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15.3 Well-being and health promotion

Contents

In focus

Extract from DG's consolidated report (A77/4):

> The Executive Board at its 154th session noted the report on well-being and health promotion (EB154/23). It also adopted decision EB154(13) on strengthening health and well-being through sport events. In the discussions, Board members welcomed the progress in implementing the global framework on well-being and health promotion, reiterated the need to integrate subjective and societal well-being into public health and highlighted the importance of social connection for the health and well-being of individuals.
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> A77/4 (para 22) invites the Assembly to adopt the resolution recommended by the Board EB154(13) on strengthening health and well-being through sports events.

Background

Tracker links to previous discussions of health promotion

Link to record of debate at EB154: M14, page 8

WHO topic page on health promotion

WHO team page on health promotion

PHM Comment

This commentary addresses first, the Global Framework described in EB154/23 and second (here) the draft resolution on strengthening health and well-being through sport events

Global framework "for integrating well-being into public health utilizing a health promotion approach"

No explicit theory of change

The Global Framework articulates no explicit theory of change. The key elements of its implicit theory of change appears to be new metrics, inspirational case studies, capacity-building, and policy guidance for member states.

The Framework provides an accurate diagnosis (albeit at a high level of abstraction) of 'common contemporary underlying causes' (para 5 of EB154/23 and Part IIb of the Global Framework). However, there is no analysis of the forces, agents and dynamics associated with those underlying causes; and no analysis of the obstacles, previously encountered, to addressing those causes.

The last para of the Framework suggests an unrealistic reliance on consensus and accountability:

> *This Framework requires a whole of government and societal transition. Key partners including nongovernmental and civic organizations, academia, business, governments, international organizations should engage in effective partnerships based on* consensus and accountability *for decisive implementation of strategies for health promotion and well-being.*

Despite the call in WHA75.19 for 'an implementation and monitoring plan' as part of the Global Framework, no such plan is included in the Global Framework.

EB154/23 advises (para 12) that "The Secretariat is currently setting up a multidisciplinary Strategic Technical Advisory Group of Experts to provide advice and propose inputs into the monitoring and implementation frameworks." However, it is not clear that the mandate of the Group will encompass the Global Framework.

The discovery of buen vivir

The focus on well-being in both the Geneva Charter and WHO's Global Framework reflects the influence of the discourse of 'living well' or buen vivir which has been very influential in Latin American public health for some decades. However, the draft framework would benefit from two other innovations from the Latin American school of social medicine/collective health.

One of these is the insistence on distinguishing between *social determinants* (as factors which are shown to influence population health) and social *determinatio*n (which focuses on the forces and dynamics which reproduce those factors). There is very little in the draft framework which addresses the social and political *determination* of health except at a very general level.

The second innovation is the turn from *public health* to *collective health* in order to avoid over-stating the role of the government in shaping population health and to highlight the ways in

which the health of populations is shaped by the forces, engagements and dynamics of communities and civil society more broadly.

Ambiguities in the conceptualisation of health promotion

Operative Para 2(1) of WHA75.19 asks the DG to identify the role that health promotion could play in achieving well-being. Presumably the purpose of this request is to clarify the role that health promotion could play in promoting well-being if the proposed framework were to be adopted and implemented by WHO.

However, the conceptualisation of 'health promotion' which is offered is ambiguous, variously encompassing health promotion as an institutional sector, comprising experts and organisations, *versus* health promotion as a body of principles and practices that health practitioners, agencies and administrations might apply in their work, *versus* health promotion as a social process, a way of speaking about population health improvement. To say that 'Health promotion seeks to influence policies and programs' (part IId of the Global Framework) suggests 'health promotion' as a singular entity with its own agency. Later the Framework describes health promotion as a 'driver' of public health.

The project of creating a well-being society (or civilisation) is informed in different sectors and communities by a very wide range of principles and paradigms of practice. Indeed the professional and civic practice of health practitioners is informed by a wide range of principles and paradigms of practice, including but extending way beyond 'health promotion' (whether understood as an institutional sector or a body of principles and practices or as a synonym for health improvement).

The draft framework (Part IId) advises that "*Health promotion is the process of enabling people to increase control over, and improve, their health*". But health promotion is clearly not the only "process of enabling people to increase control over, and improve, their health". For workers in dangerous workplaces, increasing control and improving health, may involve joining a union and going on strike. For many people the use of traditional or complementary medicines is a process of increasing control over and improving their health. Health promotion is not the only body of principles and practices which support governments, communities and individuals "to cope with and address health and well-being challenges in order to advance healthier populations and environments" (page 6).

There are sections of this Framework which appear to be directed to promoting health promotion as an institutional sector rather than explaining its role as requested in WHA75.19. Part V of the Framework declares that:

> *… health promotion provides the platform, approaches and the tools to enable this transformative cross-sectoral collaboration, collective action through community empowerment, and ultimately generate the good governance that is essential for societal well-being to be realized.*

Breach of mandate

This Item began with the Geneva Charter for Well-being, the outcome statement of the 10th Global Conference on Health Promotion, hosted in Geneva, Switzerland, and virtually on 13–15 December 2021.

The venue then shifted to the Health Assembly with a draft resolution sponsored by Azerbaijan, Bahrain, Bosnia and Herzegovina, Botswana, Colombia, Iraq, Oman, Peru, Saudi Arabia, Thailand, the United Arab Emirates, the United States of America and Vanuatu which was adopted as WHA75.19.

WHA75.19 requests the DG

> *… to develop, within the mandate of WHO, a framework on achieving well-being, building on the 2030 Agenda for Sustainable Development with its 17 Sustainable Development Goals and identify the role that health promotion plays within this*

This request includes two separate tasks: first, develop a framework for well-being based on the SDGs; and second, explain the role that health promotion plays in that framework.

However, the Global Framework which was produced is named “Achieving well-being: A global framework for integrating well-being into public health *utilizing* a health promotion approach“.

This is a very significant departure from the original mandate; from developing a framework and identifying the role of health promotion to developing a framework utilising a health promotion approach. It is not clear how this transformation of the mandate took place. Presumably it involved deliberate choices by Secretariat staff but may have been supported by sponsoring member states, donors and advisors.

The adoption of decision WHA76(22), through which the Assembly adopted the framework accepts and endorses the transformed mandate.

The provenance of governing body decisions and resolutions and the provenance of publications and initiatives implemented through the Secretariat are hidden from public view. Likewise the role of particular member states, donors, program managers within the Secretariat, professional advisors, and private sector entities.

This secrecy (“commercial-in-confidence”) represents a major breach of accountability. The lack of transparency puts into question the integrity of the Organisation.

The disintegration of WHO: a market place for influence

The survival of many organisational units within the Secretariat (and the continued employment of their staff) depends on the continuing struggle for donor attention and donor funding. It appears that the drive for a Global Framework on Well-being is (at least in part) directed to the promotion of Health Promotion, qua institutional sector.

Notwithstanding the talk of ‘coordinated’ resource mobilisation, there is a tension between different units for donor attention and with this comes the disintegration of coherent policy and program development.

These damaging dynamics are a direct consequence of the refusal of member states to fully fund the Organisation through assessed contributions or to untie tightly ear-marked voluntary contributions.

PHM Position

PHM calls for a radical strengthening of the accountability of the WHO Secretariat in terms of the behind-the-scenes relations between member states, special interests, donors and program managers within the Secretariat. PHM calls for WHO to name the funding agencies supporting each initiative coming before the governing bodies.

PHM calls for the ending of the marketisation of WHO decision making and resource production and for predictable, adequate, flexible funding of the Organisation through assessed contributions and untied voluntary contributions.

Strengthening health and well-being through sport events (EB154(13))

The draft resolution in EB154(13) is sponsored by China, Egypt, the European Union, Iraq, Japan, Malaysia, Mexico, Morocco, Oman, Qatar, Serbia, Sri Lanka, Thailand, Türkiye, United Arab Emirates and Yemen, but its development appears to have been coordinated by Qatar.

The resolution is evidence-free, disregards core public health principles enshrined in previously adopted policies, and reeks of vested interests. PHM urges the Assembly to reject the resolution.

Equity, gender, disability, environments

To propose a policy regarding sport and physical activity which makes no reference to gender is extraordinary.

In all WHO regions, bar the Western Pacific Region, the prevalence of insufficient physical activity in women and girls is significantly greater than that for men and boys, dramatically so in the Americas, the Eastern Mediterranean and the South East Asian regions. (see Figs 2 & 3 in the Global status report on physical activity 2022).

Data available through the WHO Global Observatory shows dramatic gender differences in different countries. In Qatar, the organiser of this draft resolution, 49% of women have insufficient physical activity, compared with 33% of men. The figures for school children show 91% of girls and 86% of boys having insufficient physical activity.

WHO’s Global Action Plan on PHysical Activity, 2018-2030 identifies **Equity across the life course** as one of seven principles underpinning the global action plan.

> *Disparities in physical activity participation by age, gender, disability, pregnancy, socioeconomic status, and geography reflect limitations and inequities in the socioeconomic determinants and opportunities for physical activity for different groups and different abilities. Implementation of this action plan should explicitly consider the needs at different stages of the life course (including childhood, adolescence, adulthood and older age), different levels of current activity and ability with a priority towards addressing disparities and reducing inequalities.*

Not only is there no reference to gender in the draft resolution; there was no mention of gender in the EB154 debate (PSR14).

There is no reference to equity in the draft resolution and the only mention of equity in the debate was in the remarks of the representative of the European Regional Director, "concerning decline in people's well-being globally, with stark inequities that were leaving more people behind, in spite of economic growth, and were negatively impacting societal cohesion."

There is no reference to schools in the draft resolution notwithstanding the emphasis placed on physical activity in schools in the report of the Commission on Ending Childhood Obesity, for example, in Rec 2.2 "Ensure that adequate facilities are available on school premises and in public spaces for physical activity during recreational time for all children (including those with disabilities), with the provision of gender-friendly spaces where appropriate".

The special needs of people with disabilities is mentioned in the preamble to the resolution but there is nothing in the operative paragraphs.

There is virtually nothing in this resolution about the environments which shape participation in sport and other forms of physical activity. WHO's Global status report on physical activity 2022 commented that:

> *The environments in which people live, work and spend their leisure time can either help or hinder their opportunities to be physically active. The built environment includes the design and location of homes, schools, retail and commercial centres, workplaces and transport networks, as well as all the spaces between them that make up neighbourhoods and cities. Well-designed urban environments can directly support people to be more physically active, and "nudge" less-active people to be more active by making it an easy choice. Conversely, poorly designed and poorly maintained environments can deter or restrict physical activity by, for example, the absence of necessary infrastructure or by a creating a real or perceived sense of insecurity.*

There is nothing in the draft resolution which might draw the attention of governments (or of WHO) to the need to pay attention to disparities in people's access to environments which are safe and support physical activity including sport.

Professional sport versus community sport

There appears to have been no consideration of the possibility that promoting professional sport as mass entertainment may contribute to the neglect of community sport where ordinary people may get their exercise.

OP1(5) recognises a need to 'limit the marketing of unhealthy products' and to 'minimise the negative consequences of gambling to health and well-being'. These are very weak provisions. They appear to leave space for commercial sponsorship of sporting events, including limited advertising of unhealthy products and gambling where 'positive consequences for health and well-being' can be perceived.

The role of digital technologies

In OP1(2) the draft resolution urges member states to

> *to implement effective, evidence-based health promotion measures [...] including by utilizing innovative digital technologies [...] to improve the impact on population health through reducing risk factors of noncommunicable diseases and enhancing mental and social health, and well-being;*

The preamble cites WHA71.7 as the authority for this claim but that resolution makes no reference to physical activity or sport.

The draft resolution reaffirms "the resolutions adopted at previous sessions of the United Nations General Assembly and World Health Assembly that emphasize the significance of collaboration between public and private sectors aimed at promoting health integration within sport events". No such resolutions are cited.

Is WHO contemplating seeking funding support from Apple and other manufacturers of smart phones, smart watches, and exercise monitoring apps?

Reject the draft resolution

The highpoint of the debate at EB154 was the contribution of the International Federation of Medical Students whose representative said that

> *efforts should be focused on building healthy societies, rather than on healthy lifestyles. If action remained focused on individual lifestyles without systematically protecting people from social, economic, commercial and environmental determinants of health, it would not be possible to protect future generations. She urged the Secretariat and Member States to address the root causes of ill health and build societies and structures that promoted and enabled health and well-being.*

This resolution falls short when measured against these standards.

PHM urges the Assembly to reject this draft resolution.

Notes of discussion