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## NOTE

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Nairobi Call To Action For Closing the Implementation Gap in Health Promotion

World Health Organization

1211 Geneva 27, Switzerland

E-mail: [healthpromotion@who.int](mailto:healthpromotion@who.int)

# THE NAIROBI CALL TO ACTION FOR CLOSING THE IMPLEMENTATION GAP IN HEALTH PROMOTION

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## 1. INTRODUCTION

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### PURPOSE

The Nairobi Call to Action identifies key strategies and commitments urgently required for closing the implementation gap in health and development through health promotion.

Health promotion is a core and the most cost-effective strategy to improve health and quality of life, and reduces health inequities and poverty. In so doing, it helps achieve national and international health and development goals such as the Millennium Development Goals. Implementing health promotion creates fairer societies that enable people to lead lives that they value by increasing their control over their health and the necessary resources for wellbeing.

### AUDIENCE

The Nairobi Call to Action reaches out to:

- WHO and other UN partners;
- International development organisations;
- Governments, politicians and policy makers at all levels;
- Public, civil society, non-governmental and private organizations, and practitioners;
- Individuals, families, communities, community-based organizations and social networks.

#### Urgent responsibilities:

- **Strengthen leadership and workforces**
- **Mainstream health promotion**
- **Empower communities and individuals**
- **Enhance participatory processes**
- **Build and apply knowledge**

### PROCESS

The Nairobi Call to Action was developed by participants at the 7th Global Conference on Health Promotion, Nairobi, Kenya, in October 2009, hosted by the World Health Organization and the Republic of Kenya.

Over 600 experts from more than 100 countries participated including Ministers of Health, politicians, senior public servants, health practitioners, policy makers, researchers, teachers, and community representatives. They were complemented by an equal number of virtual participants who registered on a new social networking site ([www.connect2change.org](http://www.connect2change.org)). Utilising multiple participatory processes, the Call to Action was developed during the five day meeting and is complemented by a full Conference Report and a series of technical papers.

## BACKGROUND

The Call to Action aligns with the aspirations of Member States, reflects the vision of the Alma Ata Declaration and supports the recommendations of the WHO Commission on the Social Determinants of Health.

The Call reaffirms the values, principles and action strategies of health promotion codified in the Ottawa Charter for Health Promotion 1986 and in subsequent global health promotion conferences<sup>1</sup> including The Bangkok Charter for Health Promotion in a Globalized World 2005, which has been confirmed by Member States through the World Health Assembly.

Health promotion has demonstrated its effectiveness and return on investment at local, regional, national and international levels. Although many of the challenges that drove the development of health promotion remain the same, new threats continue to emerge or escalate rapidly.

Health promotion can greatly contribute to tackling development and equity challenges and to the realisation of human rights. However, implementation gaps exist, in evidence, policy, practice, governance and political will, resulting in a failure to realise this potential. This represents a lost opportunity, measured in avoidable illness and suffering as well as the broader social and economic impacts.

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## 2. GLOBAL COMMITMENT

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**We, the participants of the 7th Global Conference on Health Promotion, recognising the changing context and acute challenges, call on all governments and stakeholders to respond urgently to this Call to Action and the strategies and actions that follow.**

### TO USE THE UNTAPPED POTENTIAL OF HEALTH PROMOTION

We pledge, as champions, to:

- Use the existing evidence to prove to policy-makers that health promotion is fundamental to managing national and global challenges such as population ageing, climate change, global pandemic threats, maternal mortality, migration, conflict and economic crises;
- Revitalise primary health care by fostering community participation, healthy public policy and putting people at the centre of care;
- Build on the resilience of communities by harnessing their resources to address the double burden of non-communicable and communicable diseases.

### TO MAKE HEALTH PROMOTION PRINCIPLES INTEGRAL TO THE POLICY AND DEVELOPMENT AGENDA

We call on governments to exercise their responsibility for public health, including working across sectors and in partnership with citizens, in particular to:

- Promote social justice and equity in health by implementing the recommendations of the WHO Commission on the Social Determinants of Health;
- Accelerate the attainment of national and international development goals by building and redistributing resources to strengthen capacity and leadership for health promotion;
- Be accountable for improving people's quality of life and well being.

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<sup>1</sup> Adelaide Australia 1988, Sundsvall Sweden 1991, Jakarta Indonesia 1997, Mexico City Mexico 2000, Bangkok 2005

## TO DEVELOP EFFECTIVE AND SUSTAINABLE DELIVERY MECHANISMS

We request Member States to mandate WHO to:

- Develop a Global Health Promotion Strategy and action plans, with regional follow-up that respond to the major health needs and incorporate cost-effective and equitable interventions;
- Strengthen its internal capacity for health promotion, and assist Member States to develop sustainably funded structures and set up accountable reporting mechanisms for investment in the promotion of health;
- Disseminate compelling evidence on the social, economic, health and other benefits of health promotion to key sectors.

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### 3. STRATEGIES AND ACTIONS

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The following strategies and actions are presented under the five sub-themes of the Conference: building capacity for health promotion, strengthening health systems, partnerships and intersectoral action, community empowerment, and health literacy and health behaviours. Actions across the sub-themes complement each other.

#### ***BUILDING CAPACITY FOR HEALTH PROMOTION***

Building sustainable health promotion infrastructure and capacity at all levels is fundamental to closing the implementation gap.

#### **ACTIONS THAT MAKE A DIFFERENCE:**

##### ***Strengthen leadership***

- ... by establishing good governance with respect to integrity, transparency, and accountability;
- ... by developing individuals and institutions to create a sustainable health promotion infrastructure;
- ... by building skills in advocacy and stewardship to address determinants of health.

##### ***Secure adequate financing***

- ... by establishing stable and sustainable financing at all levels, for example health promotion foundations, and by leveraging financing from sectoral, bi-lateral and multi-lateral donor programs.

##### ***Grow practitioner skill-base***

- ... by reorienting the understanding and skills of health promotion in current health workers;
- ... by providing structures and incentives to train, maintain and retain health promotion capacity across the health system, and other sectors that impact on health;
- ... by setting accreditation competencies and standards for health promotion, and revising the curricula of health and health-related professionals in training to include health promotion;
- ... by establishing and strengthening national, regional and institutional capacity to implement systematic training to develop a critical mass of health promotion practitioners able to perform to specified competencies;
- ... by promoting teaching of core values underlying basic human rights and equity;

- ... by ensuring timely and accurate dissemination of information and resources for the preparedness and response to emergencies and epidemics;
- ... by expanding and strengthening WHO Collaborating Centers for Health Promotion in all regions to reflect emerging and unmet needs.

### ***Enhance system-wide approaches***

- ... by assessing the national capacity for health promotion using validated tools and methods as a routine process for quality improvement;
- ... by developing, adapting and applying quality improvement tools and methods to ensure intervention effectiveness and sustainability at all levels.

### ***Improve performance management***

- ... by strengthening information systems to benchmark and monitor health promotion implementation, regarding policies, processes and outcomes;
- ... by embedding determinants of health and equity and risk factors in current surveillance, monitoring and evaluation systems.

## ***STRENGTHENING HEALTH SYSTEMS***

To be sustainable, health promotion interventions must be embedded in health systems that support equity in health and meet high performance standards. Integrating health promotion in all health systems functions and at all levels improves the overall performance of health systems.

### **ACTIONS THAT MAKE A DIFFERENCE:**

#### ***Strengthen leadership***

- ... by governments advocating for the promotion of health in all sectors and settings, supporting inter-sectoral and inter-disciplinary action, including the opportunities through regulation and legislation;
- ... by ensuring community participation in governance of health systems at all levels;
- ... by ensuring effective stewardship and oversight.

#### ***Enhance policy***

- ... by systematically integrating health promotion across the continuum of health care and other social and community services, throughout the lifecourse;
- ... by ensuring that health promotion is mainstreamed into priority programmes such as HIV/AIDS, malaria, tuberculosis, mental health, maternal and child health, violence and injury, neglected tropical diseases, and noncommunicable diseases such as diabetes;
- ... by using targets, quality measures and incentives for systematic and sustainable health promotion;
- ... by developing specific approaches to reach women, in light of their unique role in ensuring the success of health promotion programmes, as both beneficiaries and primary care givers in most societies;
- ... by implementing health promotion strategies with people with disabilities, to improve quality of life , wellbeing and promote development.

### ***Assure universal access***

- ... by guaranteeing that health systems provide accessible, appropriate and comprehensive health services for all, including measuring performance for marginalized groups;
- ... by insisting that health systems provide accessible and comprehensive information and resources for health promotion that are culturally, linguistically, age, gender and ability appropriate;
- ... by addressing financial and other resource barriers with innovative approaches.

### ***Build and apply the evidence base***

- ... by investing in research and evaluation, and its dissemination, to increase the adoption of better practices in health promotion;
- ... by setting up databases including clearing-houses on research evidence and rapid response mechanisms to meet policymakers and practitioners' needs for evidence-informed policy formulation and decision making.

## ***PARTNERSHIPS AND INTERSECTORAL ACTION***

Effectively addressing the determinants of health and achieving health equity requires actions and partnerships that extend beyond the health sector to implement forms of collaboration, cooperation and integration between sectors.

### **ACTIONS THAT MAKE A DIFFERENCE:**

#### ***Strengthen leadership***

- ... by negotiating and adopting shared goals and objectives and working towards common results across sectors and institutions, at all levels of governance;
- ... by ensuring that the private sector and other players accept their responsibilities to safeguard and promote the health of their clients, workers, customers and communities.

#### ***Enhance policy***

- ... by developing political momentum and leadership for health in all policies and settings;
- ... by mainstreaming health promotion and social determinants of health approaches across all policies, programs, and research agendas with a focus on health equity, ensuring integrated planning, capacity-building and resource allocation;
- ... by establishing health equity as a key social indicator to measure the performance of intersectoral initiatives;
- ... by creating functional inter-governmental regional bodies, such as an African Health Promotion Partnership, to set a vision and agenda for health promotion, and advocate and mobilize resources in the region to achieve these.

#### ***Enhance implementation***

- ... by developing and adapting to country context, tools, mechanisms and capacities to create opportunities at local, regional and national levels for intersectoral action on health equity;
- ... by encouraging credible role modeling for healthy living;
- ... by strengthening and supporting civil society to develop common and effective approaches;

- ... by utilising the opportunities of 'mass events' for health promotion such as international sports tournaments;
- ... by being proactive and partnering with the media in an informed and mutually supportive way.

### ***Build and apply the evidence base***

- ... by developing and incorporating indicators of equity and intersectoral action, focusing both on health outcomes and determinants;
- ... by evaluating initiatives to determine critical success factors for scaling up.

## ***COMMUNITY EMPOWERMENT***

Communities must share the power, resources and decision-making to assure and sustain conditions for health equity.

### **ACTIONS THAT MAKE A DIFFERENCE:**

#### ***Enable community ownership***

- ... by listening to and starting with the voices and aspirations of the community in planning and action;
- ... by recognizing and appreciating indigenous culture, traditional ways, and the contribution of migrant groups;
- ... by assuring meaningful and equitable participation and control in decision making among all groups including those experiencing social, economic or political exclusion;
- ... by involving people with passion, people with power and people with influence in partnerships for change and improvement;
- ... by building community capacity during planning, implementation, monitoring and evaluation.

#### ***Develop sustainable resources***

- ... by establishing financing mechanisms that assure coordinated, integrated and holistic responses to community-determined goals over an extended time frame.

#### ***Build and apply the evidence base***

- ... by including narratives and empirical evidence of success and lessons learned;
- ... by incorporating indigenous knowledge systems into planned curriculum and mainstreaming its application across key sectors.

## ***HEALTH LITERACY AND HEALTH BEHAVIOURS***

Basic literacy is an essential building block for development and health promotion. Health literacy interventions need to be designed based on health, social and cultural needs.

### **ACTIONS THAT MAKE A DIFFERENCE:**

#### ***Support empowerment***

- ... by ensuring basic education for all citizens;
- ... by building on existing community resources and networks to ensure sustainability and enhance community participation;



- ... by designing health literacy interventions based on community needs and priorities in their political, social and cultural context, with particular consideration for the needs of people with disability;
- ... by ensuring that communities are able to access and act on knowledge and overcome any barriers.

***Embrace information and communication technologies (ICT)***

- ... by formulating a strategic framework on ICT to equitably improve health literacy;
- ... by ensuring that public policies increase affordable access to ICT through wider coverage of remote and underserved areas;
- ... by building the ICT capacity of health professionals and communities, and maximize the use of available ICT tools.

***Build and apply the evidence base***

- ... by developing a core set of evidence-based health literacy indicators and tools based on constructs and concepts relevant to health using quantitative and qualitative methods;
- ... by surveying and monitoring health literacy levels of individuals and communities;
- ... by setting up a system to monitor, evaluate, document and disseminate health literacy interventions.

**Acting together**

Developing and developed countries are facing a surge of preventable disease that threatens to undermine their future economic development.

Five urgent responsibilities for governments and stakeholders:

- Strengthen leadership and workforces
- Mainstream health promotion
- Empower communities and individuals
- Enhance participatory processes
- Build and apply knowledge

The Nairobi Call to Action for Closing the Implementation Gap in Health Promotion has strong global support, is urgently needed and will make a profound difference to people's lives.



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