

STRATEGY AND PLAN OF ACTION ON HEALTH PROMOTION WITHIN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT GOALS

2019–2030



PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

Introduction

1.

This Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 seeks to renew health promotion (HP) through social, political, and technical actions, addressing the social determinants of health (SDH), the conditions in which people are born, grow, live, work, and age (1). It seeks to improve health and reduce health inequities within the framework of the 2030 Agenda for Sustainable Development.

As one of the most unequal regions in the world, the Region of the Americas will benefit from a strategic vision for health promotion that helps to increase health equity. The intention is to enable people to improve their health by moving beyond a focus on individual behavior toward a wide range of social and environmental interventions.¹

¹ Because human behavior does not happen in a vacuum, health promotion must take place in a specific social and economic context. HP aims to create conditions in which people can be healthy by promoting and reinforcing positive behaviors, taking into account reciprocal causal relationships involving behavioral, social, economic, and environmental factors. These factors are highly interrelated and function to create a context that can enable, facilitate, and promote health—or inhibit it.

Background

2.

Based on the global commitment to health promotion set forth in the Declaration of Alma Ata (1978) (2) and the Ottawa Charter (1986) (3), the World Health Organization (WHO) Global Health Promotion Conferences call for the development of healthy public policies (4), the creation of healthy settings (5), and the building of capacities to address the social determinants of health through an HP approach (6–8). The countries of the Region of the Americas have reaffirmed these commitments many times over the years (9–27) and have sought to implement HP approaches to reduce health inequities, empower communities, and improve health throughout the life course. HP is an essential public health function that goes well beyond the treatment and prevention of disease, highlighting the importance of addressing the social determinants of health and leaving no one behind.

3.

This Strategy and Plan of Action is based on progress made in the achievement of the Millennium Development Goals (28) and is set within the context of the Sustainable Development Goals (SDGs) (29, 30) and the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030) (31). It is also based on the 2016 Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development (32), in which countries declared their commitment to improve health by focusing on local governments and communities, through good governance, and by creating an informed and empowered population to drive equity in health.²

² The term “health literacy” refers to a process used to create an informed and empowered population.

4.

The multidisciplinary and intersectoral Health in All Policies (HiAP) approach, as adopted in the Plan of Action on Health in All Policies for 2014–2019 (24), calls for all sectors to systematically consider the health implications of their policies, seek synergies, and avoid harmful health impacts in order to improve population health and health equity (33), with a strong foundation of human rights and social justice (8, 14, 17–21, 34–36).

5.

The 2014 Strategy for Universal Access to Health and Universal Health Coverage (37) recognizes the value of HP, stressing the need to address the social determinants of health through intersectoral action to ensure that everyone has access to health. The 2018 Astana Declaration on primary health care (PHC) (38) recognizes that governments and societies need to prioritize, advance, and protect people's health and well-being by creating enabling and health-conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their own health and well-being. There is growing evidence that good health requires not only access to health care, but also action on the SDH and reduction of inequities in health.



*“The
multidisciplinary
and intersectoral
Health in All
Policies”*

Situation Analysis

CHALLENGES

6.

Chaotic urban growth, uncontrolled industrial development, environmental pollution, climate change, and increased violence all threaten people's health and hamper the creation of healthy settings (34). Additionally, there is increased movement of people between and within countries as a consequence of poverty, violence, and political and social conflict (34). At the same time, lack of long-term intersectoral commitments and action, limited community engagement and empowerment, as well as insufficient documented evidence of HP effectiveness inhibit sustainable action that can transcend political time frames (35). Governments at all levels are insufficiently engaged in transparent long-term monitoring and evaluation (14). Ministries of health must fulfil their advocacy role by encouraging other sectors to address the SDH (24, 35).



*“Collaboration
with national,
regional, and
global partners
and experts in
HP”*

7.

Most health systems continue to focus mainly on treating diseases. They thus miss out on the potential gains from expanding their role to include promoting and maintaining health, wellbeing, and preventing illness, especially in light of an aging population and the need to reach people in situations of vulnerability who are left behind. There is often insufficient allocation of financial resources for HP and inadequate training of the health workforce to create and maintain health in addition to combatting diseases. The Primary Health Care approach has not been sufficiently implemented to efficiently improve health outcomes and has not adequately embraced a community-based health promotion approach. Despite progress, most countries still lack health information broken down by ethnicity, race, gender, disability, migration status, or socioeconomic position, including income, employment status, and education. Without such disaggregated data, the monitoring of interventions that address health inequities is difficult (35, 38).

8.

Too many people do not live in enabling environments that encourage healthy behaviors and empower them to make healthier choices. Moreover, many people do not have access to complete and correct information that counteracts the undue influence of certain industries and erroneous information that is shared through social media.



“...most countries still lack health information broken down by ethnicity, race, gender, disability, migration status, or socioeconomic position...”

OPPORTUNITIES

9.

The adoption of the 2030 Agenda for Sustainable Development, with its 17 interconnected and indivisible goals, marks an important shift toward intersectoral action that can achieve fairer and more sustainable economic, environmental, and social development. Indeed, it provides an unprecedented global mandate for sectors to work together (30). Given their role in shaping the conditions in which people are born, grow, live, work, and age, all of the SDGs have an important impact on population health.

10.

The Region has had many successful experiences in health promotion.³ These include experiences based on the healthy settings approach and on programs such as participatory budgeting and conditional cash transfers, which enable empowered communities to improve their own health and well-being (*Annex D, 21, 29, 34–36, 39, 40*). There is increasing recognition of the cost-effectiveness and overall economic savings of HP and prevention as an approach to resolving priority health problems (41, 42). Nevertheless, these experiences need to be better documented and shared. Collaboration among countries in sharing experiences and lessons learned through networks and communities of practice can contribute to enhancing country level experiences. The SDGs offer a timely opportunity for ministries of health to show how the success of specific programs and policies links to broader economic, environmental, and social issues. There is a need to gather effective, evidenced-based arguments for intersectoral work to inspire the scaling up of such work and the replication of the same approaches in additional settings (35, 38, 39). This is especially needed in creating healthy public policies and in building partnerships with the private sector.

³ This was reaffirmed by national consultations that PAHO conducted in 35 countries and territories of the Region between August and October 2018 for the development of the strategy and plan of action on health promotion, followed by a regional consultation in November 2018 in Rio de Janeiro, Brazil.

11.

Rapid growth of technologies and access to diverse sources of information, especially through the increased use of mobile communications and social media, is influencing cultures, lifestyles, behaviors, and consumption patterns, with consequences for health (23). While this presents obvious challenges, it also offers a powerful opportunity to increase people's access to quality health information, health promotion messaging and health promoting tools such as mobile applications. Collaboration with national, regional, and global partners and experts in HP⁴ could be strengthened to make use of the state-of-the-art knowledge and tools they develop to reach people.



*“Collaboration
with national,
regional, and
global partners
and experts in
HP”*

⁴ For example, the International Union for Health Promotion and Education and PAHO/WHO Collaborating Centers.

PROPOSAL

12.

The goal of this Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 is to renew HP through social, political, and technical actions, addressing the SDH, in order to improve health and reduce health inequities within the context of the 2030 Agenda. This document is linked to PAHO's Strategy for Universal Access to Health and Universal Health Coverage and focuses on work with all levels of government, but particularly the local level, to empower people and communities in their settings and territories. Given the importance of intersectoral action and social participation, these are considered as two cross-cutting axes throughout the Plan of Action and should be reflected in actions to achieve each strategic line (see Annex A). Commitment to the principles of respect for human rights, equity, and inclusivity, with specific consideration of gender, ethnicity, interculturality and disabilities, among others, underpins all the strategic lines of action. Each country will need to tailor its national, subnational, and local responses to its own situation, context and priorities.



“Given the importance of intersectoral action and social participation, these are considered as two cross-cutting axes throughout the Plan of Action”

STRATEGIC LINES OF ACTION

13.

This Plan of Action is based on four mutually reinforcing strategic lines of action:

- a)** Strengthen key healthy settings.

- b)** Enable community participation and empowerment and civil society engagement.

- c)** Enhance governance and intersectoral work to improve health and well-being and address the social determinants of health.

- d)** Strengthen health systems and services by incorporating a health promotion approach.

STRATEGIC LINE OF ACTION:

1

Strengthen key healthy settings



14.

The inextricable links between people and their environment are the basis for a socio-ecological approach to health (3). Key settings that must be addressed by efforts to promote health and improve quality of life include schools, universities, housing, workplaces, markets and other common spaces in urban and rural territories and communities, among others.⁵ Intervening in such settings, taking into consideration the diverse and multicultural aspects of communities, allows for populations living in the most vulnerable conditions to be reached. However, a more systematic approach is needed to ensure that the health impact of settings-based interventions is measured, and that continuity is guaranteed.



15.

Key regional activities

- a) Review, update, develop, and share evidence-based guidelines, criteria, tools, and models for key healthy settings, and provide technical cooperation to help countries establish and document practices and lessons learned related to settings-based HP initiatives.
- b) Conduct capacity-building activities on appropriate methods to implement settings-based HP approaches and document these experiences.
- c) Facilitate the sharing of practices, lessons learned, and effective strategies and tools, taking advantage of social media channels and online portals, including through South-South cooperation.
- d) Strengthen regional healthy settings networks to support local, subnational, national, and regional initiatives.

⁵ This includes both public and private settings.

16.

Key national-level activities

- a) Establish or strengthen national healthy settings-based networks, alliances, and initiatives, with special emphasis on institutions (i.e., schools, universities, and workplaces).
- b) Strengthen the country health information system to track activities and results from healthy settings programs, enabling oversight and follow-up, and incorporating, if possible, databases that include variables related to HP.
- c) Build capacities and partnerships at national, subnational, and local levels to apply, and document the effectiveness of, intersectoral policies that contribute to the sustainability of healthy settings initiatives.

OBJECTIVE	INDICATOR	BASELINE 2019	TARGET 2025	TARGET 2030
1.1 Develop sustainable national initiatives that promote healthy settings with a focus on populations in situations of vulnerability	1.1.1 Number of countries and territories that have two or more national healthy settings-specific policies with a focus on populations in situations of vulnerability	11	19	27
1.2 Strengthen systems for information collection, analysis, and dissemination to enhance documentation and sharing of practices, lessons learned, and results related to settings-based initiatives, with an equity lens	1.2.1 Number of countries and territories that produce annual progress reports on HP in at least two categories of healthy settings	10	16	22
1.3 Increase the population's access to health-promoting schools ⁶ with SDH approaches	1.3.1 Number of countries and territories that are implementing policies or strategies based on regional guidance for healthy schools	8	13	21

⁶ This includes similar approaches used in the country and territory, such as health in schools, school health, healthy schools, etc.

STRATEGIC LINE OF ACTION:

2

Enable community participation and empowerment and civil society engagement



17.

The building of community participation is a process in which community members meet, plan strategically, identify priorities, divide tasks, and establish goals and strategies, in line with existing needs and resources (financial, technical, and human) and resources that might be obtained through partnerships (43). Although the community members may not reside in the same geographic area, what is important is that they consider themselves to be a community (44, 45). Governments should commit to creating or facilitating opportunities that ensure a community's participation in making decisions that affect the lives of its members, leveraging community assets and capacities (46, 47). This requires full and continuous access by individuals and communities to complete, accurate, and appropriate information and comprehensive health education.⁷ A more meaningful and responsible engagement with civil society will also be crucial for decision making. Strengthening community capacities to advocate for their needs and perspectives will be essential.

18.

Key regional activities

- a) Update and share guidelines and tools, on HP design, implementation, and evaluation, that facilitate the identification and mobilization of community assets and capacities and build capacities of key community-based organizations and leaders.
- b) Consolidate and disseminate information about country strategies, approaches, and experiences in which civil society engagement and community empowerment were successful in creating and sustaining community-based initiatives.
- c) Develop, in collaboration with academic institutions, health promotional and educational materials on priority public health issues, and share this material with authorities, communities, and civil society groups so that they can disseminate information, using relevant technologies and platforms, to correct erroneous health information and change individual and collective behavior.

⁷ The World Health Organization uses the term "health literacy" (32).

- d) Provide support, in collaboration with academic institutions and UN agencies, in the design of mechanisms that facilitate the participation of the community and civil society in public health programs.

19.

Key national-level activities

- a) Mobilize community assets and capacities to incorporate HP approaches into national and local health and development policies, plans, programs, and projects.
- b) Develop, define, and promote strategies and design campaigns, educational materials, messages, and activities at the national and local level with the participation of the community, to create informed and empowered populations around key health issues and actions to address the SDH, leveraging social networks, social media, and digital communication.⁸
- c) Document successful experiences in civil society engagement and community empowerment.
- d) Strengthen the participation of communities and organizations, working with health and non-health sectors.

.

⁸ Efforts should be designed to reach the entire population, especially those left behind, encouraging active participation and providing access to information for community organizations and leaders.

OBJECTIVE	INDICATOR	BASELINE 2019	TARGET 2025	TARGET 2030
2.1 Review, update, develop, adopt, and apply strategies to assess and mobilize community assets and capacities ⁹ that support HP, considering the SDH	2.1.1 Number of countries and territories that utilize strategies to include the diversity of community knowledge and skills in planning and decision making related to HP policies and actions	4	7	11
2.2 Strengthen the capacity of community-based organizations, businesses, ¹⁰ community leaders, and civil society to design, implement, monitor, and evaluate HP initiatives	2.2.1 Number of countries and territories that have implemented HP programs led by community organizations, businesses ¹¹ and/or civil society	8	16	24
2.3 Enable an informed and empowered population through equitable access to accurate health information and strategies, with a specific focus on inclusivity, by utilizing all relevant social media platforms, communication channels, and educational forums	2.3.1 Number of countries and territories that are implementing HP campaigns that include a social media component that is monitored and evaluated	4	11	19
	2.3.2 Number of countries and territories that put into effect HP campaigns to implement the WHO Global Action Plan on Physical Activity 2018–2030	10	16	24
	2.3.3 Number of countries and territories with strategies focused on counteracting vaccine hesitancy through HP processes	10	16	24
2.4 Establish mechanisms at all levels of government that ensure community participation with decision makers in creating, implementing, and evaluating public policies affecting health	2.4.1 Number of countries and territories that have implemented mechanisms that facilitate participation of community organizations and leaders in HP programs	10	14	20

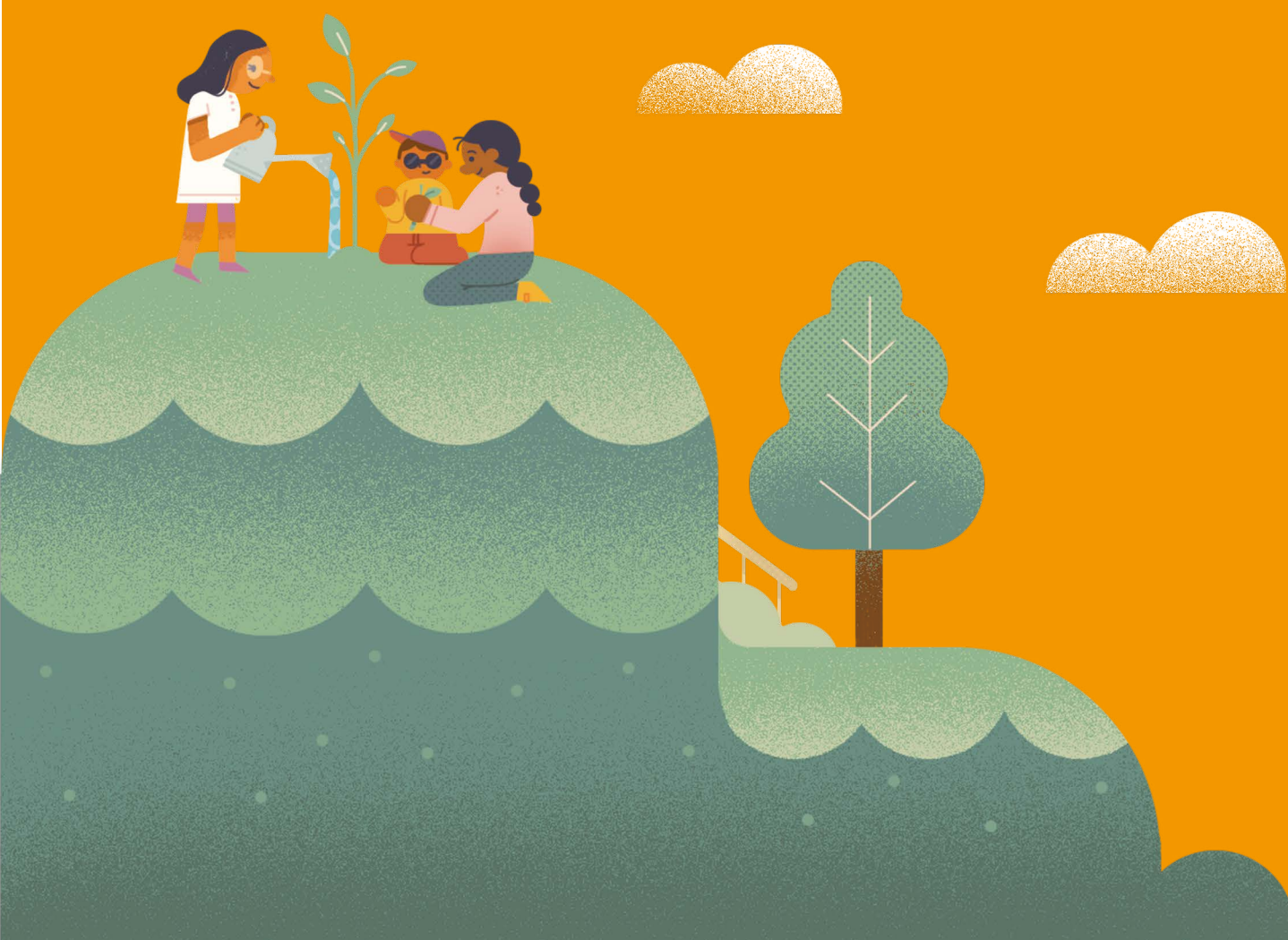
⁹ Recognizing the different types of community-based knowledge and forms of knowledge production.

¹⁰ Safeguarding against potential conflict of interest.

¹¹ Ibid.

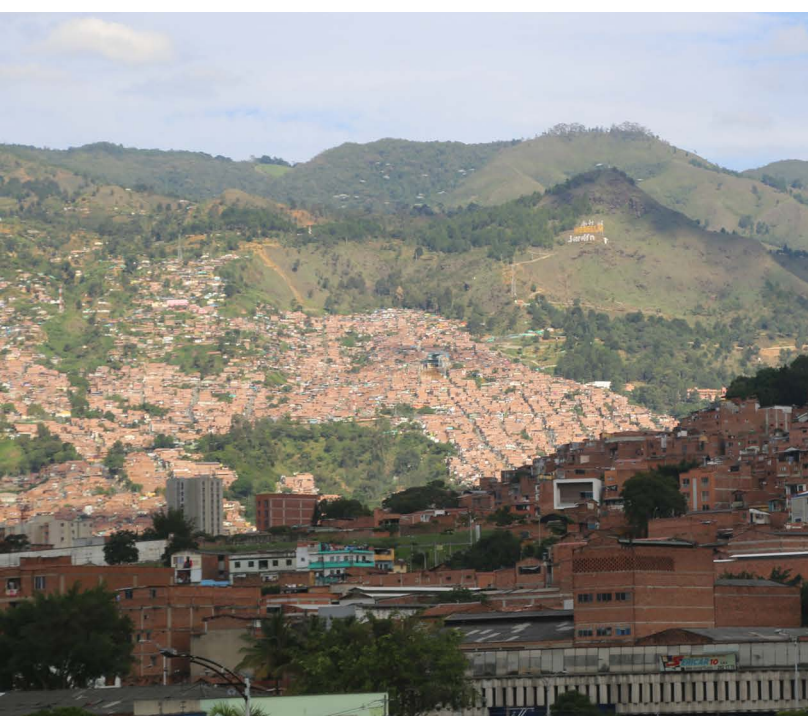
STRATEGIC LINE OF ACTION:

3 Enhance governance and
intersectoral work to improve
health and well-being and address
the social determinants of health



20.

Governance is relevant to all four strategic lines. It implies that, among other things, governments have the fundamental responsibility at global, national, and local levels to develop policies for health and social justice through democratic processes that benefit the whole of society while addressing the damaging effects of unsustainable production and consumption and negative corporate practices. The concept of HiAP focuses on promoting health and health equity through a comprehensive policy response, one that integrates health considerations across all sectors and policy areas, always taking into account and managing the potential conflicts of interest when engaging with partners. Addressing the SDH will require actions to strengthen stewardship, health diplomacy, and governance of the ministries of health in coordination with regional and local health authorities, as well as public and private sectors. Local governments can play a key role in promoting health and increasing social development; decentralizing resources and decision making to the local level will improve the effectiveness and impact of local action. This must include encouraging social participation and applying intersectoral approaches across all levels of government to reduce inequalities and inequities in health, focusing on those left behind in urban and rural settings (48–50). Key issues to address will be for governments to provide safe, active, and healthy mobility options for people to move within and between these settings and to strengthen action on environment health.



“Collaborate with inter-governmental organizations related to economy, production, human development, education, defense and security”

21.

Key regional activities

- a) Provide support for strengthening governance, advocacy and health diplomacy capacities.
- b) Support national, subnational, and local strategies, plans, programs, and projects using the HiAP approach and health diplomacy, involving civil society and relevant stakeholders through community-based initiatives to reduce health inequities.
- c) Support countries in the use of tools and mechanisms for Health Impact Assessment and for data collection and analysis disaggregated by equity stratifiers.
- d) Create a regional network on Healthy Cities and Municipalities and collaborate with regional, international, and national associations of cities and municipalities¹² to ensure that health is included in their agendas.
- e) Develop regional criteria and guidance for Healthy Cities and for Healthy Municipalities.
- f) Collaborate with inter-governmental organizations related to economy, production, human development, education, defense and security, among others, to strengthen the incorporation of effective measures to promote health within their policies, in the context of their actions at the country level with the support of regional networks and/or associations.

¹² For example, the Latin American Federation of Cities, Municipalities, and Local Government Associations (FLACMA).

22.

Key national-level activities

- a) Form intersectoral boards and advisory groups at the national, subnational, and municipal levels.
- b) Strengthen information systems, both within and outside the Ministry of Health, to enable collection of data that can be disaggregated by equity stratifiers to evaluate the impact of intersectoral interventions on health equity.
- c) Strengthen national legislation and regulation on priority risk factors for noncommunicable diseases (NCD) through health diplomacy and intersectoral work.
- d) Promote research that focuses on multisectoral approaches to the promotion of health.



“Promote research that focuses on multisectoral approaches to the promotion of health”

OBJECTIVE	INDICATOR	BASELINE 2019	TARGET 2025	TARGET 2030
3.1 Enhance health sector collaboration with other public sectors using the HiAP framework and addressing the SDH at various government levels	3.1.1 Number of countries and territories that implement the Health in All Policies framework to improve health equity as well as health and well-being	6	16	21
	3.1.2 Number of countries and territories that have developed intersectoral national, subnational, and local health policies, plans, programs, or projects that address the social determinants of health and inequities	5	10	15
3.2 Develop and/or strengthen local government structures and initiatives to include HP as a priority	3.2.1 Number of countries and territories that have a network for Healthy Cities or Municipalities ¹³	7	14	19
	3.2.2 Number of countries and territories with national associations of municipalities that have included HP in their agendas ¹⁴	3	8	13
	3.2.3 Number of countries and territories that have cities that comply with the regional criteria for Healthy Cities	0	15	20
	3.2.4 Number of countries and territories that have developed and implemented approaches to address the challenges of urban mobility	5	10	15
3.3 Strengthen the stewardship and advocacy role of the health sector so it can engage other sectors in taking into account the health impact of their policies and initiatives	3.3.1 Number of countries and territories that have enforced laws for regulating priority NCD risk factors	9	14	19
	3.3.2 Number of countries and territories where at least 70% of the schools have norms and/or regulations for the sale of foods and beverages in schools	15	24	30
	3.3.3 Number of countries and territories that have conducted health impact assessment studies of policies, plans, programs, and projects	2	7	12

¹⁴ For some English-speaking countries and territories, this includes “parishes,” the local government designation.

¹⁵ Those countries that do not have a national association may report on subnational situations.

STRATEGIC LINE OF ACTION:

4

**Strengthen health
systems and services
by incorporating a health
promotion approach**



23.

The Astana Declaration of 2018 recognizes health promotion and primary health care as complementary strategies to strengthen health systems for equitable health outcomes (38). In the Region, the Strategy for Universal Access to Health and Universal Health Coverage states that health for everyone can only be achieved by addressing the SDH through intersectoral action (37). There is also a need for countries to develop integrated health systems that promote collaboration across vertical and fragmented programs. To strengthen health systems and services and to advance the implementation of care models that focus on individuals, families, and communities, HP should be incorporated into national health policies and strategies. The health sector must make HP more relevant and concrete, and work with communities to create healthy living conditions, based on PHC. It must also develop competencies in all health personnel so they can move beyond their responsibility for providing clinical and curative services; this means recognizing health promoters as essential health workers. Based on the principles of PHC, health systems should include HP in local health care delivery models (16).

24.

Key regional activities

- a) Update, develop, and disseminate guidelines and training materials to orient incorporation of HP activities into health services using the PHC principles.
- b) Update training packages and opportunities, expand strategic alliances for building capacity of health personnel, and encourage incorporation of HP content into training,¹⁵ working with universities, PAHO/WHO Collaborating Centers, and other relevant institutions.
- c) Develop a unified framework and understanding of HP within PAHO and the countries, accompanied by ongoing capacity building and incorporation of HP into the planning processes.

¹⁵ Including through webinars and use of the PAHO Virtual Campus.

25.

Key national-level activities

- a) Develop national policies and programs designed or adjusted to integrate the HP focus into the model of delivery of health services.
- b) Conduct national and subnational training activities to facilitate development of HP skills for health personnel, enabling them to consider the determinants of health and to engage with community leaders and groups.
- c) Initiate community-based assessments that analyze the impact of HP policies in addressing inequities and achieving active community engagement.



“Develop national policies and programs designed or adjusted to integrate the HP”

OBJECTIVE	INDICATOR	BASELINE 2019	TARGET 2025	TARGET 2030
4.1 Strengthen health sector capacity to incorporate HP into health systems planning and delivery of health services, using the PHC approach	4.1.1 Number of countries and territories implementing a national ¹⁶ health promotion policy	7	14	24
	4.1.2 Number of countries and territories that have integrated HP into health services based on the principles of PHC	7	14	24
	4.1.3 Number of countries and territories that have increased the percentage of health budget for HP	2	6	12
	4.1.4 Number of countries that have a multidisciplinary institutional team with capacity for planning and leading public policy	8	16	26
4.2 Enhance health services by working with community leaders and groups to create conditions that improve health and respond to the specific needs of diverse populations	4.2.1 Number of countries and territories that are working with community leaders and groups to integrate HP, tailored to specific populations, into health services and programs	10	14	24
4.3 Strengthen health sector capacities to monitor and evaluate whether and how policies, plans, programs, and projects are effective in addressing the SDH and inequities	4.3.1 Number of countries and territories that evaluate and report on the effectiveness of policies, plans, programs, and projects in addressing the SDH and inequities	2	7	12

¹⁶ In the case of the federal countries, this can also include subnational health promotion policies.

MONITORING AND EVALUATION

26.

The achievements of this Strategy and Plan of Action will be measured through the above core set of indicators with baselines in 2019 and targets for 2025 and 2030. The objectives and indicators are aligned with the SDGs in the 2030 Agenda for Sustainable Development, as well as with the Strategic Plan of the Pan American Health Organization 2020–2025, the Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018–2030, the Sustainable Health Agenda for the Americas 2018–2030, the Plan of Action on Health in All Policies (2014–2019), the Strategy and Plan of Action on Urban Health (2012–2021), the Strategy for Universal Access to Health and Universal Health Coverage, the WHO declarations on health promotion, and other existing regional and global strategies and commitments.

27.

A reference guide will be developed to explain how each indicator is to be measured. Data will be collected from national information systems, global and regional reports, standardized global and regional estimates, and policy and program surveys, among other sources. Baselines and targets for the indicators will be defined in 2019. A midterm review of this Strategy and Plan of Action will be presented to the PAHO Governing Bodies in 2026, and a final report will be prepared for the Governing Bodies in 2031.

FINANCIAL IMPLICATIONS

28.

In order to be successful, the Strategy and Plan of Action must be able to count on the continuous support of Member States and the dedication of financial and human resources for HP. The total estimated annual budget for PAHO for implementation of the Strategy and of Action is approximately US\$ 2 million.¹⁷ Therefore, the total estimated cost of implementing the resolution during its lifecycle (2019 to 2030) is about \$22 million. The Pan American Sanitary Bureau (PASB) will promote technical cooperation among countries and territories and work to strengthen networks in the Region to secure the resources needed to achieve the goals of this Strategy and Plan of Action.

ACTION BY THE DIRECTING COUNCIL

29.

The Directing Council is invited to review the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030, make the comments it deems pertinent, and consider adopting the proposed resolution in Annex B.

¹⁷ Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

ANNEXES

References

1. Commission on Social Determinants of Health, World Health Organization (WHO), editor. Commission on Social Determinants of Health Final Report: Closing the Gap in a Generation. Geneva: WHO; 2008 [cited 2018 Nov 21]. Available from: https://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=CFC9FFEFC602BE8AA2789529D09017FE?sequence=1.
2. World Health Organization. Declaration of Alma-Ata [Internet]. International Conference on Primary Health Care; 1978 Sep 6-12; Alma-Ata, USSR. Geneva: WHO; 1978 [cited 2018 Nov 21]. Available from: http://www.who.int/publications/almaata_declaration_en.pdf.
3. World Health Organization. The Ottawa Charter for Health Promotion [Internet]. First International Conference on Health Promotion. 1986 Nov 21; Ottawa, Ontario, Canada. Geneva: WHO; 1986 [cited 2018 Nov 21]. Available from: <https://www.paho.org/hq/dmdocuments/2013/Carta-de-ottawa-para-la-apromocion-de-la-salud-1986-EN.pdf>.
4. World Health Organization. Adelaide Recommendations on Healthy Public Policy [Internet]. Second International Conference on Health Promotion; 1988 Apr 5-9; Adelaide, Australia. Geneva: WHO; 1988 [cited 2019 Apr 8]. Available from: <https://www.who.int/healthpromotion/conferences/previous/adelaide/en/>.
5. World Health Organization. Sundsvall Statement on Supportive Environments for Health [Internet]. Third International Conference on Health Promotion; 1991 Jun 9-15; Sundsvall, Sweden. Geneva: WHO; 1991 [cited 2019 Apr 8]. Available from: <https://www.who.int/healthpromotion/conferences/previous/sundsvall/en/>.
6. World Health Organization. New players for a new era: leading health promotion into the 21st century [Internet]. Fourth International Conference on Health Promotion; 1997 Jul 21-25; Jakarta. Geneva: WHO; 1997 [cited 2019 Apr 4]. Available from: <https://www.who.int/healthpromotion/conferences/previous/jakarta/en/>.

7. World Health Organization. Health promotion: bridging the equity gap [Internet]. Fifth Global Conference on Health Promotion; 2000 Jun 5; Mexico City. Geneva: WHO; 2000 [cited 2019 Apr 4]. Available from: <https://www.who.int/healthpromotion/conferences/previous/mexico/en/>.
8. World Health Organization. The Helsinki Statement on Health in All Policies [Internet]. 8th Global Conference on Health Promotion; 2013 Jun 10-14; Helsinki. Geneva: WHO; 2013 [cited 2018 Nov 21]. Available from: https://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf.
9. World Health Organization. Declaration of the International Conference on Health Promotion. Health Promotion in Latin America [Internet]. International Conference on Health Promotion; 1992 Nov; Santa Fe de Bogotá (Colombia); Geneva: WHO; 1992 [cited 2018 Nov 21]. Available from: <http://www.bvsde.ops-oms.org/bvsdeps/fulltext/declarationBogota.pdf>.
10. Healthy Caribbean Coalition. Caribbean Charter for Health Promotion [Internet]. First Caribbean Conference on Health Promotion; 1993 Jun 1-4; Port-of-Spain. St. Michael, Barbados: HCC; 1993 [cited 2018 Nov 21]. Available from: <http://www.archive.healthycaribbean.org/publications/caribbean-charter-for-health-promotion.html>.
11. Declaration of the International Conference on Health Promotion. Santa Fe de Bogotá; 1992 Nov [cited 2018 Nov 21]. Available from: <http://www.bvsde.ops-oms.org/bvsdeps/fulltext/declarationBogota.pdf>.
12. World Health Organization. Health promotion and healthy lifestyles [Internet]. 57th World Health Assembly; 2004 May 17-22; Geneva. Geneva: WHO; 2004 (Resolution WHA57.16) [cited 2018 Nov 21]. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R16-en.pdf.
13. Pan American Health Organization. Health Promotion in the Americas [Internet]. 43rd Directing Council of PAHO, 53rd Session of the Regional Committee of WHO for the Americas; 2001 Sep 24-28; Washington, DC. Washington, DC: PAHO; 2001 (Resolution CD43.R11) [cited 2018 Nov 21]. Available from: <http://iris.paho.org/xmlui/handle/123456789/1443>.

14. World Health Organization. The Bangkok Charter for Health Promotion in a globalized world [Internet]. Sixth Global Conference on Health Promotion; 2005 Aug 11; Bangkok. Geneva: WHO; 2005 [cited 2018 Nov 21]. Available from: http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf?ua=1.
15. Pan American Health Organization. Health promotion: achievements and aspirations contained in the Ottawa and Bangkok charters [Internet]. 47th Directing Council of PAHO, 58th Session of the Regional Committee of WHO for the Americas; 2006 Sep 25–29; Washington, DC. Washington, DC: PAHO; 2006 (Resolution CD47.R20) [cited 2018 Nov 21]. Available from: <http://iris.paho.org/xmlui/handle/123456789/353>.
16. World Health Organization. Primary health care, including health system strengthening [Internet]. 62nd World Health Assembly; 2009 May 18–27; Geneva. Geneva: WHO; 2009 (Resolution WHA62.12) [cited 2018 Nov 21]. Available from: https://www.who.int/hrh/resources/A62_12_EN.pdf.
17. World Health Organization. Reducing health inequities through action on the social determinants of health [Internet]. 62nd World Health Assembly; 2009 May 18–27; Geneva. Geneva: WHO; 2009 (Resolution WHA62.14) [cited 2018 Nov 21]. Available from: http://apps.who.int/gb/ebwha/pdf_files/a62/a62_r14-en.pdf.
18. World Health Organization. Rio Political Declaration on Social Determinants of Health [Internet]. World Conference on Social Determinants of Health; 2011 Oct 19–21; Rio de Janeiro. Rio de Janeiro: WHO; 2011 [cited 2018 Nov 21]. Available from: http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf.
19. United Nations. The future we want [Internet]. Rio+20 United Nations Conference on Sustainable Development; 2012 Jun 20–22; Rio de Janeiro. New York: UN; 2012 (Document A/CONF.216/L.1) [cited 2018 Nov 21]. Available from: https://rio20.un.org/sites/rio20.un.org/files/a-conf.216l-1_english.pdf.pdf.
20. Pan American Health Organization. Social Protection in Health [Internet]. 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas; 2013 Sep 30–Oct 4; Washington, DC. Washington, DC: PAHO; 2013 (Resolution CD52.R11) [cited 2018 Nov 21]. Available from: <https://www.paho.org/hq/dmdocuments/2013/CD52-R11-e.pdf>.

21. World Health Organization. Outcome of the World Conference on Social Determinants of Health [Internet]. 65th World Health Assembly; 2012 May 21-26; Geneva. Geneva: WHO; 2012 (Resolution WHA65.8) [cited 2018 Nov 21]. Available from: https://www.who.int/sdhconference/background/A65_R8-en.pdf?ua=1.

22. Pan American Health Organization. Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 [Internet]. 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas; 2018 Sep 23-27; Washington, DC. Washington, DC: PAHO; 2018 (Document CD56/8, Rev.1) [cited 2018 Nov 21]. Available from: <http://iris.paho.org/xmlui/bitstream/handle/123456789/49609/CD56-8-e.pdf?sequence=1&isAllowed=y>.

23. Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2014-2019 (Amended) [Internet]. 29th Pan American Sanitary Conference, 69th session of the WHO Regional Committee for the Americas; 2017 Sep 25-29; Washington, DC. Washington, DC: PAHO; 2017 (Official Document 345) [cited 2018 Nov 21]. Available from: <https://www.paho.org/hq/dmdocuments/2017/paho-strategic-plan-eng-2014-2019.pdf>.

24. Pan American Health Organization. Plan of Action on Health in All Policies [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Document CD53/10, Rev. 1) [cited 2018 Nov 21]. Available from: <https://www.paho.org/hq/dmdocuments/2014/CD53-10-e.pdf>.

25. Pan American Health Organization. Plan of Action on Worker's Health 2015-2025 [Internet]. 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas; 2015 Oct 1; Washington, DC. Washington, DC: PAHO; 2015 (Document CD54/10, Rev. 1) [cited 2019 Jan 14]. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/33986/CD54_10Rev.1-eng.pdf?sequence=1&isAllowed=y.

26. Pan American Health Organization. Policy on Ethnicity and Health [Internet]. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas, 2017 Sept 25-29; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/7, Rev. 1) [cited 2019 Feb 4]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=42013-csp29-7-e-013&Itemid=270&lang=en.
27. World Health Organization, editor. More Active People for a Healthier World: Global Action Plan on Physical Activity 2018-2030 [Internet]. Geneva: WHO; 2018 [cited 2019 Feb 4]. Available at: <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf?ua=1>.
28. United Nations. Millennium Declaration [Internet]. Fifty-fifth Session of the General Assembly of the United Nations; 2000 Sep 5-11; New York. New York: UN; 2000 (Resolution A/RES/55/2) [cited 2018 Nov 21]. Available from: <http://www.un.org/millennium/declaration/ares552e.htm>.
29. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development [Internet]. Seventieth Session of the General Assembly of the United Nations; 2015 Sep 25-27; New York. New York: UN; 2015 (Resolution A/RES/70/1) [cited 2018 Nov 21]. Available from: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1.
30. Pan American Health Organization. Preparing the Region of the Americas to Achieve the Sustainable Development Goal on Health [Internet]. Washington, DC: PAHO; 2015 [cited 2018 Nov 21]. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/10016/9789275118634_eng.pdf.
31. Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030: a call to action for health and well-being in the region [Internet]. Washington, DC: PAHO; 2017 [cited 2018 Nov 21]. Available from: <http://iris.paho.org/xmlui/handle/123456789/49170>.
32. World Health Organization. The Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development [Internet]. 9th Global Conference on Health Promotion; 2016 Nov 21-24; Shanghai. Geneva: WHO; 2016 [cited 2018 Nov 21]. Available from: <http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf>.

33. World Health Organization. Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being [Internet]. International Meeting on Health in All Policies; 2010 Apr 13-15; Adelaide, Australia. Geneva: WHO; 2010 [cited 2018 Nov 21]. Available from: http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf.
34. Pan American Health Organization. Health in the Americas 2017 [Internet]. Washington, DC: PAHO; 2017 [cited 2018 Nov 21]. Available from: <https://www.paho.org/salud-en-las-americas-2017/>.
35. Pan American Health Organization. Just societies: health equity and dignified lives [Internet]. Executive summary of the report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Washington, DC: PAHO; 2018 [cited 2018 Nov 21]. Available from: <http://iris.paho.org/xmlui/handle/123456789/49505>.
36. Pan American Health Organization. Plan of Action on Health in all Policies: Progress Report [Internet]. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas; 2017 Sep 25-29; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/INF/7) [cited 2018 Nov 21]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=41206-csp29-inf-7-a-e-206&Itemid=270&lang=en.
37. Pan American Health Organization. Strategy for Universal Access to Health and Universal Health Coverage [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Document CD53/5, Rev. 2) [cited 2018 Nov 21]. Available from: <http://iris.paho.org/xmlui/bitstream/handle/123456789/28276/CD53-5-e.pdf?sequence=1&isAllowed=y>.
38. World Health Organization. Declaration of Astana [Internet]. Global Conference on Primary Health Care; 2018 Oct 26-28; Astana, Kazakhstan. WHO; 2018 [cited 2018 Nov 21]. Available from: <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>.

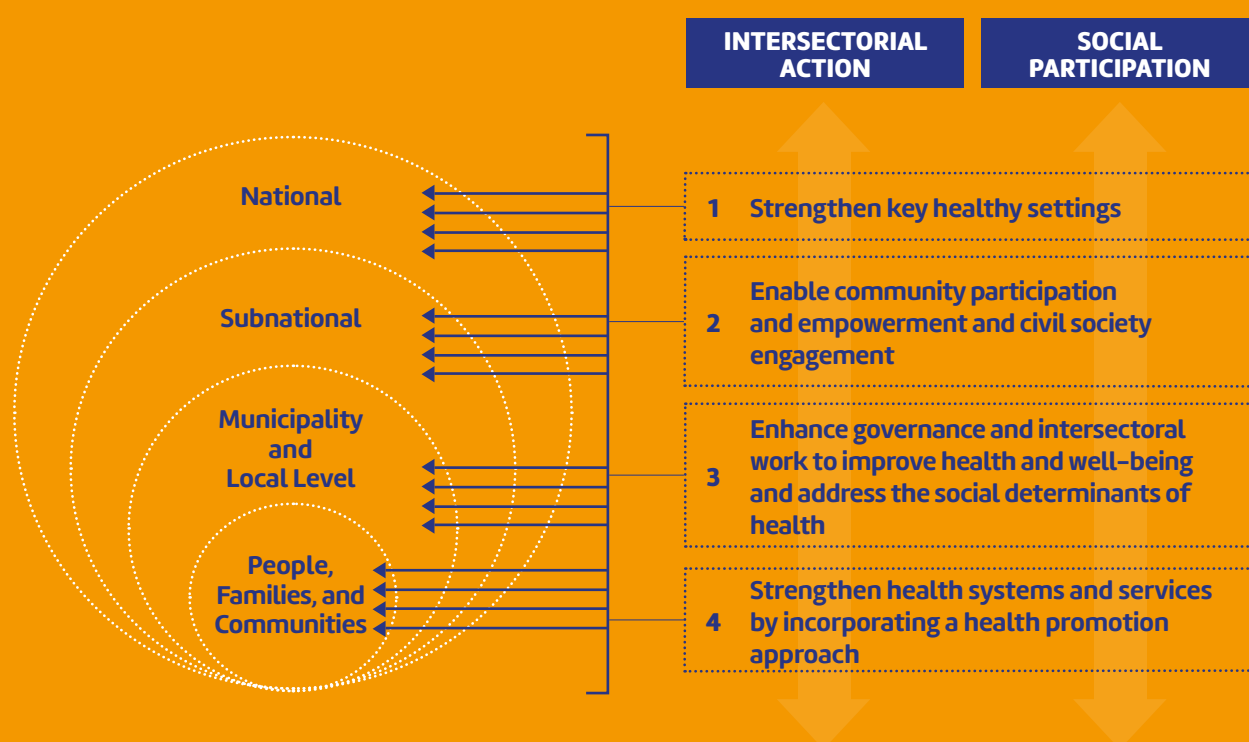
39. Fortune K, Becerra-Posada F, Buss P, Galvão LA, Contreras A, Murphy M, et al. Health promotion and the Agenda for Sustainable Development, WHO Region of the Americas. *Bulletin of the World Health Organization* 2018 Sep 1;96(9):621.
40. World Health Organization. The Nairobi call to action for closing the implementation gap in health promotion [Internet]. Geneva: WHO; 2009 [cited 2019 Jan 15]. Available from: http://www.ngos4healthpromotion.net/wordpress4hp/wp-content/uploads/2017/04/Nairobi_Call_to_Action_Nov09.pdf.
41. Merkur S, Sassi F, McDaid D. Promoting health, preventing disease: is there an economic case? [Internet]. Policy summary 6. Copenhagen: WHO Regional Office for Europe; 2014 [cited 2019 Apr 4]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0004/235966/e96956.pdf.
42. World Health Organization, Regional Office for Europe. The case for investing in public health: a public health summary report for EPHO 8 [Internet]. Copenhagen: WHO Regional Office for Europe; 2014 [cited 2019 Apr 4]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf.
43. World Bank and Pan American Health Organization. Toward universal health coverage and equity in Latin America and the Caribbean: evidence from selected countries [Internet]. Washington, DC: World Bank; 2015 [cited 2019 Apr 4]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=30702&Itemid=270&lang=en.
44. Airhihenbuwa CO. Health promotion and the discourse on culture: implications for empowerment. *Health Education & Behavior* [Internet]. 1994 [cited 2018 Nov 20]; 21(3): 345-353. Available from: <https://doi.org/10.1177/109019819402100306>.

45. Jewres R, Murcott A. Meanings of community. Soc Sc Med [Internet]. 1996 [cited 2018 Nov 21]; 43(4): 555-563. doi: 10.1016/0277-9536(95)00439-4.
46. Fals-Borda O, Rahman M. Action and knowledge: breaking the monopoly with participatory action-research. New York: Apex Press; 1991.
47. Rifkin SB, Muller F, Bichmann W. Primary health care: on measuring participation. Soc Sc Med [Internet]. 1988 [cited 2018 Nov 21]; 26(9): 931-940. doi: 10.1016/0277-9536(88)90413-3.
48. Freire P. Acción cultural para la libertad. Buenos Aires: Tierra Nueva S.R.L; 1975.
49. Pan American Health Organization. Strategy and Plan of Action on Urban Health [Internet]. 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO; 2011 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2011 (Document CD51/5) [cited 2019 Feb 4]. Available from: <http://iris.paho.org/xmlui/bitstream/handle/123456789/28466/CD51-5-e.pdf?sequence=1&isAllowed=y>.
50. World Health Organization. Shanghai Consensus on Healthy Cities [Internet]. Healthy Cities Mayors Forum, 9th Global Conference on Health Promotion; Shanghai. Geneva: WHO; 2016 [cited 2019 Feb 4]. Available from: <https://www.who.int/healthpromotion/conferences/9gchp/9gchp-mayors-consensus-healthy-cities.pdf?ua=1>.

Annex A

Framework for the Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030

All four strategic lines should be reflected in action across the various levels (people/families/communities, local level, subnational, and national) and should prioritize the two cross-cutting lines (intersectoral action and social participation).





57th DIRECTING COUNCIL

71st SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 30 September–4 October 2019

CD57/10
Annex B
Original: English

PROPOSED RESOLUTION

STRATEGY AND PLAN OF ACTION ON HEALTH PROMOTION WITHIN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT GOALS 2019–2030

THE 57th DIRECTING COUNCIL,

(PP1) Having reviewed the *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030* (Document CD57/10), whose strategic lines call for strengthening healthy settings, enabling community participation and empowerment and civil society engagement, enhancing governance and intersectoral work to act on the social determinants of health, and strengthening health systems and services by incorporating a health promotion approach in order to improve the health and well-being of the populations of the Americas;

(PP2) Recognizing the importance of renewing health promotion in the Region in the context of the *Sustainable Development Goals*, the *Sustainable Health Agenda for the Americas 2018–2030*, the *Strategy for Universal Access to Health and Universal Health Coverage*, and the *Strategic Plan of the Pan American Health Organization 2020–2025* in order to improve the health and well-being of the populations of the Americas,

RESOLVES:

(OP)1. To approve the *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030* (Document CD57/10).

(OP)2. To urge the Member States, in keeping with the objectives and indicators established in the Plan of Action, and considering their own contexts and priorities, to:

- a) promote the implementation of the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 in order to advance effectively in its implementation.

(OP)3. To request the Director to:

- a) provide technical support to the Member States to strengthen national capacities on health promotion that contribute to the implementation of the Strategy and Plan of Action and the achievement of its objectives.



CD57/10
Annex C

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

- 1. Agenda item:** 4.8 – Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030

- 2. Linkage to proposed PAHO Program Budget 2020–2021:***

Outcome 18: Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability.

Outcome 19: Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action.

* *The proposed Program Budget 2020–2021 was presented to the 13th Session of the Subcommittee on Program, Budget and Administration and the 164th Session of the Executive Committee. The 57th Directing Council will review this proposal in September 2019. Therefore, the final version of the Program Budget may contain certain changes in the outcomes, which will be reflected in this Strategy and Plan of Action as well.*

- 3. Financial implications:**

a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):

In order to be successful, the Strategy and Plan of Action must be able to count on the continuous support of Member States and the dedication of financial and human resources for health promotion. The total estimated annual budget for PAHO for implementation of the Strategy and Plan of Action is approximately US\$ 2 million. Therefore, the total estimated cost of implementing the resolution during its lifecycle (2019 to 2030) is about US\$ 22 million. Through its technical capacity, the Pan American Sanitary Bureau will promote technical cooperation among countries and territories and work to strengthen networks in the Region to secure the resources needed to achieve the goals of the Strategy and Plan of Action. The amount calculated for human resources (see table below) considers the current PAHO staff dedicated to the PAHO Strategic Plan 2014–2019, Program Area 3.4, at regional and country levels. The amounts estimated for activities (training, consultants, travel and meetings, publications, and supplies) were calculated considering regular funds and voluntary contributions that will need to be mobilized throughout the Strategy and Plan of Action life span.

Area	Estimated cost (in US\$)
Human resources	13,000,000
Technical cooperation	3,000,000
Training	2,000,000
Consultants/service contracts	1,000,000
Travel and meetings	2,000,000
Publications	500,000
Supplies and other expenses	500,000
Total	22,000,000

b) Estimated cost for the 2018–2019 biennium (including staff and activities):

This Strategy and Plan of Action would cost US\$ 400,000 for the remainder of the 2018–2019 biennium.

c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities?

Current funding available for health promotion through PAHO's regular budget, WHO contributions, and extra-budgetary sources will be applied to the Strategy and Plan of Action. Efforts will also be made to mobilize resources to support the implementation of the Strategy and Plan of Action.



CD57/10

Annex D

Analytical Form to Link Agenda Item with Organizational Mandates

1. Agenda item: 4.8 – Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030

2. Responsible unit: Health Promotion and Social Determinants (FPL-PS)

3. Preparing officer: Dr. Gerry Eijkemans

4. Link between Agenda item and Sustainable Health Agenda for the Americas 2018–2030:

Health promotion action will play an important role in achieving the health-related targets of the Sustainable Development Goals and will contribute to more engaged, dynamic, and equitable distribution of health in the Region of the Americas. The Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 addresses a number of areas of action in the Sustainable Health Agenda for the Americas 2018–2030, including:

- *Goal 1:* Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.
- *Goal 2:* Strengthen stewardship and governance of the national health authority, while promoting social participation.
- *Goal 3:* Strengthen the management and development of human resources for health (HRH) with skills that facilitate a comprehensive approach to health.
- *Goal 7:* Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research, innovation, and the use of technology.
- *Goal 9:* Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.
- *Goal 11:* Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.

5. Link between Agenda item and the proposed PAHO Strategic Plan 2020–2025:*

Outcome 18: Increased capacity of health actors to address social and environmental determinants of health, with an intersectoral focus, prioritizing populations and communities living in situations of vulnerability.

Outcome 19: Health promotion strengthened, and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action.

* The proposed PAHO Strategic Plan 2020–2025 was presented to the 13th Session of the Subcommittee on Program, Budget and Administration and the 164th Session of the Executive Committee. The 57th Directing Council will review this proposal in September 2019. Therefore, the final version of the Strategic Plan may contain certain changes in the outcomes, which will be reflected in this Strategy and Plan of Action as well.

6. List of collaborating centers and national institutions linked to this Agenda item:

- Ministries of health; representatives from other sectors including education, transport, and environment; nongovernmental organizations and PAHO's networks working to promote health in schools, universities, and municipalities, among other settings.
- PAHO Collaborating Centers involved in health promotion, including:
 - (CAN-49) WHO Collaborating Centre for Health Promotion at the University of Toronto
 - (PUR-263) WHO Collaborating Centre for Training and Research in Health Promotion and Health Education
 - (USA-309) WHO Collaborating Centre for Community Health and Development at the University of Kansas
 - (BRA-68) WHO Collaborating Centre for Healthy Cities and Health Promotion at the University of São Paulo
 - (COL-17) WHO Collaborating Centre for Evaluation, Training, and Advocacy in Health Promotion
 - (COL-16) WHO Collaborating Centre for Health Promotion and Sexual and Reproductive Health at Santander Industrial University
 - (CUB-16) WHO Collaborating Centre for Health in Housing
 - (USA 213) WHO Collaborating Centre for Research on Healthy Settings
- Other UN agencies, including UNICEF, United Nations Development Program (UNDP), United Nations Economic Commission for Latin America and the Caribbean (ECLAC), United Nations Human Settlements Program (UN-Habitat), and International Labor Organization (ILO).

7. Best practices in this area and examples from countries within the Region of the Americas:

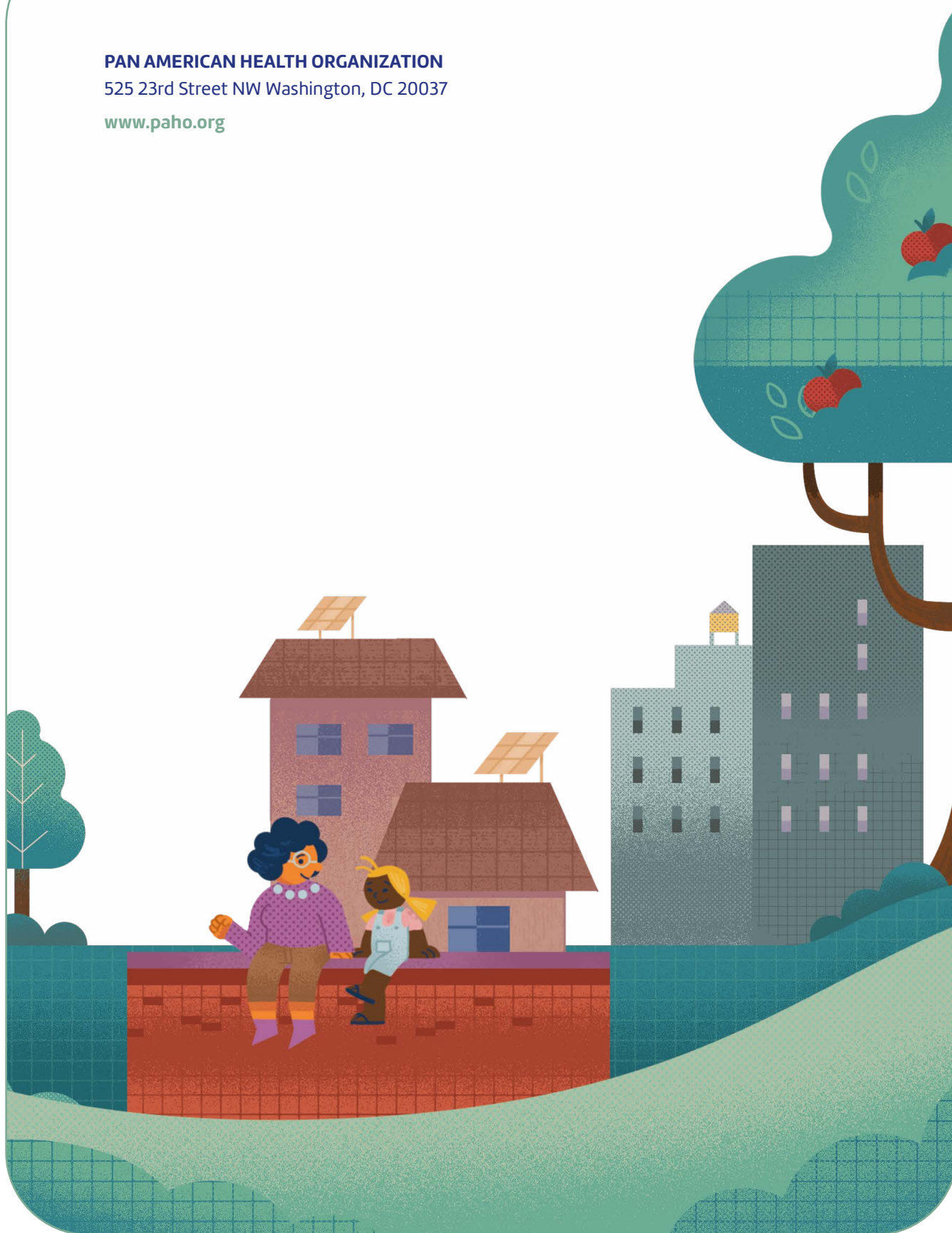
There have been many successful experiences in the Region in health promotion. These include experiences based on the healthy settings approach and on incorporating empowered communities into effective programs that improve health and well-being. Nevertheless, these experiences need to be better documented and shared. It is important for ministries of health to show how the success of specific programs and policies links to broader contextual, economic, environmental, and social issues. There is also a need to gather effective, evidenced-based arguments for intersectoral work to inspire the scaling up of such work and the replication of the same approaches in additional settings. The following represent some health promotion initiatives in the Region in recent decades:

- Establishment of programs and networks of health-promoting settings, such as health-promoting schools, health-promoting universities, health-promoting workplaces, among others.
- Creation, maintenance, and reactivation of programs and networks of healthy municipalities, cities, and communities, with a recent regional movement toward the formalization of a Network of Healthy Municipalities in the Americas. Prominent examples include Medellín, Cali, Bogotá, and Paipa in Colombia; Curitiba, Guarulhos, and São Paulo in Brazil; La Granja, Chile; Cienfuegos, Cuba; and Buenos Aires, Argentina.
- Implementation of intersectoral work for health and health equity, including conditional cash transfer (CCT) programs that address social determinants of health (e.g., poverty) and intersectoral programs for social protection that create comprehensive services and settings for people to lead a healthy life, such as Chile Crece Contigo.
- Actions for community participation and engagement such as participatory budgeting and movements for the rights of people in situation of vulnerability.

8. Financial implications of this Agenda item:

In order to be successful, the Strategy and Plan of Action must be able to count on the continuous support of Member States and the dedication of financial and human resources for health promotion. The total estimated annual budget for PAHO for implementation of the Strategy and Plan of Action is approximately US\$ 2 million. Therefore, the total estimated cost of implementing the resolution during its lifecycle (2019 to 2030) is about US\$ 22 million. Through its technical capacity, the Pan American Sanitary Bureau will promote technical cooperation among countries and territories and work to strengthen networks in the Region to secure the resources needed to achieve the goals of the Strategy and Plan of Action.

PAN AMERICAN HEALTH ORGANIZATION
525 23rd Street NW Washington, DC 20037
www.paho.org



PAHO



Pan American
Health
Organization



World Health
Organization
Americas