Health Promotion Connection
Conexiones para la Promoción de la Salud
Connexion pour la Promotion de la Santé

ISECN
IUHPE Student and Early
Career Network

Dear ISECN Readers,

This month we had the honor of one of our ISECN members, Peter Delobelle, receiving an invitation to attend the WHO Conference on Health-in-All-policies– he has written an article for us from that conference with many important pieces of information about what is being done globally and what changes we can expect to see. Along with that article there are other global resources, publications and a book review written in Spanish. Enjoy!

Sincerely,
Emily Fisher,
ISECN Global Chair

Inside this issue:

WHO Conference on Health-in-All policies
Written by Peter Delobelle

Two weeks ago, WHO convened its eighth **Global Conference on Health Promotion** (http://www.healthpromotion2013.org/) in Helsinki together with the Ministry of Social Affairs and Health of Finland. The conference focus was on how to promote health and equity by implementing a Health-in-All Policies (HiAP) approach, centered around the 'how' rather than the 'what' by discussing and sharing best practices among the nearly thousand mid- to high-level policymakers gathered from around the world. The five-day conference hence offered a window of opportunity for policymakers to discuss lessons learnt and provided some interesting insights **in the field of HiAP implementation** (http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/sections/news/2013/06/progress-in-bringing-health-into-all-policies#.Ubw8MzwV4E0.twitter).

Working with a HiAP approach means ensuring that health considerations play a role in all public policy decisions, constituting a means for action by engaging and supporting partnerships with other sectors to deliver the desired health and equity outcomes and supporting social and economic development. HiAP hence increase the accountability of decision-makers for health impacts at all levels of policymaking and work best when the parties or sectors involved have mutual interests and/or co-benefits, for example by seeking synergies between health and education sector objectives. By considering health impacts across other policy domains such as agriculture, environment, fiscal policies, housing and transport, however, population health can be targeted more comprehensively and the increasing burden on the health care system reduced. The health sector's role is then to support the other sectors to achieve these goals.

The approach is implemented using a variety of frames of reference and formats, for example through a broad government framework for action in the recently launched **Healthy Ireland strategy** (http://www.dohc.ie/press/releases/2013/20130328.html), or through a corporate strategy targeting health inequalities using strategic objectives, national indicators and targets in **Scotland** (http://www.healthscotland.com/documents/5792.aspx). Other examples include using a service strategy at Municipal level in Finland with the aim of acquiring new and maintaining the present customers, supported by development resources at National level such as the **(Kaste) Program for Social Welfare and Health Care** (http://www.stm.fi/en/strategies_and_programmes/kaste). Web-based platforms and tools are also increasingly used to share and exchange experiences or to benchmark performance measurements.

The new governance approach is clearly more coherent and participative, with input from new strategic partners at all levels of society and supported by high-level political leadership, with new roles for health ministers and public health agencies. Tools for implementing HiAP are also available, ranging from policy tools such as health impact assessments, regulatory measures, and fiscal measures, to new methods for measuring equity. Presentations highlighted the importance of central leadership (heads of government are best placed to lead HiAP), regulation, and a HiAP workforce with the ability to negotiate complexity, facilitate social change, and create conditions that promote favorable political decisions.

As the host country for this conference, Finland has a long tradition in implementing HiAP, championing behavioral

WHO Conference on Health-in-All policies… Continued

changes as a strategy to reduce cardiovascular diseases in its famed **North Karelia Project** (http://www.thl.fi/thl-client/pdfs/731beafd-b544-42b2-b853-baa87db6a046)and introducing the concept into the EU decision-making process under the Finnish presidency in 2006. The strategy has now been firmly established in the health policy framework for Europe, which is commonly referred to as **Health 2020**, and described as a 21st century governance for health based on a 'whole-of-government' and 'whole-of-society' responsibility and accountability for health (http://ec.europa.eu/health/europe_2020_en.htm). The new governance for health is firmly grounded in the values of human rights and equity, achieving global and societal goals through new, interconnected forms of governance, in turn creating new partnerships supported by the strong voice and involvement of civil society.

Plenary on HiAP Framework for Country Action: The Way Forward (http://www.videonet.fi/who/20130614/1/)

As stated by Zsuzsanna Jakab, Regional Director of WHO Europe, in her **keynote intervention** at a special Europe Day devoted to showcase inspirational achievements related to implementing HiAP approaches in the EU, the new framework offers a values- and evidence-based policy within which the HiAP strategy can be meaningfully implemented (http://www.euro.who.int/__data/assets/pdf_file/0005/191183/RD-pres-integrated-Europe-Day-setting-the-scene.pdf). For example, HiAP is considered an essential pillar in the **Action Plan on NCDs for 2012-2016** (see page 7), given that the wider determinants of the NCD epidemic lie largely outside the control of the health sector and there is clear evidence of the cost-effectiveness of implementing HiAP, for example through the use of fiscal policies to control harmful alcohol use and social welfare spending. The globalization of unhealthy lifestyles also requires a multisectoral and multi-stakeholder engagement based on political commitment to address NCDs as a global development challenge. A UNDP desk review however, indicated that national action plans for addressing NCDs frequently cite multisectoral links, but that frameworks for integration are still lacking and public misconceptions about NCDs are still rife. M&E frameworks are required but absent beyond the health sector, while funding still favours communicable diseases in countries suffering from both. Regional differences also show that attention to NCDs remains weak in sub-Saharan Africa, and an overall UN Task Force on NCDs has been established to support the global NCD agenda.

Tobacco control seems clearly an exception, with a majority of countries implementing a comprehensive national tobacco control strategy based on the **WHO Framework Convention on Tobacco Control** (FCTC), which is recommended as a framework for the use of legal tools to implement HiAP (see page 7). However, as WHO Director-General Dr Margaret Chan stated in her opening address, 'it is not just Big Tobacco anymore – public health must also contend with Big Food, Big Soda, and Big Alcohol,' and 'all these industries fear regulation and protect themselves by using the same tactics, including front groups, lobbies, promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt.. including arguments that place the responsibility for harm to health on individuals and portray government actions as interference in personal liberties and free choice.'

Strong opposition to the NCD agenda hence persists, as 'efforts to prevent NCDs go against the business interests of powerful economic operators,' and 'the globalization of unhealthy lifestyles is by no means just a technical issue for public health, but a political and a trade issue. And it is an issue for foreign affairs.' The latter was illustrated clearly by a case study from Samoa, where government was forced to lift a ban on the import of **high-fat turkey tails** introduced in 2007 amidst concerns about the high rates of diabetes, obesity and heart disease as part of a bid to join the World Trade Organisation (http://www.abc.net.au/news/2013-05-20/an-samoa-lifts-ban-on-high-fat-turkey-tails/4699506). The issue of corporate power was also raised in a heated debate on the role of the private sector with speakers from the World Bank and the World Economic Forum, who treated the public to what seemed to be a **health wash** (http://blogs.bmj.com/bmj/2013/06/12/fran-baum-on-economics-and-health-at-the-who-global-health-meeting/). Dissenting voices where, however, screened on the massive message wall mounted on stage and through the interventions from the audience.

An interesting example of successful intersectoral action came from the small country of Ecuador, where the Ministry of Social Development succeeded in implementing an intersectoral policy guided by the lifecycle approach to overcome inequality and provide social protection. Based on growing budgetary allocations the country managed to narrow its equity gap (the GINI coefficient decreased from 0.54 to 0.47 between 2006-2011) and increase its universal access to education, housing, water and sanitation. In addition, the

WHO Conference on Health-in-All policies… Continued

country managed to double the number of consultations in the public health care sector in the same period and included environmental sustainability in its policy objectives, as illustrated by the **yasuní program** to protect the rainforest from commercial exploitation (http://www.independent.co.uk/environment/green-living/saving-yasuni-can-a-revolutionary-plan-protect-the-rainforest-from-commercial-exploitation-8523192.html). Other remarkable case studies came from Tunisia, Brazil, and China, where a comprehensive program to improve people's health, the ChangChun Health Movement, was instituted through a series of public health actions in line with social and economic development needs.

In addition to hosting the conference, a book was also prepared and launched by the organizing country as an unofficial contribution to the conference, offering a wide range of case studies and solutions for a variety of problems related to HiAP implementation (see page 7). The book titled 'Health in All Policies (HiAP): Seizing opportunities, implementing policies' is edited by – amongst others – Kimmo Leppo, the former Director General of the Health Department, Ministry of Social Affairs and Health, Finland, who was honoured for his lifetime achievement in health promotion and whose acceptance speech stressed the importance of power relationships to understand health policy. The conference concluded with a formal endorsement of **'The Helsinki Statement on Health in All Policies'** by conference participants (http://www.healthpromotion2013.org/images/8GCHP_Helsinki_Statement.pdf) and the discussion of a **Framework for Country Action** which will give countries concrete guidance on how to implement HiAP in their respective regions (http://www.healthpromotion2013.org/images/HiAP_Framework_Conference_Draft_10_June.pdf).

- Hautala, H (Minister for International Development, Finland): HiAP as regards the positioning of health in the post-2015 agenda; highlights the shortcomings of the MDGs with regard to addressing the systemic aspects of health; HiAP based on a rights-based approach will be critical for the post-2015 agenda, focusing on equity and health systems strengthening (as opposed to vertical disease programs);
- Espinosa, DE (Vice-Minister of Health Policy, El Salvador): country example of HiAP; National Health Policy was adopted in 2009 through public pressure and includes elements of health promotion, comprehensive PHC, human rights, social participation, intersectoral work in the process of health reform; also initiatives related to environmental and private sector regulation; participatory planning with regard to public health; continuous threat of development model promoted by industrialized countries that are based on high levels of consumption, unequal trade relations and irrational models of high profit which are reflected in the unsustainable exploitation of natural resources, absence of a long-term model of development, the extraction of mineral exploitation, pollution of water sources and abusive use of toxic substances;
- Dhatt, R (President, IFMSA): provides the voice of the young generation and stresses advocacy, awareness raising and networking activities at high level UN meetings; capacity building with regard to SDH, UHC and HiAP; need to include young voices in framework negotiations;
- Sparks, M (President, IUHPE): overview of IUHPE activities; warns for silo-ism when developing frameworks for HiAP as this is part of the five action domains of the Ottawa Charter;
- Rashad, S (American University Cairo): pointed out the flaws in the HiAP framework, with a need to fill in the 'black boxes'; health equity should be used as a country performance indicator and become the benchmark for social success; the link between social justice and equity needs to be articulated ('health promotion is our dream; HiAP is the plan').

Visit the website link below for videos of personal reflections of conference delegates– including one from our IUHPE President, Michael Sparks!
http://www.healthpromotion2013.org/media-healthpromotion2013/videos

La mirada como dispositivo de poder-saber
Reseña de: "El Nacimiento de la clínica. Una arqueología de la mirada médica"
Por Carolina Amieva, Grupo de Didáctica de las Ciencias
(IFLYSIB, CONICET-UNLP) e IPE (UNSA CONICET), Argentina.
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"Este libro trata del espacio, del lenguaje y de la muerte; trata de la mirada"

Michel Foucault (1926-1984), fue un filósofo e historiador francés. El mismo es conocido por sus estudios críticos de la psiquiatría, la medicina, las ciencias humanas, el sistema de prisiones y la sexualidad humana. Sus trabajos sobre el poder y sobre las relaciones entre poder y saber han revolucionado el pensamiento social del último cuarto del siglo XX. Entre sus obras más importantes se encuentran: *La Arqueología del saber*, *Historia de la Locura*, *Vigilar y Castigar*, *Historia de la sexualidad*; siendo *El Nacimiento de la clínica* su segundo libro publicado en 1963.

En el mismo, se rastrea el desarrollo de la observación médica en Francia desde el siglo XVIII analizando el surgimiento del hospital, la filosofía subyacente en la educación médica y el advenimiento de la anatomía patológica. Estos cambios dieron lugar al torrente de conocimiento y ciencia aplicada que hoy constituyen la profesión médica.

El autor nos introduce en la actitud de mediados del Siglo XVIII hacia la salud y la enfermedad. De la noción de *"enfermedades esenciales"* asociadas al mal, se pasa a considerarlas como *"movimientos complejos de los tejidos en reacción a una causa"*. La enfermedad se reduce entonces a la forma patológica de la vida. La medicina de las enfermedades ha terminado su tiempo y empieza así una medicina del cuerpo y sus síntomas.

FOUCAULT, MICHAEL: *"El Nacimiento de la clínica. Una arqueología de la mirada médica"* Buenos Aires, Siglo veintiuno editores, [1963], 2011. 272p.

"Esta nueva estructura está señalada, por el cambio ínfimo y decisivo que ha sus-tituido la pregunta: "¿Qué tiene usted?", con la cual se iniciaba en el siglo XVIII el diálogo del médico y del enfermo por esta otra en la cual reconocemos el juego de la clínica y el principio de todo su discurso: "¿Dónde le duele a usted?"

En este sentido, Foucault explica cómo las formas de la racionalidad médica comienzan a circunscribirse al mundo de la percepción ofreciendo signos de verdad en *"el grano de las cosas, su color, sus manchas, su dureza, su adhe-rencia"*. El ojo se convierte entonces en el deposi-tario y en la fuente de la verdad a través de una mirada minuciosa que recorre, rodea y penetra. Ciertamente esta ligadura de la verdad a las cosas mismas tiene que ver con el auge de las corrientes empiristas en los campos científicos.

En definitiva, según el autor, se ha abierto la posibilidad de una *"experiencia clínica"* que permite introducir al individuo en tanto sujetos de control en los discursos científicos. Se produce entonces un cambio de configuración que supone un pasaje de un orden invisible a otro visible, aunque en el campo de la medicina, según el autor, esto no implicó un necesario avance del conocimiento. *"A principios del siglo XIX, los médicos describieron lo que, durante siglos, había permanecido por debajo del umbral de lo visible y de lo enunciable; pero no es que ellos se pusieran de nuevo a percibir después de haber especulado durante mucho tiempo, o a escuchar a la razón más que a la imaginación; es que la relación de lo visible con lo invisible, necesaria a todo saber concreto, ha cambiado de estructura y hace aparecer bajo la mirada y en el lenguaje lo que estaba más allá de su dominio".*

En lo personal, considero que este libro se constituye en una pieza fundamental de lectura para quienes trabajamos en el ámbito de la promoción de la salud, porque permite entender cómo el concepto de salud y enfermedad son construcciones recientes que han aparecido a partir de determinadas relaciones entre el saber y el poder que las han hecho posibles, de manera tal que si estas disposiciones desaparecieran se cambiarían también dichos conceptos.

Sin embargo, el libro plantea una visión parcial desde el discurso médico, que necesita ser complementado con la lectura de otros libros del autor como *Vigilar y Castigar* donde se desarrolla la reconfiguración de los otros discursos (el de la justicia, la psiquiatría, las ciencias humanas), los que a partir del Siglo XVIII constituyeron nuevos sujetos de control de las sociedades disciplinarias.

Resources/Ressources

ISECN @ the IUHPE World Conference, 2013

If you are going to the upcoming world conference– we want to make sure to connect with you! Please email Emily (emilya.fisher@gmail.com) if you are attending and/or presenting at the conference with your presentation details so we can be sure to meet and support you!

Website: http://www.iuhpeconference.net/en/index.php

Build your CV and join us in conducting a workshop on
Health in All Policies at the IUHPE World Conference on Health Promotion!

If YOU are interested in Health in All Policies, we warmly welcome you to help us organising a World Café session at the IUHPE World Conference on Health Promotion in Pattaya, Thailand (25th – 29th of August). The session's topic will be "**Assembling the mosaic: experiences on Health in All Policies around the world. A World Café session facilitated by ISECN**".

We do not expect too many hours of preparation from you, since the session will encourage a free and rich knowledge exchange among the workshop participants. All tasks will be done in close collaboration with the existing international working group, of which two members will be present at the conference. Tasks will include the practical organisation of, and facilitating discussions during, the World Café session.

Please feel invited to contact Marie Josefine Grimm if you are interested in reading the accepted abstract: Marie.Grimm05@gmail.com. We are looking forward to working with you!

Applications are now being accepted for the 2013 International Mental Health Leadership Program (IMHLP)!

The Centre for International Mental Health at the University of Melbourne is now accepting applications for the 2013 International Mental Health Leadership Program. Applicants both locally and internationally are encouraged to apply. The objective of the iMHLP is to provide training in mental health systems development and leadership. The program includes teaching in the areas of International Mental Health Policy, Mental Health Systems Design, Mental Health Workforce Development, and Advocacy and Human Rights. The program is designed to enable participants to constructively engage in, and to lead, policy and service development. The goal of this 4-week program is to contribute to the development of effective mental health systems in LMIC's through training and mentoring in leadership of those working in the mental health sector in those countries.

Location: Melbourne, Australia
Deadline: 30 July 2013
For more information about how to apply visit: http://www.globalmentalhealth.org/node/566?
utm_source=MGMH+Newsletter&utm_campaign=3ad9991dd1-
MGMH_Newsletter_2013_June5_20_2013&utm_medium=email&utm_term=0_5da3bb1f81-3ad9991dd1-6764953

New Global Mental Health Resources

BBC World Service launches a major new six-part series, **The Truth About Mental Health**, an investigation of mental wellbeing around the world. Visit the website to learn more: http://www.bbc.co.uk/news/health-22689652?
utm_source=MGMH+Newsletter&utm_campaign=3ad9991dd1-
MGMH_Newsletter_2013_June5_20_2013&utm_medium=email&utm_term=0_5da3bb1f81-3ad9991dd1-6764953

Christina Borba, Harvard Medical School and Division of Global Psychiatry on what western universities can do in helping students and clinicians in low resource settings. Website for the video: http://health.helpsite.us/global-mental-health-and-the-role-of-academic-partnership/?
utm_source=twitterfeed&utm_medium=twitter&utm_source=MGMH+Newsletter&utm_campaign=3ad9991dd1-
MGMH_Newsletter_2013_June5_20_2013&utm_medium=email&utm_term=0_5da3bb1f81-3ad9991dd1-6764953

Health Promotion Meetings and Conferences

October 2013

5th Australian Rural and Remote Mental Health Symposium

Date: October 14 – 16, 2013

Location: Geelong, Victoria, Australia

The theme for this year's symposium is "Strategic alliances: facing the challenges together in rural and remote mental health; working towards the wellbeing of rural Australia".

Website: http://www.healthinfonet.ecu.edu.au/key-resources/conferences?cid=1357

Third International Conference on Food Studies

Date: October 15 – 16, 2013

Location: Austin, Texas, USA

The Conference will address a range of critically important issues and themes relating to the Food Studies community. Plenary speakers include some of the leading thinkers in these areas, as well as numerous paper, colloquium and workshop presentations.

Website: http://food-studies.com/the-conference/

Private Water Supplies: Countdown to Compliance Tackling the Issues

Date: October 22, 2013

Location: 28 Portland Place, London, W1B 1LY

Private water supplies in 2013 still provide water to thousands of people at home or on holiday. Are they all safe to drink from? Nearly 150 years since John Snow had the handle of the Broad Street water pump removed to protect people from cholera, the answer is still problematic.

Website: http://www.rsph.org.uk/en/courses-conferences-and-events/events/index.cfm/private-water-supplies-countdown-to-compliance-tackling-the-issues

November 2013

5th Annual International Arts and Health Conference: The Art of Good Health and Wellbeing

Date: November 12 – 14, 2013

Location: College of Fine Arts, University of New South Wales, Sydney, Australia

Conference Streams: Arts and Health in Primary and Acute Care; Creative Ageing and Aged Care; Community Arts and Health; Health Promotion and the Arts; Education and Training for Health and Arts Professionals; Arts and Health Research and Evaluation.

Website: http://www.artsandhealth.org/conferences/the-art-of-good-health-and-wellbeing-sydney-2013.html

International Council on Active Aging (ICAA) Conference 2013

Date: November 21 – 23, 2013

Location: San Diego Convention Center, San Diego, California, United States

The 2013 theme, Discover your Community, recognizes the important role that older adults play in all sorts of communities - vocational, geographical or cultural - and celebrates their full participation in diverse areas of life.

Website: http://www.icaa.cc/conferenceandevents/overview.htm

**For a complete listing of worldwide opportunities regularly posted by Marie Josefine Grimm, visit ww.isecn.org.
Email Marie (marie.grimm05@gmail.com) if YOU have an opportunity to share!**

New Publications/Nouvelles Publications/Nuevas Publicaciones

Health in All Policies: Seizing Opportunities, implementing policies
Edited by: Leppo, K., Olliila, E., Pena, S., Wismar, M., & Cook, S.

"Health in All Policies (HiAP) is an approach to policies that systematically takes into account the health and health-system implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity. It is founded on health-related rights and obligations and has great potential to improve population health and equity. However, incorporating health into policies across sectors is often challenging and even when decisions are made, implementation may only be partial or unsustainable. This volume aims to improve our understanding of the dynamics of HiAP policy-making and implementation processes. Drawing on experience from all regions, and from countries at various levels of economic development, it demonstrates that HiAP is feasible in different contexts, and provides fresh insight into how to seize opportunities to promote HiAP and how to implement policies for health across sectors."

Click on link to download PDF: http://www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

EUR/RC61/12 Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016
Available in Deutsch, English, Français, Русский
Website for PDF: http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/past-sessions/sixty-first-session/documentation/working-documents/wd12-action-plan-for-implementation-of-the-european-strategy-for-the-prevention-and-control-of-noncommunicable-diseases-20122016

WHO Framework Convention on Tobacco Control

"The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organization. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The WHO FCTC represents a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties, the WHO FCTC asserts the importance of demand reduction strategies as well as supply issues.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes have also contributed to the explosive increase in tobacco use."

Available in Arabic, Chinese, English, Français, Russian, Español
Link to PDF download : http://www.who.int/fctc/text_download/en/index.html

From the IUHPE: A new issue of Global Health Promotion is available online: June 2013!
Visit: http://ped.sagepub.com/content/vol20/issue2/?etoc

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