

Promoting Health

Guide to national implementation of the Shanghai Declaration



WHO/NMH/PND/18.2

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Suggested citation: Promoting health: Guide to national implementation of the Shanghai Declaration. Geneva: World Health Organization; 2017 (WHO/NMH/PND/18.2). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Printed in Switzerland.

Design by Inis Communication – www.iniscommunication.com

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of the Shanghai Declaration



Acknowledgements

This document was developed by Professor Ilona Kickbusch, Director of the Global Health Centre at the Graduate Institute of Geneva, with technical contributions from Dr Douglas Bettcher, Dr Faten Ben Abdelaziz, and Dr Jason Ligot from WHO Headquarters in Geneva.

Technical writing and editorial support was provided by Dr Tim France (Inis Communication) and Dr Wayne Mitic (University of Victoria).

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Foreword

Good health is the foundation of many of the dreams and motivations individuals hold dear – to live a full life, free from illness or disease; to prosper without fear of poverty or hunger; to engage in productive and meaningful work; to gain fulfilment through education and learning; to be treated fairly without discrimination; and to dwell in a safe environment.¹

In 2015, all 193 Member States of the United Nations (UN) committed to an ambitious agenda for a safer, fairer and healthier world by 2030 through the Sustainable Development Goals (SDGs). Agenda 2030 proposes a transformative vision by bringing together two established threads of development thinking: one addressing major challenges in social development and promoting equity, including health; the other focused on the development and protection of the human environment and natural resources.

Health in today's interconnected world

Today, many of the factors that threaten health and well-being, and cause people to fall sick and die, lie beyond individual control. They include alarming inequities in access to health care and preventive services; the impact of natural disasters and extreme climate events; the proliferation of ultra-processed foods that are calorie rich but nutrient poor on the one hand, and famine arising from food shortages on the other; unprecedented mass migration due to conflict and unrest; as well as the many social, economic and commercial determinants of health to which people and communities are routinely exposed.

Sustainable development and global health are interconnected and mutually reinforcing. The inclusion of achieving universal health coverage (UHC) as a specific target in the SDGs underscores the contribution of health and well-being to the overarching goal of achieving equity and ensuring that no one is left behind.²

The common philosophy shared by the SDGs and the global health movement is grounded on the principles of inclusiveness and universality, which transcend economic status, national borders, cultural differences, gender, citizenship and other traditional notions that are used to divide and categorize groups of people. Agenda 2030 brings into focus the need for multisectoral action to bridge these divides and highlights the reality that significant gains in public health will depend on progress from sectors outside the traditional realms of public health. At the same time, it also highlights the impact of health promotion beyond disease-related outcomes. Investments in health promotion also impact positively on poverty reduction, gender equality, economic growth and resilience, and fosters more empowered, inclusive and peaceful communities.

¹ Dye C and Acharya S. How can the sustainable development goals improve global health? WHO Bulletin 2017; 9:666.

² Healthy systems for universal health coverage – a joint vision for healthy lives. Geneva: World Health Organization and the International Bank for Reconstruction and Development/The World Bank; 2017.

Strong, sustainable and resilient health systems are critical for responding to global health challenges, for protecting populations' health, well-being and economic productivity, and for developing a qualified workforce in adequate numbers. Ultimately, health is a pre-condition for a prosperous and stable society, where well-being is one of the most valuable resources for building a sustainable future.³

Promoting health for sustainable development

Promoting health: Guide to national implementation of the Shanghai Declaration describes policy orientations and approaches that can unlock the transformative potential of health promotion for sustainable development. It proposes a series of steps that governments must undertake in order to create the political conditions that enable the right decisions for the benefit of humanity and the planet. These decisions will benefit the poorest and the most vulnerable, improve the quality of life of each and every member of society, thereby advancing the well-being of society as a whole.

Health promotion offers pathways that connect local implementation to national policies, and links global finance, trade and investment policy with the need for sustainable production and consumption, as well as fairer economic models to protect against irresponsible business practices and corruption. It is therefore critical to integrate health promotion into the foundations of all national and local SDG strategies and implementation plans currently under development. This is a major priority for health promotion professionals, advocates and organizations moving forward, as captured in the *Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development*.

The *Shanghai Declaration* reflects the renewed determination and urgency to work collaboratively across sectors – with colleagues in education, social welfare, energy, trade, transport, humanitarian relief, urban planning and others – to ensure a healthy and sustainable future for all. Implementing the recommendations and commitments in the Shanghai Declaration is one of the most vital steps on the road to 2030.

The same perspective guided the development of the WHO *13th General Programme of Work (2019–2023)*, which places the SDGs and impact at country level among its key priorities. Promoting health for sustainable development, through action and collaboration across sectors, is essential if we are to deliver on our mission to promote health, keep the world safe and serve the vulnerable.

A call for bold political leadership

The Shanghai Conference has been described as nothing short of a political watershed for health promotion. High-level statements and commitments from a wide range of political actors, including national leaders, mayors, global goodwill ambassadors and thought leaders, echo the same message: good health is good politics.

While recent political history can be characterized as a period of tension and uncertainty, we have also witnessed remarkable political movements that have uplifted entire societies. Bold political leadership, grounded on shared values that inspires collective action, is the kind of leadership that we should aspire to.

This is the key that shall unlock a future that is hopeful, sustainable and healthy for all.

Dr Tedros Adhanom Ghebreyesus
Director General
World Health Organization

³ Together today for a healthy tomorrow. Berlin Declaration of the G20 Health Ministers. Berlin: G20 Germany; 2017.



Introduction:

Agenda 2030 and the context for health promotion for sustainable development



We have witnessed remarkable global progress over the past two decades: The number of people living in poverty has been reduced by about half; primary school enrolment has risen to around 90%; child and maternal mortality have fallen by half; the number of new malaria cases and HIV infections have each dropped by around 40%; some 2.6 billion people have gained access to improved drinking-water.

But this progress has not been without social and planetary costs. Much of the recorded economic growth – more than doubling of global gross domestic product (GDP) between 2000 and 2016 – has relied on overconsumption and the plundering of natural resources, the indebtedness of nations and individuals, and the exploitation of workers. While globalization has narrowed inequality among countries, the mounting inequity within them is fuelling ever-growing tensions between self-interest and shared values.

Meanwhile, degradation of the environment continues unceasingly, and climate change progressively threatens vulnerable communities and ecosystems. The scale of crises is entering uncharted territory. Latest estimates show that there are around 1 billion migrants and displaced people on the move throughout the world, including over 60 million refugees forced out of their homes by war and persecution.

The Sustainable Development Goals (SDGs), adopted by the General Assembly of the United Nations in 2015, aim “to ensure that all human beings can fulfil their potential in dignity and equality in a healthy environment.” The interlinkages across the SDGs provide a framework for action across multiple sectors to promote good governance, build healthy cities and communities, enhance health literacy and support social mobilization for health.

The Shanghai Declaration, endorsed at the 9th Global Conference for Health Promotion, recognizes health and well-being as essential to achieving sustainable development. It reaffirms health as a universal right, an essential resource for everyday living, a shared social goal, and a political priority for all countries. It calls for bold political interventions and offers four pathways to accelerate country action (i.e. good governance, healthy cities, health literacy and social mobilization) with specific commitments.

This guide was developed to support country level implementation of the commitments and recommendations in the Shanghai Declaration. It seeks to enhance understanding of the transformative potential of health promotion for sustainable development by identifying 20 steps that governments can undertake. These steps are organized around three main pivots: 1) transforming policy orientation; 2) creating the political will to act; and, 3) building capacity for transformative governance.

- Transforming policy orientations entail a series of approaches that will drive policy and together constitute a different approach to measuring societal progress. Recent literature on the concept of a ‘well-being economy’ as a new economic paradigm provides a deeper understanding of the different types of transformations that are essential elements of the Agenda 2030 process. “As new measurements are followed by their relative rewards and sanctions, some business models will have to change to stay profitable and socially acceptable, while those most impactful in terms of negative effects will need to be phased out.”⁴
- Creating the political will to act involves engagement of a transformed ministry of health with different stakeholders through platforms (e.g. healthy cities), health literacy, participatory governance and addressing the interconnectedness of global policies.
- Capacity for transformative governance can be strengthened through policy coherence, the application of data and technology, partnerships and health systems strengthening.

The target users of the guide are development professionals, from the public and private sector, whose areas of work include planning, implementation and monitoring of the SDGs and public health professionals responsible for health policy and planning, health promotion and programme management. The concepts, examples and ideas presented are intended to inform the development of national and local plans, policies and programmes and enable effective advocacy to influence the political agenda surrounding health and sustainable development.

It must be noted that the relevance of these steps and the insights from the case studies will depend on a country’s particular context and circumstances. A common thread that runs through all of these actions is the bold political leadership, grounded on shared values within society, that is needed to advance these commitments and recommendations.

Moving ahead with the 2030 Agenda

Member States have decided that the High-level Political Forum appointed by the UN Secretary General shall carry out regular voluntary reviews of progress against the 2030 Agenda.⁵ This shall include developed and developing countries, as well as relevant UN entities and other stakeholders. The reviews will be state-led, involving ministerial and other relevant high-level participants, and in many settings will offer a platform for new forms of partnership. In 2017, 44 countries volunteered to present their national voluntary reviews to the UN High-level Political Forum.

⁴ Well-being economy: A scenario for a post-growth horizontal governance system. Washington D.C.: The Next System Project, 2016. (<http://thenextsystem.org/well-economy-scenario-post-growth-horizontal-governance-system/>)

⁵ High-level Political Forum on Sustainable Development (HLPF). New York: United Nations. (<https://sustainabledevelopment.un.org/hlpf#vnrs>)





Transformative health policies

The major principles underlying transformative policies, as expressed through Agenda 2030, are that the 17 SDGs are interlinked and indivisible; and, progress in one goal will be made only with simultaneous progress in all goals – new measures of societal progress will be paramount.

Transformative policies require governance that:

- commits to integrated approaches to development;
- seeks to break down entrenched silos;
- enhances coordination across sectors and specializations, both within and between organizations; and
- aims for broader and more meaningful multi-stakeholder engagement.

Transformative policies specifically identify ‘leaving no one behind’ as the overarching principle, and assert that this principle is bolstered by a commitment to human rights, gender equality, sustainability, resilience and accountability.

A recent report by the United Nations⁶ indicates that countries are implementing transformative policies through:

- a focus on fewer strategic priorities;
- greater emphasis on normative approaches;
- support for quality data collection, monitoring and reporting; and,
- increased use of South–South and ‘triangular’ cooperation, as well as other forms of multi-country cooperation.

Health policy can no longer be formed in isolation or regarded as defining efforts only within a given sector. A transformative model of health promotion protects some of the 20th century’s most impressive gains, and helps ensure the full range of SDGs are achieved, including – but not only – the global health-related targets. Strategies to promote health must be integrated with overall societal goals, as well as modern economic approaches and other instruments that aim to increase equity.

Transformative policy orientations

Six orientations can help drive policies that promote health and well-being in the SDGs context – together they constitute a distinctive approach to measuring societal progress.

1. Productive societies for well-being

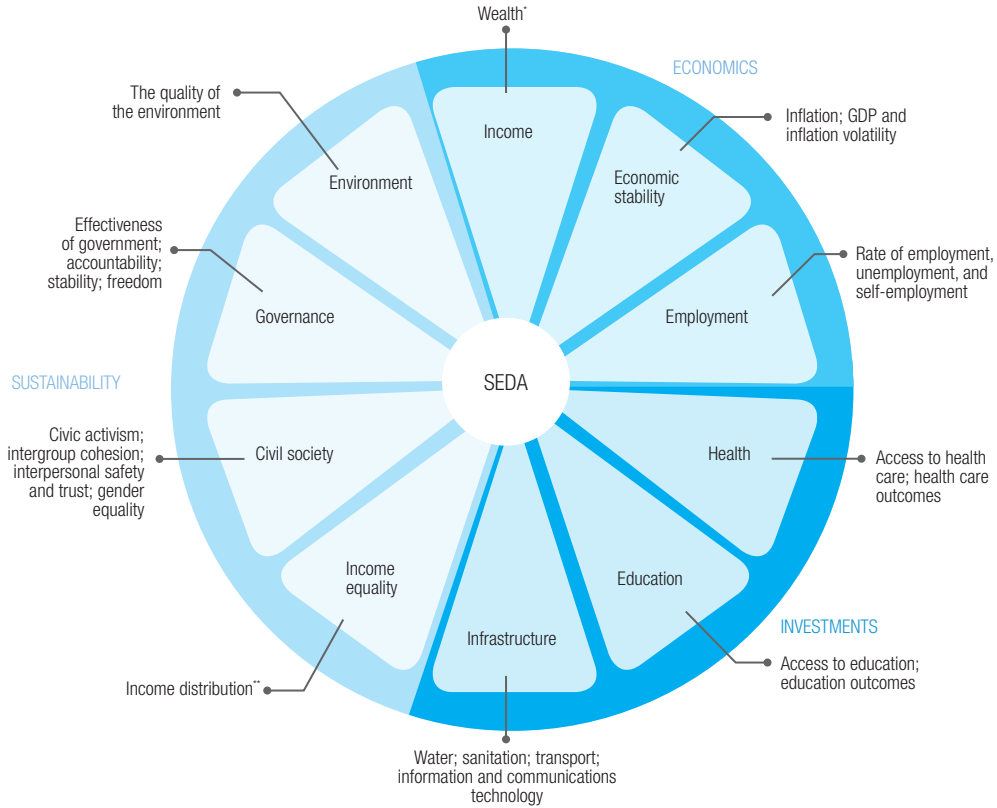
Investments in health contribute to a more productive society, strengthen resilience and social cohesion, empower people and contribute to social and human capital, well-being and happiness.

⁶ Mainstreaming of the three dimensions of sustainable development throughout the United Nations system. New York: United Nations; 2017. (http://www.un.org/ga/search/view_doc.asp?symbol=A/72/75)

While gross domestic product (GDP) has been a great indicator for measuring the goods and services produced by a country, it does not capture the factors that often matter most for people. This is also true of many health measures, most of which concentrate on indicators of disease, ill-health and physical function. Over the past decade, there have been many efforts to develop alternative measures that better capture the well-being of people, families and communities, and these have received a significant recent boost through the development and adoption of Agenda 2030.

In June 2016, for example, the Organisation for Economic Co-operation and Development (OECD) committed “to redefine the growth narrative to put people’s well-being at the centre of governments’ efforts.”⁷

A recent example of a novel ‘well-being’ measure is the *Sustainable Economic Development Assessment (SEDA)*,⁸ a diagnostic tool that provides countries with blended insights into their own social and economic conditions. The index tracks 160 countries across three elements: economics, sustainability and investments. Together, these three elements are defined through 10 dimensions, which include factors such as income equality, health, education and infrastructure (Figure 1).⁹



Source: BCG analysis.
 *Wealth is measured as GDP per capita (purchasing-power parity, current international \$) for current-level scores, and GDP (constant local currency unit) for recent-progress scores.
 **Income distribution is based on the Gini coefficient.

Figure 1. SEDA’s ten dimensions of well-being

Another example is the *Social Progress Index*.¹⁰ This is an aggregate index of social and environmental indicators that capture three dimensions of social progress: basic human needs, foundations of well-being, and opportunity. The 2017 Index includes data from 128 countries (on 50 indicators).

7 Meeting of the OECD Council at Ministerial Level (Paris, 1–2 June 2016). Paris: Organisation for Economic Co-operation and Development (OECD); 2016. (<https://www.oecd.org/mcm/documents/strategic-orientations-of-the-secretary-general-2016.pdf>)
 8 Sustainable Economic Development Assessment (SEDA). Boston: Boston Consulting Group; (<https://www.bcg.com/en-gb/industries/public-sector/sustainable-economic-development-assessment.aspx>)
 9 Which countries are best at converting economic growth into well-being? Geneva: World Economic Forum; 2016. (<https://www.weforum.org/agenda/2016/07/which-countries-are-best-at-converting-economic-growth-into-well-being/>)
 10 2017 Social Progress Index. Washington D.C.: The Social Progress Imperative; 2017. (<https://www.socialprogressindex.com/>)

The *World Happiness Report*¹¹ is published by the Sustainable Development Solutions Network, and underlines the interface of economic and social factors as drivers of happiness. It ranks countries along six key indicator categories: freedom, generosity, social support, health, income and trustworthy governance.

2. Interconnectedness

Investments in health are indispensable in light of one of the great global transformations of recent decades: the confluence of international, national and local political and social processes. Health investments contribute significantly to make the interconnected world safer and more equitable.

An increasing number of tools are being developed to support the implementation of integrated approaches. Policy coherence has been identified as one of the most daunting challenges of implementing the 2030 Agenda, and requires an understanding of the SDGs as a dynamic and interacting network of goals and targets.

It is critical that organizations focusing on health are guided not only by the targets under SDG 3 – on health and well-being – but also pursue related targets by using a network mapping approach across all goals. This is essential to ensuring broad action on the numerous and diverse types of health determinants.

Box 1. Tools to support policy coherence

- The United Nations Development Group (UNDG) has produced *Mainstreaming the 2030 agenda for sustainable development*,¹² a reference guide for UN country teams to help governments and national stakeholders to adapt the 2030 Agenda to national contexts. It contains a variety of tools and approaches for SDG implementation, including a section entitled ‘Creating horizontal policy coherence (Breaking the silos)’.
- UNDG has also published *The SDGs are coming to life*,¹³ a report on partnerships and actions towards effective implementation of the SDGs at the country level,¹⁴ including 16 success stories from different countries, several of which describe experiences with horizontal policy integration.
- The Millennium Institute developed the *Integrated model for Sustainable Development Goals strategies* (ISDG) as a simulation tool to help policy-makers understand the interconnections among the respective SDGs and their targets, enabling them to design synergistic implementation strategies.
- The International Council for Science (ICSU) has developed a framework to characterize interactions among SDGs and their targets using a scoring system.¹⁵
- The Organisation for Economic Co-operation and Development (OECD) adapted its *Framework for Policy Coherence for Sustainable Development* (PCSD)¹⁶ to the context of the SDGs.
- The Stakeholder Forum, in collaboration with Bioregional and Newcastle University, has developed a similar approach to identifying and classifying interlinkages, published in *Seeing the whole: Implementing the SDGs in an integrated and coherent way*.¹⁷

Source: Draws on the following compendium: Towards integrated implementation: Tools for understanding linkages and developing strategies for policy coherence. (<http://sdg.iisd.org/commentary/policy-briefs/towards-integrated-implementation-tools-for-understanding-linkages-and-developing-strategies-for-policy-coherence/>).

11 World Happiness Report 2017. New York: Sustainable Development Solutions Network; 2017. (<http://worldhappiness.report/ed/2017/>)

12 Mainstreaming the 2030 agenda for sustainable development. New York: United Nations; 2017. (<https://undg.org/wp-content/uploads/2017/03/UNDG-Mainstreaming-the-2030-Agenda-Reference-Guide-2017.pdf>)

13 The SDGs are coming to life. New York: United Nations; 2016. (<https://undg.org/wp-content/uploads/2016/12/SDGs-are-Coming-to-Life-UNDG-1.pdf>)

14 UNDG Launches Publication on National SDG Implementation. Winnipeg: International Institute for Sustainable Development; 2016. (<http://sdg.iisd.org/news/undg-launches-publication-on-national-sdg-implementation/>)

15 A guide to SDG interactions: From science to implementation. Paris: International Council for Science; 2017. (<https://www.icsu.org/cms/2017/05/SDGs-Guide-to-Interactions.pdf>)

16 Better policies for sustainable development 2016: A new framework for policy coherence. Paris: Organisation for Economic Co-operation and Development (OECD); 2016. (https://sustainabledevelopment.un.org/content/documents/commitments/493_12066_commitment_Better%20Policies%20for%20Sustainable%20Development%202016.pdf)

17 Seeing the whole: Implementing the SDGs in an integrated and coherent way. London: Stakeholder Forum for a Sustainable Future; 2016. (<http://www.stakeholderforum.org/fileadmin/files/SeeingTheWhole.ResearchPilotReportOnSDGImplementation.pdf>)

3. Leaving no one behind

Investments in health can help lift people out of poverty (SDG 1), address inequalities and support redistributive welfare policies (SDG 10), empower women (SDG 5) and support child development (SDG 4). The largest population health benefit can arguably be achieved by addressing the diverse and ubiquitous determinants of health.

WHO has developed an approach for reviewing national health programmes to leave no one behind. The *Innov8 approach for reviewing national health programmes to leave no one behind* is an eight-step analytical process that can be undertaken by a multidisciplinary review team. It is a resource that supports the operationalization of the SDGs and the progressive realization of universal health coverage (UHC) and the right to health.¹⁸

Countries must identify the critical pathways to address the multiple dimensions of inequities, denial of rights and social exclusion. One such example has been developed by the Overseas Development Institute (ODI) to support such analysis and policy action. ODI will also soon launch the *Leave No One Behind Index*, assessing the related preparedness of an initial 44 countries.¹⁹

¹⁸ Health sector reorientation towards the SDGs and health inequity training, tools and technical assistance. Geneva: World Health Organization. (http://www.who.int/social_determinants/Health_sector_reorientation/en/)

¹⁹ Action in first 1000 days of SDGs critical to leave no one behind. London: Overseas Development Institute; 2016. (<https://www.odi.org/opinion/10367-infographics-first-1000-days-sdgs-leave-no-one-behind>)

Leaving No One Behind: The critical pathway

Lower progress countries

Higher progress countries



Source: Adapted from Overseas Development Institute (ODI). <https://www.odi.org/opinion/10367-infographics-first-1000-days-sdgs-leave-no-one-behind>.

Figure 2. Contrasting lower and higher SDGs progress countries

4. Value-creating economic development approaches

Health promotion generates new opportunities for private sector engagement, and contributes significantly to national economies. For example, it creates value for business by contributing to healthy communities, overcoming gaps in equity, and catalysing new areas of growth around healthy products and services, such as low carbon industries, for example.

For too long health has been a missing dimension in climate policies. More recently it has been addressed by WHO as ‘Health in the green economy’ and through the new conceptualization of ‘planetary health’ that addresses the nexus of human health, environmental sustainability and climate change. There are many health benefits from a low carbon economy.

“Low carbon strategies can directly or indirectly affect health by acting upon health exposures and risks related to ambient (outdoor) air pollution from electricity production, primarily from coal; indoor air pollution in homes reliant on coal and biomass fuels; transport related air pollution and the spread of sedentary lifestyles; and agriculture and nutrition, particularly as a result of increased consumption of animal products and changes in land use.”²⁰

WHO has worked extensively on the health co-benefits of climate change mitigation. The transport sector offers an example: “Cycling, walking and rapid transit systems are associated with a wide range of potential health benefits that climate assessment needs to consider more systematically. Health benefits may include: Physical activity from walking and cycling, which can help prevent heart disease, some cancers, type 2 diabetes, and some obesity-related risks; lower urban air pollution concentrations; decreased risk of traffic injury for users of dedicated bicycle and pedestrian networks; and less noise stress. Transport systems that prioritize active transport and rapid transit systems, along with better urban land use, can also help improve access for vulnerable groups, including children, the elderly, people with disabilities, and lower wage-earners, enhancing health equity.”²¹

Box 2. Pedalling to better health, a bicycle sharing scheme in Hangzhou promotes physical activity while helping address traffic congestion

In 2008, the Hangzhou Public Transport Corporation launched China’s first bicycle sharing scheme. Similar to schemes launched in other cities, the scheme provided bikes at numerous docking stations around the city for people to use to get around. Initially conceptualized to help address the city’s traffic congestion, the project has had many positive effects far beyond its original goals and intentions.

Today the bicycle sharing scheme is fully integrated into the existing public transportation infrastructure. The convenience of Hangzhou’s bicycle sharing programme, due to the sheer number of bikes and docking stations available, has resulted in a large number of people using the scheme. It has been particularly effective in encouraging those who were previously inactive, due to cost or time constraints, to incorporate exercise seamlessly into their daily routine.

Source: <https://www.theguardian.com/cities/2017/mar/22/bike-wars-dockless-china-millions-bicycles-hangzhou>

²⁰ How the low carbon economy can improve health. BMJ 2012;344:e1018. (<http://www.bmj.com/content/344/bmj.e1018>)

²¹ Health co-benefits of climate change mitigation – Transport sector. Health in the green economy. Geneva: World Health Organization; 2011. (http://www.who.int/hia/green_economy/transport_sector_health_co-benefits_climate_change_mitigation/en/)

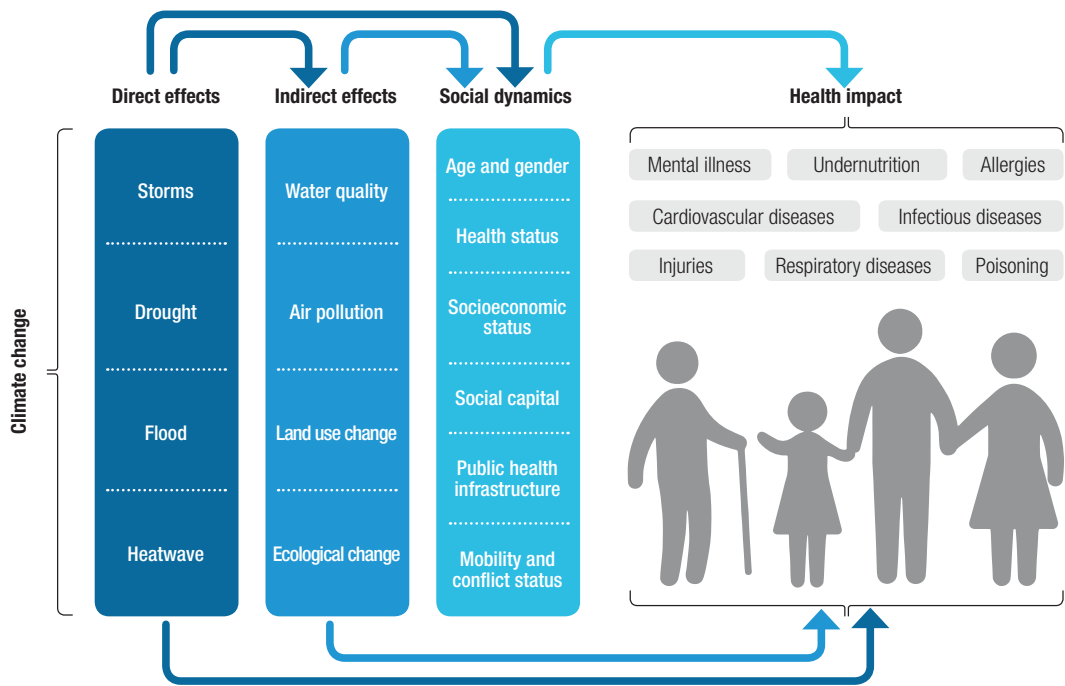


Figure 3. Direct and indirect impacts of climate change on health²²

5. Green transformation of the health care sector

Combined action on health and environment through ‘greening strategies’ can take many forms. Some general examples include the ‘green health service system’ (see Figure 4), the ‘OneHealth’ strategy to address antimicrobial resistance, and the low-carbon health care approach, as illustrated in Figure 5.



Figure 4. Global green and healthy hospitals²³

²² From: Tackling climate change will reap benefits for human health. London: Carbon Brief; 2015. (<https://www.carbonbrief.org/tackling-climate-change-will-reap-benefits-for-human-health>)

²³ From: GGHH Agenda and its sustainability goals. Buenos Aires: Global Green and Healthy Hospitals. (<http://www.greenhospitals.net/sustainability-goals/>)



Figure 5. Building blocks of health systems that promote climate resilience²⁴

Box 3. A waste management company in the United Arab Emirates champions health and the environment through community engagement

Founded in 2007, Bee'ah is a waste management company in Sharjah that also runs workshops, online programmes and tutorials highlighting environmental issues to the community. It does this through its own School of Environment that teaches the fundamental importance of waste management while highlighting mutual accountability and the role of communities in protecting the environment.

Initially focused on reducing the reliance on landfill sites, the company now fulfills a much broader role through its education and community programmes. For example, Bee'ah works on integrating environmental issues, such as recycling, into the school curriculum in order to promote environmental awareness and stewardship among younger generations. It also organizes bi-annual inter-school activities that encourage students and teachers to discuss key environmental issues.

Community participation is another key strategy for Bee'ah. Teams from Bee'ah conduct home visits around Sharjah to educate citizens on both the importance and technical logistics of recycling. Beyond providing education, Bee'ah also provides tools to the community, enabling individuals to play an active role in caring for their environment. The participatory education approach has proven effective with households all over Sharjah integrating recycling into their routines.

Some of the company's programmes are clean-up campaigns, awareness workshops, distribution of coloured recycling bags, as well as the setting up of the residential recycling programme and reverse vending machines. Bee'ah forms partnerships with government bodies, educational institutions and other entities to further environmental causes, while also organizing and participating in environmental events and summits across the region.

Source: <https://beeah.ae/en/beeah-tandeef>

²⁴ From: Climate-smart healthcare: low-carbon and resilience strategies for the health sector. Washington D.C.: World Bank; 2017. (<http://documents.worldbank.org/curated/en/322251495434571418/Climate-smart-healthcare-low-carbon-and-resilience-strategies-for-the-health-sector>)

6. Gender and other social relations

Investments in health contribute to ensuring and protecting people's rights – no matter their position in society, gender, sexual orientation, age or level of disability. Policies on HIV, reproductive health and UHC document this clearly.

Gender differences in social relations impact on morbidity and mortality. People's support networks differ by gender, for example women report more close personal contacts in their primary networks than men and tend to have a wider range of sources of emotional support. Yet women are still subject to multiple forms of discrimination within most societies. Gender analysis is a critical element of predicting and analysing physical and psychological health. In-depth work by WHO focusing on social determinants²⁵ of health has highlighted many examples and opportunities for addressing social determinants in intersectoral and transformative ways, as part of broader policies aimed at promoting social protection.²⁶



Figure 6. Examples of infographics highlighting how the SDGs contribute to well-being of girls and women²⁷

²⁵ Social determinants of health. Geneva: World Health Organization. (http://www.who.int/social_determinants/en/)

²⁶ Monitoring social well-being to support policies on the social determinants of health: The case of New Zealand's "Social Reports/Te Pūrongo Oranga Tangata". Geneva: World Health Organization; 2010. (http://www.who.int/sdhconference/resources/who_monitoring_sdh_newzealand.pdf)

²⁷ From: Making the SDGs count for girls and women. New York: Women Deliver; 2015. (<http://archive.womendeliver.org/knowledge-center/facts-figures/sustainable-development/>)

Creating the political will to act

7. Transformation through highest levels of political action

A key transformative approach is to place health issues on the agenda of the highest levels of government, creating an environment that is conducive to bold political choices.

In the People's Republic of China, for example, President Xi Jinping outlined a vision for integrating health issues as part of the country's 'Belt and Road Initiative' – a massive economic programme aimed at building a trade and infrastructure network connecting Asia with Europe and Africa. Other countries and intergovernmental bodies are moving in similar directions. In 2017, for example, the first meeting of G20 health ministers issued a declaration on health and interdependence.²⁸



Figure 7. First meeting of G20 health ministers (Berlin, May 2017)

Box 4. Uruguay President challenges the tobacco industry and wins

The Uruguay President Tabare Vazquez banned public smoking and ordered cigarette-makers to cover at least half of cigarette packs with health warnings. Before he left office in early 2010, he increased the health warning requirement to 80% of each cigarette pack, front and back, and also limited tobacco companies to one package design for all brands.

Philip Morris claimed that those rules infringed on the company's intellectual property rights and harmed competition, in violation of the Uruguay-Switzerland Bilateral Investment Treaty.

An international tribunal upheld the sovereign authority of states to protect their people's health through tobacco control measures. The World Bank International Centre for Settlement of Investment Disputes (ICSID) has confirmed that tobacco control measures applied by the Government of Uruguay did not violate investment agreement terms.

Source: http://www.paho.org/hq/index.php?option=com_content&view=article&id=12269%3Aapahowho-congratulates-uruguay-for-successfully-defending-tobacco-control-policies-against-tobacco-industry-challenges&catid=4045%3Achronic-diseases-news&Itemid=4327&lang=en , <http://www.fctc.org/fca-news/global-tobacco-control-success-stories/799-uruguays-tobacco-control-strategy-delivers-results>

²⁸ Berlin Declaration of the G20 Health Ministers. Berlin: G20 Germany; 2017. (https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/G/G20-Gesundheitsministertreffen/G20_Health_Ministers_Declaration_engl.pdf)

8. A strong focus on the local – cities as a vital platform

A unique feature of the 9th Global Conference on Health Promotion was a remarkable meeting of more than 250 city mayors from around the world. The event supported an exchange of ideas and experiences in creating healthy cities, and positioned these discussions in the context of the SDGs, promoting equity and social inclusion.

With over half of the world's population now living in urban settings, cities are uniquely placed to transform the fight against noncommunicable diseases (NCDs) and injuries, among other health issues. Mayors and local leaders have the power to improve the health of their citizens and prepare cities to thrive in the 21st century. The *Mayors Consensus* from the Shanghai Conference identifies ten action areas for cities to engage for health.²⁹

For many years, WHO has been actively promoting healthy cities strategies in all of its regions. When mayors and local leaders help their citizens to live healthier and safer lives, cities are clearly more prosperous. A new initiative builds on these active WHO city networks: The WHO–Bloomberg Partnership for Healthy Cities is committed to saving lives by preventing NCDs and injuries. This initiative enables cities from all regions to deliver high-impact policy or programmatic interventions to reduce NCD risk factors in their communities.³⁰

Mayors are increasingly coming together to share experiences of addressing specific health issues, including HIV.³¹ Other cities are moving ahead through healthy community design – including many areas of city planning and 'health in all policies' approaches at the city level.³²

9. A strong focus on people – the centrality of health literacy

Health literacy promotes individual, family and community health-seeking behaviours, empowers individual citizens to demand rights and quality services, and enables engagement in collective health promotion action. Informed health literacy among decision-makers and investors also supports ongoing commitment to health impacts, co-benefits and effective actions on the determinants of health.

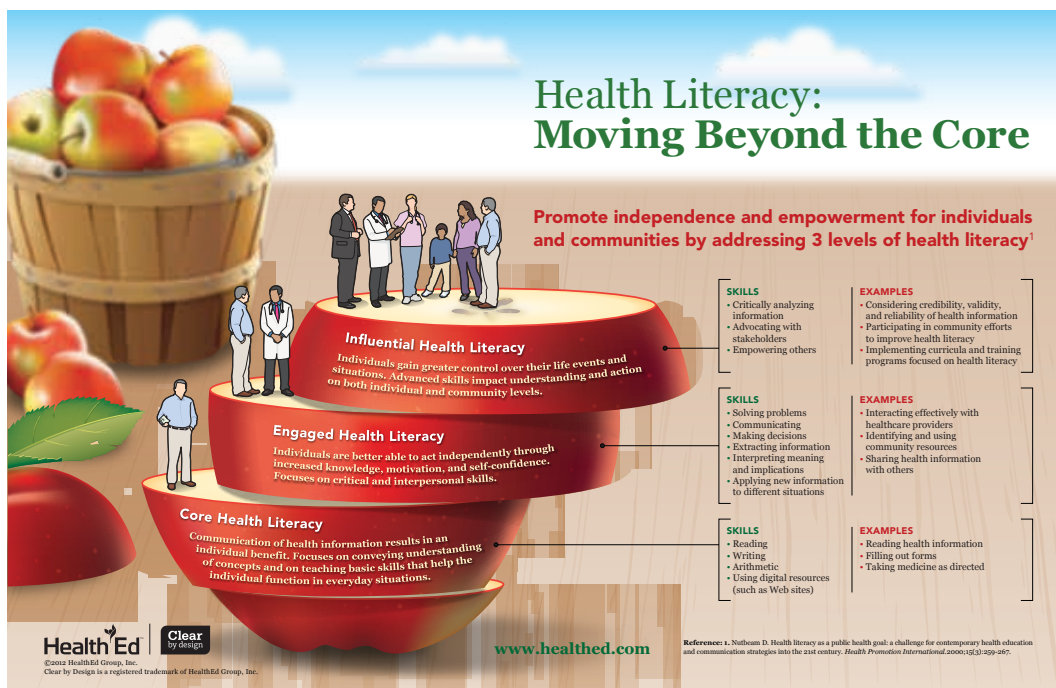
The foundations of health literacy are inclusive and equitable access to quality education and life-long learning. Awareness and literacy on health issues must be an integral part of the skills, and competencies developed over a lifetime, first and foremost through school curricula.

29 Shanghai Consensus on Healthy Cities. Shanghai: World Health Organization; 2016. (<http://www.who.int/healthpromotion/conferences/9gchp/9gchp-mayors-consensus-healthy-cities.pdf?ua=1>)

30 See: Partnership for Healthy Cities. (<https://partnershipforhealthycities.bloomberg.org/>)

31 Mayors of New York and Paris convene a global meeting of mayors on ending AIDS in cities. Geneva: Joint United Nations Programme on HIV/AIDS; 2016. (http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/june/20160606_mayors)

32 Health in all policies. Boston: Boston Public Health Commission. (<http://www.bphc.org/whatwedo/healthy-eating-active-living/health-in-all-policies/Pages/default.aspx>)



Source: HealthEd Group Inc.

Figure 8. Infographic showing three levels of health literacy skills

Box 5. Planting the seeds of better health among South Africa's farmers

Seasonal farmers in South Africa are vulnerable to infections, in particular HIV, as well as noncommunicable diseases (NCDs) due to isolation and lack of access to appropriate health services. The Hoedspruit Training Trust, a non-profit organization in South Africa, works directly with this vulnerable population on risk reduction and health promotion strategies aimed at addressing these threats to health.

Health education, focused on improving understanding of risk factors while encouraging uptake of health services (e.g. screening and treatment), serves as the cornerstone of Hoedspruit's work with the farmers. Information sessions are organized to educate farmers about HIV and provide advice on steps they can take to prevent its transmission. Mobile clinics that provide HIV testing are also made available to improve access to health services. In order to promote healthier lifestyles, Hoedspruit regularly organizes events to promote physical activity.

About 31 000 HIV tests are carried out each year in mobile clinics. A comprehensive approach encompassing prevention, screening and treatment enables farmers to take better control of their health and reduce the risk of contracting disease. The Hoedspruit Training Trust also works with several other stakeholders (e.g. government, international organizations) to provide a multisectoral response to the health issues facing these farmers.

Source: <https://www.hlokomela.org.za/>

10. Transformation through participatory governance

Supporting and facilitating the meaningful participation of communities, particularly by vulnerable groups such as indigenous people, can be achieved through social mobilization, high levels of health literacy and community participation. This is one of the most critical governance challenges associated with implementing the SDGs and ensuring sustainability.

For example, involving indigenous peoples in health policy discourses can address power imbalances that are integral to many policy-making processes.

- In the Ratanakiri and Mondulakiri provinces of Cambodia, the Health Poverty Action Network established two indigenous peoples health associations. The organizations are staffed by people from the indigenous communities in these provinces and are now independently registered organizations.³³
- In Australia, a unique strategy of community engagement has been established between local Aboriginal people and health providers across five districts in Perth, Western Australia. Local Aboriginal community members formed District Aboriginal Health Action Groups to collaborate with health providers in designing culturally-responsive health care services.³⁴

Box 6. Thailand's village health volunteers ensure nobody's health is left behind

All over Thailand, village health volunteers (VHV) are providing essential health services, mobilizing communities, and advocating to ensure local health needs are met.

Supported by local governments in each province or district, VHV is a national programme designed to overcome health inequities arising from a lack of services in remote areas. At the centre of this initiative are the health volunteers who receive no remuneration apart from free or discounted health care services for themselves and their families.

Often a well-known member of the community, the VHVs are responsible for carrying out several tasks. Among them are health education programmes, emphasizing prevention and early detection of NCDs for example, and monitoring for potential outbreaks by tracking the spread of disease in rural areas. Through dialogue and social mobilization, they also give a voice to their local community ensuring that the unique needs of every member of the community, especially vulnerable groups, are heard and addressed by health authorities.

The emphasis on context – local champions delivering local solutions to local problems – is a key feature and driver of the programme. Because they come from the same communities that they serve, VHVs possess valuable insight enabling them to advocate effectively for health within the community and to the broader health system with other stakeholders. The net result is healthier communities arising from people enabled to take control of their health with support from the neighbourhood health volunteer.

A report by UNDP has recognized the programme as one of Thailand's best practices for public health. According to the report: "Much of Thailand's ability to deal successfully with health threats in rural areas is due to its system of VHVs. More than 900 000 VHVs provide Thailand's first line of defence against illness. They can be found in virtually every rural village in the country."

The VHVs form the foundation of Thailand's primary health care system, serving as a vital link between the country's health system and the communities it serves. Volunteers carry out programmes directly, assist local health care providers in delivering services, and mobilize and advocate for their communities – all to ensure that nobody's health, no matter how remote, is left behind.

Source: <http://apps.who.int/medicinedocs/en/d/Js2208e/5.2.html>, <http://www.th.undp.org/content/dam/thailand/docs/TICAUNDPbpVol1.pdf>

33 Cambodia. London: Health Poverty Action. (<https://www.healthpovertyaction.org/on-the-ground/asia/cambodia/>)

34 Improving healthcare for Aboriginal Australians through effective engagement between community and health services. BMC Health Serv Res. 2016; 16: 224. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4936288/>)

11. Strengthening global health governance through policy coherence

An important step to strengthen national development is to strengthen global health governance and to make it fairer and more reasonable. This includes tightening regulation on ‘health-impairing investment and trading activities’ through fiscal, taxation and financial policy tools. Cooperation between different levels and mechanisms of governance is critical in order to better address cross-border and cross-sectoral health issues.

Increasing concerns are emerging regarding commercial and economic determinants of health, including the negative public health impacts of trade and investment agreements. Lack of coherence between health and trade policies can lead to reduced equity in access to health services; increased flows of unhealthy commodities; limits on access to medicines; and constrained policy space for health. Alignment of the health and trade agendas is challenging, despite some limited progress towards policy coherence.³⁵

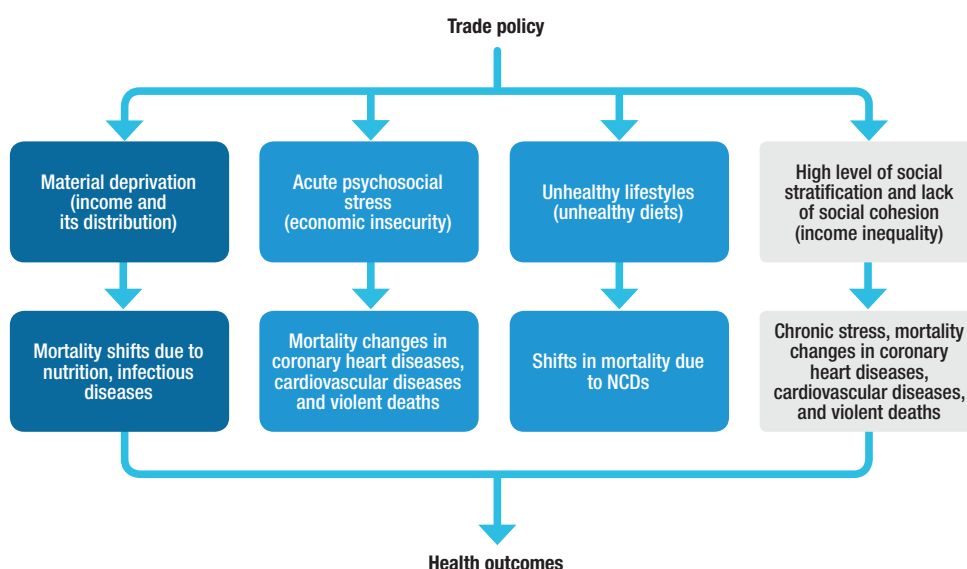


Figure 9. Effect of trade policy on social determinants of health³⁶

Recent changes in trade and investment agendas highlight an opportunity for public health professionals to engage in highly politicized debates about how future economic policy can protect and support equitable public health outcomes. The challenge is how to strengthen policy coherence between trade and health, and identify how solutions can be implemented. One key strategy is capacity building for both trade and health officials.³⁷

12. Transformed ministries of health

The ongoing change in perspective on how the promotion of health contributes to other social goals requires transformed ministries of health, which work relentlessly to integrate investment in health with other policies and programmes. Ministries of health, health agencies and organizations have a key role in advocating, mediating and enabling health.

³⁵ Trade and health. Geneva: World Health Organization. (http://www.who.int/trade/trade_and_health/en)

³⁶ Trade and social determinants of health. *The Lancet*. 2009; 373:502–507. (<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2808%2961777-8/abstract>)

³⁷ Advancing public health on the changing global trade and investment agenda. *International Journal of Health Policy Management*. 2017 May; 6(5): 295–298. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5417153/>)

Enabling transformative governance capacities at country level

13. Health-in-all-policies approaches

Health promotion strategies have been shown to work innumerable times. Over 30 years' experience in governance innovation means the health promotion 'sector' is highly prepared for the specific challenges of SDGs 16 and 17: *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels;* and *Strengthen the means of implementation and revitalize the global partnership for sustainable development,* respectively. This is illustrated by the many successful health-in-all-policies (HiAP) experiences.

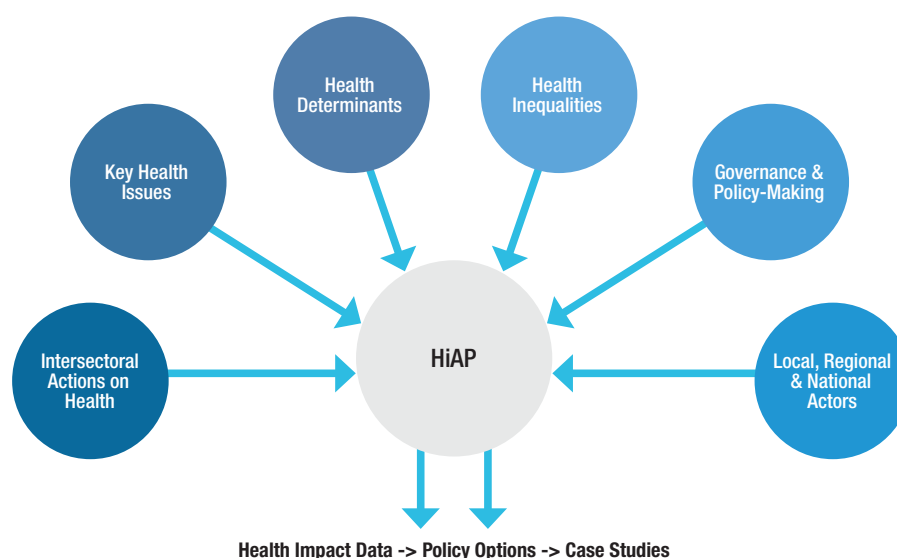


Figure 10. The health-in-all-policies (HiAP) approach: Public policies and decisions outside of health have the most impact on citizens' health and its determinants³⁸

Based on successful implementation examples, WHO has developed *Health-in-All-Policies: A framework for country action*,³⁹ which provides countries with a practical means of enhancing a coherent approach to policy development and alignment, particularly at a national level.

Many countries have already implemented a HiAP approach, either explicitly or through adoption of HiAP processes, while in other countries the concept is new and has yet to be operationalized. This framework has been intentionally developed to be adaptable for supra-national level decision-making, as well as the local level, as decentralization of government functions has empowered local authorities in many areas.⁴⁰

³⁸ Health in all policies. Helsinki: National Institute for Health and Welfare; 2016. (<https://www.thl.fi/fi/web/health-promotion/health-in-all-policies>)

³⁹ Health in all policies: Framework for country action. Geneva: World Health Organization; 2014. (<http://www.who.int/healthpromotion/frameworkforcountryaction/en/>)

⁴⁰ Health in all policies training manual. Geneva: World Health Organization; 2015. (http://www.who.int/social_determinants/publications/health-policies-manual/en/)

Box 7. Better health in Brazil, one family at a time

Established in 2003, Bolsa Familia is a conditional cash transfer programme aimed at supporting low-income families and breaking the cycle of poverty by improving the health and education status of future generations. Bolsa Familia is part of Brazil's multisectoral approach to poverty alleviation and national development acting on the cross-cutting (e.g. political, economic, social) determinants of health. The programme is an extension of the Government's "Brazil without extreme poverty plan", which seeks to lift 16.2 million Brazilians out of extreme poverty.

In order for a family to be eligible for the cash transfers, children under the age of 7 years must receive the full cycle of vaccinations, and mothers must receive prenatal care. Furthermore, children must satisfy a minimum school attendance rate – 85% up to the age of 15 and 75% for 16–17 year-old adolescents.

Located at the intersection of public finance, public health, social welfare and education, Bolsa Familia is an example of large-scale whole-of-government approaches to addressing social issues. The conditional nature of the cash transfer system is particularly important in this regard, as it tackles both the education and health of children, as well as bringing immediate relief from poverty to families. Regular school attendance has been associated with better health among adolescents with positive effects extending to the rest of the life course.

A World Bank report, published ten years after Bolsa Familia was first rolled-out, indicated that Brazil has since halved extreme poverty, reduced income inequality, increased school attendance and prenatal visits, expanded immunization coverage and reduced child mortality thanks to programmes implemented by the government. The success of the programme has inspired many other countries to implement similar schemes tying social protection with improving public health and public education outcomes.

The programme has received recognition from the United Nations Food and Agriculture Organization (FAO) and awarded the ISSA Award for outstanding achievement in social security by the International Social Security Association.

Source: <http://www.ipc-undp.org/conference/south-south-learning-event/presentations/Monica%20Schroder.pdf>, https://publications.iadb.org/bitstream/handle/11319/7210/How_does_Bolsa_Familia_Work.pdf?sequence=5&isAllowed=y,

14. Strengthen legislation, regulation, and taxation of unhealthy commodities

Governments need to apply the full range of public policy mechanisms available to them to protect health and promote well-being. This includes implementing related fiscal policies, which are a powerful tool to enable new health-promoting investments.

The most successful experiences with implementing health-related fiscal policies are those related to taxation of tobacco products. The health impact of these measures is undisputed and forms part of the *Framework Convention on Tobacco Control*. Evidence from countries of all income levels shows that increased cigarette prices are highly effective in reducing demand. Higher prices induce cessation and prevent initiation of tobacco use. They also reduce relapse among those who have already stopped smoking and reduce consumption among continuing users. On average, a 10% price increase in cigarette prices would be expected to reduce demand for cigarettes by about 4% in high-income countries and by about 5% in low- and middle-income countries, where lower incomes tend to make people more sensitive to price changes. Children and adolescents are also more sensitive to price increases than adults, allowing price interventions to have a significant impact on this age group.⁴¹

⁴¹ Taxation. Geneva: World Health Organization. (<http://www.who.int/tobacco/economics/taxation/en/>)

More recently other so-called 'sin taxes' are being considered by countries including taxation of alcohol, as well as fat- and sugar-rich foods. Mexico's soda tax is paving the way for the whole of the Americas region. Barbados recently levied a 10% excise tax on sugar-sweetened beverages and plans to reinvest the revenue in health. Dominica levied a 10% excise tax on such drinks and chewing gums, and Chile levied an 18% value-added tax on drinks containing more than 6.25 grams of sugar per 100 ml.⁴²

A concerted discussion has recently arisen aimed at gaining better understanding of the commercial determinants of health: Strategies and approaches used by the private sector to promote products and choices that are detrimental to health. This single concept unites a number of others: At the micro level, these include consumer and health behaviour, individualization and choice; at the macro level, the global risk society, the global consumer society, and the political economy of globalization. Three interrelated factors have changed the global business and consumption landscapes while boosting the power of large companies: rising demand, increasing market coverage, and the continued internationalization of trade and investment.⁴³

Box 8. Mexico taxes sugar-sweetened beverages to curb its obesity epidemic

Mexico is facing a public health crisis. With one of the highest rates of obesity in the world, the Government has responded by introducing a 1 peso-per-litre tax on soda and 8% tariff on non-basic food with a caloric density of 275 kilocalories or more per 100 grams, according to article 2 of the special tax law on services production.

The soda tax is an example of interventions that work across different sectors of government with tax revenue expected to support other complementary measures that tackle obesity and promote public health.

Obesity is a major risk factor for NCDs such as heart disease, diabetes and cancer. Addressing the issue of childhood obesity in particular is paramount to reducing the rate of premature deaths as well as the global burden of NCDs. In the two years since the tax was implemented, a steady decline in consumption of sugar-sweetened beverages has been observed in Mexico. Studies monitoring its impact on health outcomes (e.g. the rates of diabetes and obesity-related diseases) are ongoing and are foreseen to provide further evidence in support of more tax increases in Mexico and the implementation of similar taxes in other countries.

Mexico's soda tax was passed in the face of strong opposition and lobbying by the beverage industry. Advocates have cited the co-benefits of the tax to both public health and public finances (the tax raised US\$1.3B between 2014–15). Portions of the revenue have been used to fund complementary measures, such as installing drinking water fountains in poorer schools.

Although the main objective of the tax on sugar-sweetened beverages is to stem the surge in Mexico's obesity epidemic, it also ensures societal co-benefits in the long-term. Ensuring that health is a priority in all policies, and forming a positive link between health and economic benefits, are at the centre of this approach.

Source: <http://www.diputados.gob.mx/LeyesBiblio/>

42 Putting taxes into the diet equation. Bulletin of the World Health Organization (2016);94:239–240. (<http://www.who.int/bulletin/volumes/94/4/16-020416.pdf>).

43 The commercial determinants of health. The Lancet. 2016; 4:e895–896. ([http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30217-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30217-0/fulltext))

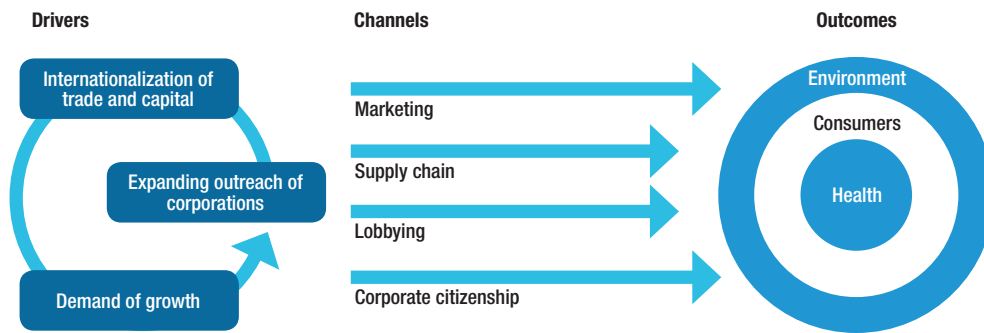


Figure 11. Dynamics comprising the commercial determinants of health

15. Knowledge and data transformation

Enormous potential lies in sharing knowledge and in using data in new ways for public health, for healthier cities, and for better health care services. A new form of ethics is called for that incorporates issues of privacy, confidentiality and ownership.

The knowledge-to-action process has been described and presented in many different ways.

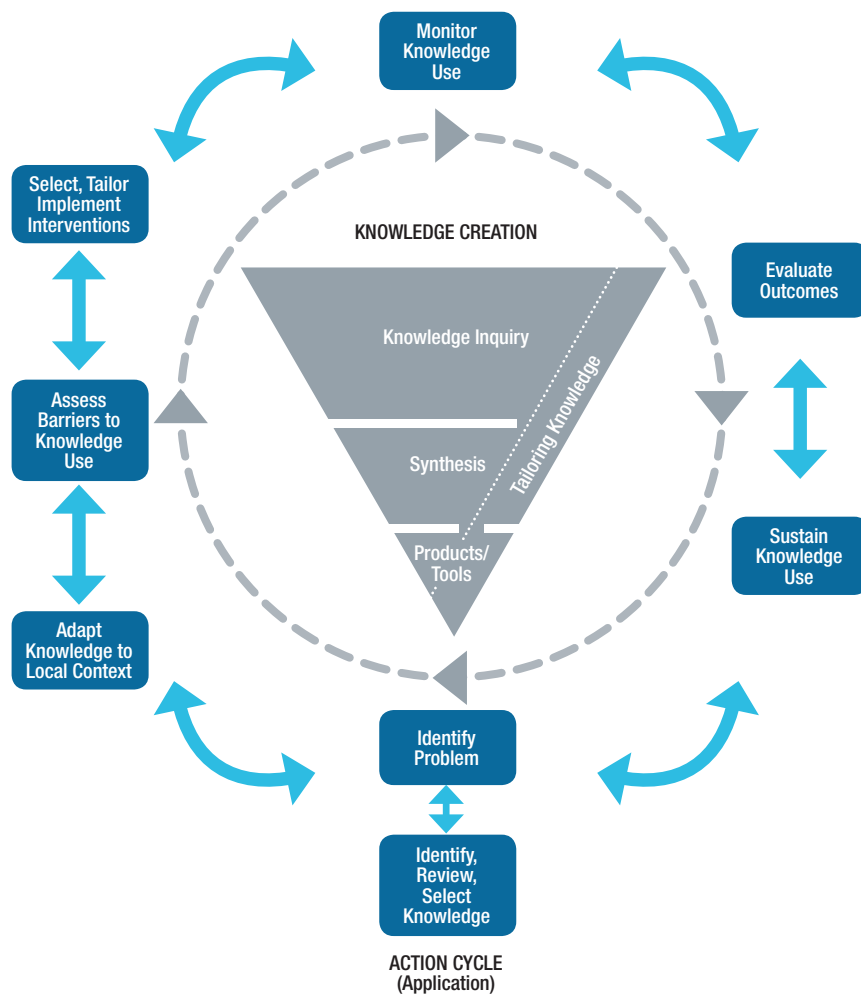


Figure 12. The knowledge-to-action process framework⁴⁴

⁴⁴ Knowledge translation and exchange. Hamilton: CanChild. (<https://www.canchild.ca/en/research-in-practice/knowledge-translation-exchange>)

Knowledge translation involves gathering, evaluating, summarizing and sharing relevant knowledge on a given theme or topic. It is a complex, two-way process between those who develop the knowledge and those who will use it. Many terms have been used to describe this process, including 'knowledge transfer', 'knowledge dissemination', 'knowledge management', and 'research utilization'. Digital technologies now open new ways of sharing data and conducting joint analysis with and between citizens.

16. Technological and scientific transformation

The potential and promise of 'smart' or 'digital' approaches has prompted many innovative approaches to using digital media for health promotion. It is one of the major social and technological trends of our times and has brought about a knowledge, technological and participation revolution.

There is increasing literature and numerous ongoing initiatives exploring how smart technology and 'smart cities' can contribute to health and well-being.

"The fuel that makes a smart city run is data – generated by individuals as well as physical infrastructures (for example, highway toll collection). Making data useful requires a backbone of systems that integrate computation, networking and physical processes, and includes sensor networks, monitoring/collecting equipment, data analytics – and humans. Many stakeholders (e.g. citizens, city authorities, government management, infrastructure and service delivery, local enterprises, not to mention, technology and application providers) must collaborate to make the smart city successful. This is no small undertaking, but the benefits can be far-reaching. The technologies employed in the smart cities play a significant role in reducing costs associated with contamination, the spread of infectious diseases (e.g. Zika virus), complications of diabetes, and more."⁴⁵

Box 9. Singapore's "HealthHub" brings health straight to its citizens' fingertips

Established by the Ministry of Health and the Singapore Health Promotion Board, HealthHub is an online platform that functions as a health education tool, electronic health record, and online directory of health care facilities and related services – all rolled into one. Singaporeans everywhere can log on to HealthHub, or access it through a mobile app, and obtain advice about common health topics (e.g. heart disease, diabetes), receive recommendations for restaurants that offer healthy meals, track laboratory results and immunization records, and learn more about health care facilities and wellness activities (e.g. clinics, sporting venues) within their community. More features are envisioned to go online as the developers continue to expand on the platform's capabilities in the coming years.

According to Chung Mui Ken, Chief Information Officer of Singapore's Health Promotion Board: "Recent research has found that sourcing for health information is a popular online pursuit globally. With Singapore's high Internet and smartphone penetration rates, introducing HealthHub and making it accessible through both the internet and mobile application platforms, will bring added convenience to Singaporeans and make it easier for everyone to take ownership of their own health."

Since its launch, HealthHub has had 8.5 million page views and over 84 000 Singaporeans have downloaded the app. The platform illustrates the use of digital communications technology as a tool for improving health literacy and reducing inequities by providing a service that is available over the internet to anyone at any time.

Lately, Singapore has been pioneering the use of technology in responding to different challenges facing its society today. The Singapore Smart Nation initiative, which includes HealthHub among other applications, is using data and communications technology to provide real-time information that can inform policy development and improve public services. Through HealthHub, Singapore is enabling its citizens to take control of their health and promote well-being through the innovative use of technology.

Source: <https://www.healthhub.sg/>, <https://govinsider.asia/smart-gov/how-we-built-it-singapore-health-hub/>, <https://www.tech.gov.sg/TechNews/DigitalGov/2017/04/27/07/08/A-healthy-hub-at-your-fingertips>

⁴⁵ Smart cities improve the health of their citizens. Forbes; 2016. (<https://www.forbes.com/sites/mikesteep/2016/06/27/can-smart-cities-improve-the-health-of-its-citizens/#354d46503957>)

17. Strong public health systems and health promotion organizations

Sustainable health promotion action requires reliable and strong health promotion organizations. Responding to cross-sectoral and multi-disciplinary challenges calls for adaptable and integrative systems capabilities as part of the overall public health system.

Increasingly, public health systems are opening up to communities and to new and innovative partnerships on many specific health issues. This means working with other sectors, such as transport and food policy, and getting engaged in housing discourses. At the national level, this requires engagement in diverse policy arenas such as agriculture and trade. One of the most promising and important areas of policy concern for new public health approaches and institutions has been tackling antimicrobial resistance (AMR).

The ‘one health’ approach – that brings together public, animal and environmental health – requires strong political commitment and well established cross-sectoral and multi-stakeholder strategies. Such approaches and solutions reflect the complexity of the current challenges to public health.

Even though AMR poses a formidable threat to attainment of the SDGs, addressing it is one specific topic that is not mentioned in the SDGs. To help fill this gap, the United Nations Secretary General has established an ad hoc inter-agency coordination group on AMR.

AMR and the SDGs



Antimicrobial resistance-a threat to the World's Sustainable Development. Jasovsky et al. 2016. Dag Hammarskjold Foundation



Figure 13. Impact of AMR on global populations, food safety, the environment and the economy⁴⁶

⁴⁶ Antimicrobial resistance: A need for global response to address human and animal health. (Manila: Western Pacific Regional Office of the World Health Organization; 2016. (http://sites.wpro.who.int/antibiotic_awareness/?p=2538))

18. Addressing the commercial determinants of health

There is a substantial and growing need to actively counteract commercial interests that are detrimental to health. In a global consumer society, political leaders from different sectors and from various levels of governance – from the public and private sectors, as well as from civil society – must act together and join to promote and protect health and well-being across all of the SDGs.

As food and diets become increasingly relevant to address health and counteract the global NCDs and obesity epidemics, regulatory approaches to food markets are becoming ever more important. Nutritional labelling that is easy for consumers to understand plays a vital role. There is an increasing call for international standards that ‘empower’ individuals, communities and countries to take such actions.

6 SECRETS A NUTRITION LABEL CAN TELL YOU

What's REALLY in Your Food?

1 YOUR ENERGY DRINK MIGHT PACK ENOUGH NUTRIENTS FOR THE ENTIRE SOCCER TEAM.
Nothing hits the spot like a gulp of your favorite energy drink after a long day on the field. But just because it comes in a bottle you can fit in your hand doesn't mean you should drink it all at once. The nutrition label tells you the size of a single serving and how many servings are in the container. That way you know if you're drinking enough for you ... or for your entire roster.

4 YAY ... YOU ONLY NEED TO EAT FIVE MORE YOGURTS TO GET YOUR RECOMMENDED CALCIUM FOR THE DAY.
The daily value percentages in the right-hand column of a nutrition label show how much of a given nutrient there is in one serving in relation to how much you need for the entire day. In other words, if it says 20 percent for calcium and you eat one serving, you've consumed one-fifth of the total recommended calcium for the day. Neat, huh? But it's based on a 2,000-calorie-a-day diet, and you may have a 3,000-calorie diet or a 1,500-calorie diet. So some people use the rule of thumb that less than 5 percent is "a little" and more than 20 percent is "a lot."

2 YOUR GLASS OF APPLE JUICE HAS THE SAME AMOUNT OF CALORIES AS A TURKEY SANDWICH.
All of us have different caloric needs based on how many calories we burn on a given day. So without a one-size-fits-all rule of thumb, how can you make food choices based on calories? If you know your own caloric needs, you can weigh that against the amount of good-for-you nutrients in a given option. If a glass of juice and a small turkey sandwich on whole-grain bread both have 250 calories, for example, it's generally better to choose the sandwich, which supplies lean protein and fiber, rather than the juice, which has a lot of sugar and not much else.

5 YOU REALLY NEED TO EAT MORE SPINACH.
Now on to the stuff that's often missing from our diets. It's really important to get enough fiber, vitamins, calcium and iron —so look for foods like fresh fruits and vegetables that are packed with these superstar nutrients. Your bones, muscles, hair, eyes, skin and teeth will thank you!

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 250	Calories from Fat 110
Daily Value* %	
Total Fat 12 g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 60
Sat Fat	Less than 20g 25
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

3 THAT BOWL OF SOUP IS LOADED WITH SALT.
Yikes! Sometimes our favorite foods pack a hidden punch of not-so-healthy nutrients, such as sodium, fat or cholesterol. The fact is, your body needs ALL these substances to survive and thrive, but we generally get plenty of them in our regular diets. So it's usually a good idea to limit the nutrients in this section.

6 THAT HANDY-DANDY FOOTNOTE IS ONLY A GUIDELINE, NOT A LAW ENFORCED BY THE FOOD POLICE.
The footnote at the bottom of most nutrition labels provides suggestions for how much fat, cholesterol and other nutrients you should be eating on a daily basis. However, the guidelines are based on 2,000- and 2,500-calorie diets, and not all people have those exact nutritional needs. That's why it's important to understand your own nutritional profile and what's appropriate for you.

Goodheart-Willcox Publisher
Goodheart-Willcox | www.g-w.com | weareteachers.com

Figure 14. Classroom poster: Understanding a nutrition label⁴⁷

47 25 best school health campaigns. (<https://www.pinterest.com/explore/school-health/>)

19. Partnerships and whole-of-society approaches

Decisive leadership that champions the positive influences of good health for the whole of society makes a difference. Such leadership is required from many different actors working together, and critical roles are often played by community leadership. Countries have explored many new models for working together with different stakeholders in new ways.

A breakthrough example is provided by the Thailand Health Assembly. Thailand launched the first participatory process for healthy public policy at the national level under the National Health Assembly (NHA) in 2008, under a process mandated by the *Thailand National Health Act 2007*. The assembly is comprised of three main groups including representatives from government, academic and expert groups, and civil society. These three groups form what has been coined the 'triangle that moves the mountain'. This model underlines the importance of collaboration and ownership among all three groups in order to move difficult and often complex policies to conclusion.

The participatory NHA processes have positive impacts on public awareness of health issues and increasing local commitment to identify solutions and essential capacities at the local level. As part of the agenda-setting process, for example, people at the local level have become more aware of the health problems their communities face, leading to implementation of some interventions before government policy is set or modified. It has also helped build community capacity to collect and analyse data in order to understand the situation and opportunities in their respective settings. Many challenges persist, however, especially with ensuring representation of diverse constituencies and in bringing resolutions adopted at the NHA to national implementation.⁴⁸

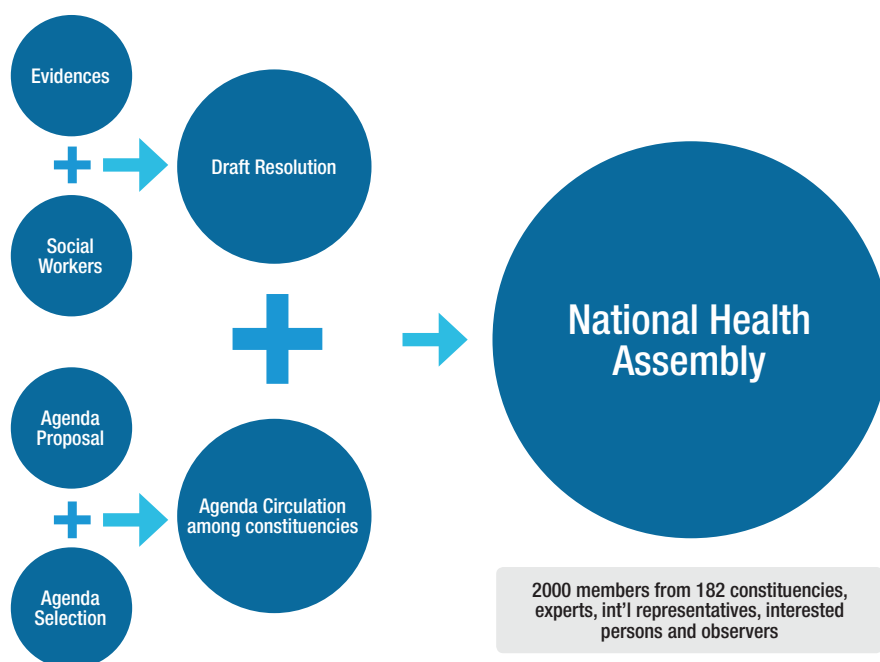


Figure 15. Agenda-setting process of the Thailand National Health Assembly

⁴⁸ Participatory democracy: National Health Assembly of Thailand. Global Health Forum; 2012. (<http://ghf.g2hp.net/2012/11/12/participatory-democracy-national-health-assembly-of-thailand/>)

20. Building capacities to work in new ways

The rapidly changing global context and the increasing need for coherent and aligned policy-making requires continuous capacity development for staff engaged in health promotion at all levels. As governments, academia, businesses and civil society are challenged to work together to achieve the 2030 Agenda, new skills are required of all actors involved in generating health and well-being.

Capacities are built or strengthened when interventions change an organization's or community's ability to address specific health issues by generating new structures, approaches, capabilities and/or values. Such modification and evolution are ongoing and – in alignment with the SDGs – produce systemic change.

Four approaches to capacity building have been identified:⁴⁹

- Top-down organizational approaches, which often begin with changing agency policies or practices.
- Bottom-up organizational approaches (e.g. development of new skills by incumbent teams/staff).
- Partnerships approach, which involves strengthening the relationships and cooperation between organizations, as well as resulting synergies.
- Community-organizing approaches, in which individual community members are drawn together to form new organizations (or transform existing ones) to improve the health of community members.

Capacity building for SDG implementation can build on the long experience in health promotion. The key focus will need to be bringing together leaders and other actors, and their respective institutions, from across the 17 SDGs to address health challenges through work on co-benefits and joint implementation.



⁴⁹ Four approaches to capacity building in health: consequences for measurement and accountability. Health Promotion International (2000); 15(2):99–107. (<https://academic.oup.com/heapro/article/15/2/99/585359/Four-approaches-to-capacity-building-in-health>)



Conclusion

The world has substantially changed since the *Ottawa Charter for Health Promotion* was adopted 30 years ago, giving rise to novel threats to health and well-being and exciting new opportunities for health promotion. Today, health promotion is part of a transformative agenda for change and the SDGs provide a unique opportunity for addressing health and its many determinants in integrated and transformative ways.

This guide provides an overview of policy options and approaches to support implementation of the recommendations and actions from the Shanghai Declaration at country level. While acknowledging the specificities and political realities of national, regional and local contexts, it calls for bold political leadership grounded on shared values as the starting point for action.

It also brings into focus today's interconnected reality, emphasizing that much of health and well-being depends on forces that lie beyond the control of individuals and the traditional scope of the health sector. Genuine action to promote health for sustainable development, requires multisectoral collaboration and advocacy to the highest levels of political leadership.

Health promotion professionals, advocates and organizations are called upon to seize this unique moment in history through the pathways highlighted in the Shanghai Declaration. It is paramount that these values are shared and embraced by political, economic and social actors to promote a shared language and ethics that leaves no one behind and does no harm.

The 20 steps presented in this guide, organized around three main pivots, are envisioned to create the pre-conditions and momentum for unlocking the transformative potential of health promotion for sustainable development.

