and Protection*

The Division of Health Promotion and Protection (HPP) at PAHO has three programs³: the Family Health and Population Program (HPF), the Food and Nutrition Program (HPN), and the Mental Health Program (HPM). The Latin American Center for Perinatology and Human Development (CLAP), the Caribbean Food and Nutrition Institute (CFNI), and the Institute of Nutrition of Central America and Panamá (INCAP) form part of the Division. The Division also has a Resource Center that supports the preparation and distribution of materials to be sent to the PWRs Documentation Centers and other clients and maintains the health promotion Web pages.

3.3 *Main Health Promotion Strategies Applied in the Division*

PAHO technical cooperation will focus on strengthening health promotion planning for action. Countries will be supported in setting targets to address their priorities and in building capacity at the national and local level to develop, implement, and evaluate health promotion plans for action. HPP is committed to this process and has begun to integrate the technical areas managed by the programs and centers with the health promotion strategies as illustrated in the matrix below: (a) the creation of healthy and supportive environments in the community, school, and workplace; (b) the establishment of healthy public policy at national, local, and institutional levels, and the development of guidelines to assess their impact; (c) the strengthening of community action for health by implementing training modules to facilitate community

³ PAHO Directive No. HQ-FO-99-11, dated 31 March 1999

participation and support Member States to work with NGOs and other community groups; (d) the development of personal skills, using the health literacy framework, health education, and social communication techniques; (e) the reorientation of health systems and services by supporting countries to implement more integrated models of community, family, and school health, including mental health; (f) strengthening surveillance systems with social and behavioral information; and g) supporting research and evaluation to advance knowledge and best practices (Table 1).

Table 1. Matrix of Health Promotion Strategies and Technical Areas across the Life Cycle

Health Promotion Strategies	Technical Areas	Life Cycle
Creating healthy and supportive environments <ul style="list-style-type: none"> • Municipalities/communities • Schools • Workplace 	Nutrition and exercise Mental health/counseling Protection from health risk Support in establishing healthy behaviors and changing risk practices and habits	Perinatal Preschool children Schoolchildren Adolescents Adults (men/women) Elderly
Establishing healthy public policy <ul style="list-style-type: none"> • National • Local • Institutional 	Food and nutrition security Breast-feeding Tobacco, alcohol, and drugs Safe streets, parks, and other recreation areas Sports and exercise Abuse, violence, and neglect Water and basic sanitation	Pregnancy Neonatal Children Adolescents Elderly
Strengthening community action for health <ul style="list-style-type: none"> • Community and social participation • Empowerment • Capacity-building 	Advocacy, negotiation, consensus-building Partnerships, networks Participatory planning and evaluation Food security and safety Protective factors Safe from violence, abuse, and neglect	Pregnancy Perinatal Schoolchildren Adolescents Elderly
Developing personal skills <ul style="list-style-type: none"> • Health literacy • Health education • Social communication 	Life skills education in schools Parenting skills Mental health and psychosocial skills Nutrition and exercise Sexual and reproductive health Breast-feeding and complementary foods Healthy behaviors and lifestyles	Pregnancy Perinatal y neonatal Pre-and school children Adolescents Adults Active aging
Reorienting health systems and services <ul style="list-style-type: none"> • Health promotion in sectoral treform • Management styles • Intersectoral cooperation • Community involvement 	Community, family, and school health models Mental health services Sexual and reproductive health Maternal and child health and nutrition Breast-feeding and complementary foods Tobacco cessation Alcohol and drug abuse treatment models	Pregnancy Perinatal and neonatal Pre-and schoolchildren Adolescents Adult men and women Elderly

Creating Supportive Environments Ensures Healthy People in Healthy Spaces

In coordination with other units in PAHO, HPP will support Member States in creating and strengthening the healthy spaces initiatives, especially municipalities, communities, schools, and workplaces, ensuring that the spaces where people live, study, work, and play have a positive influence on their health. Thus technical cooperation will focus on improving the physical and psychosocial environments with interventions to provide clean water, basic sanitation, and basic health services in schools, workplaces, and communities. Policies and public education campaigns will be carried out to raise awareness and strengthen healthy behaviors and lifestyles. Gender equity and respect for diversity will be encouraged as part of the organizational behavior and cultural values in the school, community and workplace. Countries will be supported in increasing the protective factors in designated healthy spaces and in strengthening collaboration among NGOs and other community groups to protect women and children from abuse, violence, and neglect, and protect people, families, and communities from drug and alcohol abuse.

2001 is dedicated to the theme of mental health and countries will be encouraged to review the mental health situation in schools, workplaces, and communities and include this priority in their plans of action. Many aspects concerning mental health are now better understood, and there is considerable evidence that mental health promotion reduces depression, suicides, and risk behavior problems. Countries will be supported in implementing early education programs that have resulted in fewer learning problems with small children and involve parents in creating a more positive home and family environment for children to grow and develop. Countries will also be supported in implementing life skills education in schools, as studies show that life skills education is effective in promoting healthy development and reducing risk behavior in children and adolescents. A model of mental health promotion and prevention of violence in schools will be developed. Countries will be supported in implementing workplace health promotion interventions that have shown positive results in reducing stress levels, increasing job satisfaction, and reducing sick leave.

A priority for health promotion in the next five years will be to establish smoke-free environments in public places such as schools, health centers, child care facilities, and government workplaces and in the hospitality sector. This will be accomplished by (a) building capacity for youth advocacy and community partnerships to support smoke-free environment; (b) a multifaceted public education campaign to inform the public, parents, teachers, and health workers of the risks of second-hand smoke and actions they can take to eliminate exposure; and (c) developing guidelines to establish policies at national, local, and institutional level to establish smoke-free spaces, and curb tobacco promotion and demand.

Healthy Public Policy is a Central Element in Health Promotion

Working groups will be established to stimulate collaboration among Member States in developing guidelines for healthy public policy at the national, local (municipal), and organizational level, and to evaluate their health impact. In coordination with other units and organizations, HPP will strengthen and extend such public policy initiatives as food and nutrition security in Central America and baby-friendly hospitals to encourage breast-feeding. The regional program will provide technical cooperation to establish public policies that promote healthy and safe motherhood by increasing equitable access to quality essential obstetric care and improve nutritional intake during pregnancy. Policy and legislation will be developed to protect sexual and reproductive rights and establish the infrastructure that allows individuals to exercise those rights. HPP will support countries in the development of guidelines to promote healthy aging through public policies and in the establishment of public policies to promote mental health across the life cycle, with special emphasis on capacity-building in families, community schools, and workplaces.

Strengthening Community Action is Critical for Health Promotion

Countries will be supported in the implementation of local participatory planning involving local authorities such as mayors, and community leaders, teachers, and people in general, in basic needs assessment, priority setting, planning, and developing policies and programs. Member States will be supported in developing, implementing, and evaluating interventions at national and local level to encourage good nutrition and active living throughout the life course such as “Agita São Paulo.” In coordination with other units, HPP will support countries to build community capacity in health literacy and to establish partnerships and carry out a multifaceted public education campaign with children, adolescents, and adults to adopt healthy lifestyles and minimize risk behaviors. Community action will be strengthened to provide access to social services for the elderly, promote good nutrition and active healthy lifestyles, and to encourage their participation in social support networks. HPP will support countries to develop a community-based model to deal with depression and suicide, and create materials on mental health promotion directed at families, teachers, religious leaders and other members of the community.

Development of Personal Skills: the Earlier the Better

Schoolchildren and adolescents will be involved early on in developing personal skills. School-based mental health programs and life skills education will be strengthened. Countries will be supported in implementing life skills education to effectively contribute to higher literacy and reduced drop-out rates associated with a decrease in health risk behaviors, such as

smoking, substance abuse, and teen pregnancy. Materials to support parents and teachers with life skills education will be developed. Materials to promote health literacy directed at mayors, teachers, church leaders and other decision-makers will be fostered. Countries will be assisted in developing interventions to enable the elderly to participate in decisions that affect them and in adopting healthy life skills throughout the life course. Countries will be supported in setting targets for dietary behaviors and physical activity and in monitoring individual and collective behavior change using lifestyle surveys or other comparable methods.

Reorienting Health Services: Health Promotion an Essential Public Health Function

Countries will be supported to strengthen the role of the health sector to advocate for health promotion, for greater intersectoral coordination, and for increased investments in health promotion. Ministries of health will be supported in fostering opportunities for social participation in the decisions concerning community health care. In coordination with other units, HPP will develop new and expanded models for community, family, and school health services. Countries will be supported in the reorientation of health services with a greater focus on bridging the equity gap (gender, ethnic origin, age, etc.) that persists in the provision of health services. Countries will be supported in the reorientation of health services to assure safe motherhood and youth-friendly services. Materials on mental health promotion for health care providers will be developed. Training materials on the promotion of good nutrition and active living will be prepared for community health workers.

Strengthen Information and Surveillance Systems

In coordination with other units, HPP will strengthen information and surveillance systems by incorporating social and behavioral information critical for the design of health promotion policies and plans for action, such as risk factors and behaviors. Countries will be supported in establishing information systems at the local level to monitor risk factors, behaviors and conditions, health inequities, and the determinants of health. A model to evaluate the healthy spaces initiative is being developed, and HPP will support countries in its adaptation and implementation in specific contexts.

Partnerships, Networks and Interagency Coordination

There are various networks of municipalities, schools, professional associations, universities, and other institutions and groups involved in health promotion actions in the Region. The Network of Healthy Municipalities and Communities of the Americas could effectively disseminate good practices in health promotion if they are supported in developing technical

cooperation among municipalities and across borders. If mayors are to succeed in putting health on the local development agenda, actions must focus on orienting this group as to the most effective interventions to improve health and human and quality of life. The Network of Health Promoting Schools could be a more effective advocate for placing health promotion and life skills education on the education agenda if health sector efforts are supported and coordination with the education sector is strengthened to provide the necessary knowledge and skills to teachers and parents. PAHO has contributed to the creation of several networks; however, despite a growing consensus that networking is an effective strategy, few groups have adequate resources to maintain active communication among all the members of the network. A greater effort is needed to support the mobilization of resources for the networks so they may become major players in disseminating knowledge and skills in health promotion.

4. Financial Implications

Health promotion is a long-term investment in health and development. The evidence of health promotion effectiveness suggests that if properly implemented it, could save money in the medium and long term. Members are urged to consider the appropriate infrastructure for the development and strengthening of health promotion planning for action to meet the challenges of the new millennium in the Americas. Successful health promotion policies and programs require adequate funding and infrastructure. Surveillance and research if supported will provide policy-makers with the information they need for key decisions in strategic planning. National health promotion planning has been effectively developed, implemented, and monitored in Canada, Chile, and Mexico. However, cost-effectiveness analyses are not readily available. Although infrastructure needs and resource mobilization requirements for technical cooperation in health promotion do not make extravagant demands for new resources; rather the focus is to engage Members in identifying opportunities to mobilize resources to carry out regional and country activities and facilitate technical cooperation among countries. The Secretariat will require additional human and financial resources to meet the commitments as expressed in the Mexico Declaration. Present levels of resources are inadequate to provide technical cooperation to strengthen health promotion planning for action. The Organization should use its considerable influence with other international organizations to take an advocacy role in developing a resource base for health promotion planning for action.

5. Key Issues for Deliberation

- □ *Promoting a broader understanding of health promotion.* Despite a greater understanding of health promotion concepts and experiences, there is still a need to enhance the value of health promotion and disseminate good practices, particularly best

practices in the Region of the Americas and others, and what activities countries are currently implementing.

- □ *Discuss and comment on the commitments from Mexico 2000.* Review relevance of integrating health promotion strategies with priority issues as presented by the Division and suggest ways that technical cooperation can effectively strengthen health promotion planning for action. Member States are urged to discuss mechanisms to follow-up and report on the commitments in the Mexico Declaration.
- □ *Discuss and identify ways to strengthen the infrastructure needed to advance with health promotion planning for action.* Provide suggestions to increase collaboration among countries and increase the level of resources available. Secure support in resource mobilization efforts for regional and countrywide activities.

6. Requested Action

Anticipating requests from Member States to increase technical cooperation efforts, provide guidelines and train national and local staff to strengthen health promotion planning for action. Members of the Subcommittee are encouraged to revisit the Mexico 2000 commitment and provide guidance to the Secretariat on what they consider appropriate technical cooperation to strengthen their health promotion planning for action and what is the Secretariat role(s) in this process.

The Members are urged to support resource mobilization efforts for regional and country-level Secretariat activities and to identify sources of financial support for technical cooperation to strengthen health promotion planning for action. Input regarding the securing of an infrastructure, including the training and development of human resources for health promotion, would be most helpful. Review the *Shared Agenda for Health in the Americas* and the IDB initiative to support countries in identifying national priorities and support the development of health promotion plans for action.