HEALTH PROMOTION AND COMMUNITY ACTION FOR HEALTH IN DEVELOPING COUNTRIES

WORLD HEALTH ORGANIZATION
GENEVA

Health promotion and community action for health in developing countries

H. S. Dhillon
Lois Philip
Division of Health Education
World Health Organization, Geneva

World Health Organization
Geneva
1994

WHO Library Cataloguing in Publication Data

Dhillon, H. S.
Health promotion and community action for health in developing countries / H. S. Dhillon, Lois Philip.

1. Consumer participation 2. Health promotion
3. Developing countries I. Philip, Lois II. Title

ISBN 92 4 156167 X (NLM Classification: WA 546.1)

TYPESET IN INDIA
PRINTED IN ENGLAND
93/9882-Macmillan/Clays-7500

Foreword

This book will interest all who recognize that health is a far wider field than what is usually seen within the scope of health practice. If disadvantaged and underserved persons in every part of the globe are to enjoy the benefits of good health, it is essential for every man, woman and child to "think health"—to recognize health implications in almost every facet of daily life and take the right kinds of action, both for combating health problems and for helping themselves and their neighbours towards healthier ways of living.

Health education and promotion lend themselves to a wide range of interpretations. Health education and promotion are, in essence, social and political actions for health. They seek to empower people with a knowledge and understanding of health and to create conditions conducive to the pursuit of healthy lifestyles. But bringing this simple message to all humanity calls for an effort of understanding and will on the part of all concerned—from government level down to each individual, even children. It is never too early to start learning, and teaching, the messages of good health.

It is in this context that the World Health Organization conceives health education and promotion. The illustrations and stories in this book are sound evidence that approaches and activities that promote health and well-being are already being applied in the developing world.

Hiroshi Nakajima
Director-General
World Health Organization

Contents

Boxes

Chapter 1

Health for all: global well-being

Health has been a prime concern of humanity since the dawn of history. Some of the earliest written records refer to the struggle against disease and to the contrast between the factors that made for a long and healthy life and those that made life short and harsh.

Today we have the knowledge and tools to prevent many diseases. We know how to improve our health and how to give ourselves, our families, and our communities the best possible chance of staying healthy. Unfortunately, that knowledge and those tools are not evenly distributed among humanity. Nor are they always used well or given appropriate priority.

Great advances have recently been made in health sciences. We now have a better understanding of risk factors for many conditions and better epidemiological information on health status, ill-health and premature death at different levels of society. As a result we are more aware than ever before of inequities in health.

The World Health Organization (WHO) was created in 1948, with the ultimate aim of making possible the attainment by all people of the highest possible level of health—not merely the absence of disease but health as a state of complete physical, mental and social well-being. Though the nature of health problems and strategies has changed since that time, the central purpose remains.

Over the years, it has become clear that substantial improvements in health cannot be achieved without improvement of social and economic conditions. Poverty, poor living conditions, lack of education, illiteracy (including health illiteracy) and the lack of information or ability to make decisions about one's health—these are all major impediments to health.

The Declaration of Alma-Ata

The vital need for greater social justice in order to improve health was first brought sharply into focus at the Thirtieth World

Health Assembly, held in Geneva in May 1977, when it was decided that the main social goal of governments and WHO in the coming decades should be the attainment by all the people of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life. This became known as health for all by the year 2000.

The following year, WHO and the United Nations Children's Fund (UNICEF) jointly convened an International Conference on Primary Health Care in Alma-Ata, in the then USSR, attended by delegates from 134 countries. At the end of the conference, the delegates unanimously endorsed the historic statement that is now known as the Declaration of Alma-Ata (*1*). The Declaration stated that an acceptable level of health for all people "can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts". And it urged "a genuine policy of independence, peace, détente and disarmament" which would release additional resources in order to accelerate social and economic development.

Primary health care

The Alma-Ata conference identified primary health care as "the key to achieving an acceptable level of health throughout the world in the foreseeable future as part of social development and in the spirit of social justice". The heavy burden of sickness, the high cost of health technology and the inadequacy of health services coverage called for a bold new approach. Primary health care offers a rational and practical means for both developing and industrialized nations to work towards the health-for-all goal.

Primary health care places emphasis on eight key factors: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

Four pillars

The philosophy that underlies primary health care is equity and social justice—the recognition that health is a fundamental right of

all people. The success of primary health care largely rests on the ability and political will of each nation to promote social action and support for health.

WHO has identified four pillars on which action for health for all must be based. These are:

— political and societal commitment and determination to move towards health for all as the main social target for the coming decades;

— community participation, the active involvement of people and the mobilization of societal forces for health development;

— intersectoral cooperation between the health sector and other key development sectors such as agriculture, education, communications, industry, energy, transportation, public works and housing;

— systems support to ensure that essential health care and scientifically sound, affordable health technology are available to all people.

Primary health care is people-oriented. Its success therefore rests with the people. The primary health care approach, in both developing and industrialized countries, has a fourfold objective:

— to enable people to seek better health at home, in schools, in fields and in factories;

— to enable people to prevent disease and injury, instead of relying on doctors to repair damage that could have been avoided;

— to enable people to exercise their right and responsibility in shaping the environment and bringing about conditions that make it possible, and easier, to live a healthy life;

— to enable people to participate and exercise control in managing health and related systems, and to ensure that the basic prerequisites for health and access to health care are available to all people.

Putting the Declaration of Alma-Ata to work for health

National and international action since the Alma-Ata conference has sought to translate principles into practical programmes

that take account of the diverse political and socioeconomic climate in all WHO Member States. The concepts and principles of health for all have moral, political and social implications for all nations and political systems and have helped to provide a framework both for health development and for dealing with inequity in health care.

In many countries, including some of the least developed, political and financial investments in primary health care have paid good dividends. These countries have shown appreciable improvements in infant mortality rates, deaths among children under five, and life expectancy. Life expectancy in 1994 had risen to 65 years for the world as a whole. Immunization coverage against childhood diseases increased dramatically between 1970 and 1992 from less than 5% to around 80%. Access to oral rehydration therapy had increased to approximately 74% by 1993.

Industrialized countries also have sought ways of achieving the health-for-all targets in the context of their various needs and resources. For them, the emphasis has often been on lifestyles and behaviour that minimize the risks of illness—particularly non-communicable diseases, acquired immunodeficiency syndrome (AIDS) and injuries—and on creating and maintaining environments supportive to health. The heavy cost of medical care, especially when it involves high technology, is also a particular concern for developed countries. They feel the need for health policies that emphasize caring and prevention in addition to curing disease. Examples of successes in developed countries include reduction in tobacco smoking and improvement of dietary habits, reflected in a dramatic decline in deaths from cardiovascular disease.

Despite substantial progress, much remains to be accomplished. Diarrhoea needlessly kills some 9000 children every day, while another 6000 deaths in children could be prevented daily by improved immunization coverage. Reductions could also be achieved in the morbidity and mortality attributable to smoking, excessive drinking, poor eating habits, and risky sexual behaviour. Infection with the human immunodeficiency virus (HIV) continues to spread rapidly around the globe. And every year more than half a million women die from problems linked to pregnancy and childbirth. All these health problems can be prevented or sharply reduced by applying today's knowledge and technology.

Health conditions in developing countries must be viewed in a wider socioeconomic context where nearly a thousand million people are trapped in the vicious circle of poverty, malnutrition, disease and despair. Some 100 million children are currently denied primary school education, 1500 million people have no access to basic health services and 1750 million people have no access to safe drinking-water.

Fortunately the philosophy and strategies underlying the Declaration of Alma-Ata have continued to evolve, serving as an important foundation for further progress. They are impelled by growing public awareness that neither access to health care by all people nor the health demands of the community, including the basic requirements and living conditions essential for health, are yet fully reflected in public policies. That awareness has been accompanied by increased readiness among health personnel, politicians and leaders of non-health sectors to move towards partnership with the people, thus enabling people to control their own destiny in terms of personal and communal health.

A call for social action

In the late 1980s, international conferences and working groups on health promotion helped to identify strategies and actions that could advance progress towards health for all. In doing so, they helped to revitalize interest in the goal of health for all by the year 2000, as well as reinforcing approaches that might bring it closer.

The first of these meetings, with particular bearing on the industrialized countries, was held in Ottawa, Canada, in 1986. The Ottawa conference resulted in a charter for health promotion which proposed a strategy comprising five action areas: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services (*2*).

The participants at the Ottawa conference pledged themselves to advocate a clear political commitment to health and equity in all sectors, to respond to the health gap within and between societies, to tackle inequities in health, and to recognize health and its maintenance as a major social investment and challenge.

Two years later, another conference on health promotion was convened in Adelaide, Australia, to address the first of the five health promotion action areas—building healthy public policy (*3*). This conference too attracted participants primarily from industrialized countries.

In 1989, a working group on health promotion in developing countries, convened in Geneva, produced a strategy document called *A call for action* (*4*). This document examines the scope of health promotion and its application in developing countries. It builds on earlier experience and highlights key areas for action. These include: generating social and political action for health; fostering health-supportive public policies and building alliances

with all sectors of society; identifying grass-roots strategies for empowering people; and strengthening national capability and political will for health promotion and community involvement in health development.

A call for action also underlines the role of health promotion in creating and constantly reinforcing conditions that encourage people to make wise health choices and enable them to live healthy lives.

The document puts emphasis on advocacy as a primary means both of creating and sustaining the necessary political will to achieve healthy public policies across all sectors and of developing strong alliances within governments and between governments and the community. It stresses what cannot be stressed too often: health promotion, building community and systems support for health, must be a component in the training of a wide range of health and health-related workers.

Another conference on health promotion held in Sundsvall, Sweden, in 1991 had a truly global focus. This conference addressed the second of the five areas of action identified at the Ottawa conference—creating supportive environments.[1] The term environment is considered in its broadest sense, encompassing the social, political, economic and cultural environments, as well as the physical one.

Health promotion

The strengthening of health education and promotion for health policies, strategies and social actions for health in developing countries has become indispensable for the achievement of health for all. Many factors point to the need to accelerate and intensify actions for health promotion, and to mobilize societal forces for health. Chief among these factors are the following.

- Many developing countries are in a phase of health transition. They labour under a double burden—communicable diseases that have not yet been controlled, coupled with a steady increase in degenerative noncommunicable diseases. To this has been added the new epidemic of HIV infection and AIDS. Rapid urbanization, population growth and the struggle for social and economic development have triggered growing concern about lifestyle and environmental issues. Underlying these problems are poverty, illiteracy and poor living conditions—all

[1] See Annex 1.

of which make it urgent to satisfy the basic human needs that are prerequisites of health and well-being.

- Social justice and human rights for women, children, workers and minority groups are attracting increased public attention and are prime issues for national action. Health and well-being are important components of these issues, and there is growing pressure on all countries to improve the quality of life of all their people.
- Social and economic development aimed at national progress and the well-being of society is a primary goal of almost all nations. Yet health is still not fully recognized as an integral and essential part of social and economic development, despite the fact that this has been stressed by the United Nations General Assembly and successive World Health Assemblies. Decision-makers and development planners must be convinced of the need to integrate health concerns into all development activities, even though economic, environmental and health concerns may at times appear to conflict.
- Popular movements to protect the environment are gathering support and gaining social and political strength. They will have significant implications for health development action in the future.
- A mid-point meeting to review progress towards health for all by the year 2000 was convened in Riga, USSR, in 1988 (5). The meeting urged countries, *inter alia*, to renew and strengthen primary health care strategies, to intensify social and political action for health, to develop and mobilize leadership, to empower people in general and to make intersectoral collaboration a force for health for all. These issues must be addressed in planning actions for health promotion. They make health promotion strategies just as vital to developing countries as to industrialized nations.
- These changing and challenging conditions offer opportunities for developing countries to strengthen their health promotion strategies and actions in support of both health for all and socioeconomic development.

The challenge before us

In the present context, health promotion offers a sound strategy both for protecting and improving public health and for encourag-

ing individual and collective initiatives and action for health. As the 1988 Riga conference underlined, health for all will remain a goal of all countries far beyond the target year of 2000. Long-term targets and strategies will not remain constant, but must be adjusted and adapted to suit future health issues, needs and situations. The primary health care approach, with its emphasis on equity, effectiveness, affordability, community participation, intersectoral collaboration and appropriate technology, will long continue to be valid. As envisaged in the Declaration of Alma-Ata, health is a resource for everyday life, not just an objective of living. Health goes even beyond healthy lifestyles to include the well-being of communities.

The challenge before us is to identify existing strategies that are effective in creating supportive environments, to develop new strategies, and above all to apply them with the necessary will and resources. In meeting this challenge it will be useful to draw upon the rich experience gained in countries with health and development programmes.

Chapter 2

Promoting health in developing countries

Health promotion is the social action dimension of health development. It is a concept that can revitalize primary health care approaches in both developing and industrialized nations. Health promotion and social action for health support the health-for-all goal in two ways: by promoting healthy lifestyles and community action for health, and by creating conditions that make it possible to live a healthy life. The first entails empowering people with the knowledge and skills needed for healthy living. The second calls for influencing policy-makers so that they pursue health-supportive public policies and programmes. Strong social support for health action needs to be initiated, accelerated and maintained. A public that knows its rights and responsibilities, supported by political will and awareness at all levels of government, can make health for all a reality.

Health promotion can be described as social, educational and political action that enhances public awareness of health, fosters healthy lifestyles and community action in support of health, and empowers people to exercise their rights and responsibilities in shaping environments, systems and policies that are conducive to health and well-being. Health promotion is, in fact, enlightened health activism; it is a process of activating communities, policy-makers, professionals and the public in favour of health-supportive policies, systems and ways of living. It is carried out through acts of advocacy, empowerment of people and building of social support systems that enable people to make healthy choices and live healthy lives.

The concept of health promotion is well accepted in industrialized countries and is being applied in developing countries as well. It has been described in a number of different ways, as have health education, health communication and social mobilization. These are in fact inseparable and complementary components of social action for health.