Health Promotion requires a strong WHO institutional backing

Context and framing

The concept and practice of health promotion meaningfully connects planetary health, well-being economies, and community and individual health choices.

Health promotion is the process of enabling individuals, groups and communities to control and manage the determinants of their health. These include behavioural, commercial, political and social determinants, as so strongly advocated by WHO since the mid-1980s. The Organization, at every level – from country offices, individual technical advisors to regional offices and headquarters – has been pivotal in advancing this broad and empowering scope.

But since its inception, the field has also been under threat. 'Lifestyle drift' (the idea that health is ultimately an individual matter and cannot be shaped by political and institutional forces) continually competes with the broader notions. A strong, visible, global and recognisable voice for the importance of health promotion remains critical.

Institutional prominence

Over the last 40 years, health promotion, under the leadership of WHO and civil society, has built a firm institutional base. This foundation is critical for the continuation of many now-mainstream efforts such as Health in All Policies, Health Impact Assessment, and health in settings (most notably in cities, universities and campuses, islands, etc.).

Indeed, the strength of institutional and networked leadership for health promotion has created glocal (global as well as local – influencing each other) momentum for innovation and policy change. These include a greater prominence of wellbeing economies, Indigenous health sovereignty, and One Health.

Since the creation and adoption of the Ottawa Charter for Health Promotion in 1986 there has been a recognition that this field requires continual innovation, distributed capability, and firm global institutional support.

Leadership and civil society

The health promotion field has evolved into a complex and dynamic ecosystem of global public and civil society players (including WHO and IUHPE) and other networks. They include the International Network of Health Promotion Foundations, the International Network of Health Promoting Hospitals and Health Services, over 20,000 Healthy Cities.

It is without any doubt that the convening powers of WHO, its unique position and opportunity to mobilise cutting-edge community and research evidence, and backing by member states and global health promotion networks, are critical elements in the further stability and growth of an emancipatory health movement. A visible, tangible and institutional pivot for this leadership must remain at WHO Headquarters as a distinct health promotion unit.

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