Health promotion—new partnerships for old?

The theme of the fourth International Conference for Health Promotion being held in Jakarta in July 1997 is New players for a new era—leading health promotion into the 21st century. The conference proposes an ambitious agenda which accommodates the impact of many global trends on health, and examines the possibilities to promote health and improve equity in health within this challenging context.

Among these global trends are the increased opportunities to gain access to information, to communicate and to participate which are provided by developments in information technology; the continuing process of urbanisation in many countries; changes in the role of government (privatisation, decentralisation) and subsequent changes in relationships and responsibilities between public and private sectors; and the continuing challenge posed by social inequities, poverty and the distribution of wealth. For most of us, this agenda represents as much of a challenge to break outside of our established comfort zone as did the Ottawa Charter in 1986.

There are compelling reasons to consider how best to meet these global challenges. The reasons can be found in any examination of the state of health across the world. For example, the report Investing in Health (World Bank, 1993) provides a forceful reminder of the immense differences in health status among countries in the world, and indicates the broad relationship between economic development and health. The report makes many insightful observations and recommendations on how to address these problems. Notably, it recommends re-directing investment in health services towards those which offer greatest population benefits, particularly prevention strategies directed towards the control and prevention of infectious disease and nutrition-related disease. The report also recommends an expansion in government investment to improve access to education, particularly for girls, indicating that better educated women are able to exert greater influence over household dietary choices, fertility and health care use. Not surprisingly, the report also advocates the pursuit of economic growth policies (particularly those likely to benefit the poor) and the introduction of ‘market forces’ as a way of improving efficiency in health services. Addressing the determinants of health requires action both within and outside of the health sector.

It is hardly surprising, then, that attention is being given to the relationship between economic development and health, the (shrinking) role of government, the globalisation of the marketplace, and changed roles and responsibilities for the private sector as specific themes during the Jakarta Conference. In this context, the new players for a new era could be seen to recognise that less attention need be paid to the role of government in health promotion—as governments retreat behind privatisation and decentralisation—and greater attention is needed to working productively in partnership with the private sector.

In a recent editorial in this journal, Ilona Kickbusch pointed out the immense influence of the communications, lifestyles and leisure industries in shaping health choices. Add to this the food industry and pharmaceutical industry (as well as the actions of the tobacco and alcohol industries) and it is easy to see why she proposes ‘more analysis, consideration and creative response from the health promotion community’ (Kickbusch, 1996) in exploring new partnerships with the private sector in health promotion.

This increased attention to the private sector, accelerated by financial imperative in many cases, has great potential to harness new resources for health, but also carries with it serious risk. Some of these risks are well rehearsed and continue to be debated by all of us who have sought partnerships with the private sector. These include the potential conflicts of interest and objectives which inevitably arise as partners seek common ground, and misleading endorsements of products and
services—a real dilemma for government and non-government organisations alike. A more subtle risk is the temptation to ‘chase the money’ at the cost of losing sight of defined public health priorities—this is a particular dilemma faced by organisations [including the World Health Organization (WHO)] which have seen a reduction in traditional sources of income from government.

Despite these risks, those pursuing public good are able to find common ground with those pursuing private profit, and the attention given to fostering such partnerships at the Jakarta conference has the potential to advance understanding and increase the likelihood of productive partnerships for health in the future.

However, this focus on ways of working productively with the private sector should not deflect attention from the progressive retreat of governments from their role in protecting public health. This retreat has, in part, motivated health promotion activists to seek partnerships with the private sector—and is not inherently bad for this reason. Much of this retreat into small government has been undertaken in the name of market reform to stimulate economic growth. Downsizing of government, out-sourcing of services and activities, exposure to competition and ‘market forces’ have become facts of life for many in public service, including many health promotion activists. This has occurred in both the developed and developing countries of the world, and especially enthusiastically in some of the rapidly emerging economies of the world.

Actions by governments which stimulate economic growth may have important health outcomes. The World Bank report leaves little doubt that there is a fundamental relationship between health and wealth—the poorest countries also have the poorest health status. In this sense, action by governments to promote economic development, including a reduction in their role and responsibilities, could be seen as potentially good for health. Economic development appears to lead to improved health in a population, and one could conclude that all economic growth must be good for your health. However, the relationship is by no means that simple.

Increasingly, researchers are identifying that the relationship between economic development and health is mediated by the distribution of wealth in a population (Wilkinson, 1992; Kaplan et al., 1996; Kennery et al., 1996). Put simply, if economic development results only in the rich becoming richer and the poor remaining poor, then there is little population health benefit to economic growth, and indeed there may be negative consequences. Governments which pursue economic growth strategies leading to greater gaps between the rich and poor will be, in effect, acting against public health. Close examination of the distribution of benefits in economic growth in most countries of the world reveals a depressing picture in this respect—in the established market economies of the USA and Western Europe, the former socialist economies of Eastern Europe, and the rapidly emerging economies of Asia, economic growth has often benefited the few rather than the majority of the population. Whatever the advantages and perceived ‘fairness’ of such an outcome from an economic perspective, it is quite clear that the benefits to public health are less than optimal.

Thus the retreat of government in the name of market reform and economic growth has very serious consequences for public health and health promotion on at least two levels. Firstly, the World Bank report is clear in its recognition of the fact that the most fundamental steps to protect public health for people in the world’s poorest countries will require action by governments to direct available resources into preventive health programs, and to improve access to education for poor people, and especially girls. Decreasing investment in these priorities and/or driving such fundamental services into a ‘user-pays’ environment will have adverse effects on health. More subtly but no less importantly, by actively pursuing economic policies which result in unequal distribution of benefits from economic growth, governments will be further compounding these adverse effects on the health of the poorest in the population.

The strategy of building healthy public policy was one of the central elements of the Ottawa Charter and has received much attention in the past 10 years. A shrinking role for governments makes for a less receptive environment in which to pursue healthy public policy and, by contrast, a more attractive environment to look for action and partnerships outside of government. Such partnerships are essential for the future, but in advancing these new partnerships we must not relegate the importance of the partnership between people and their governments to second place. We must continue to examine the impact of government policy on health, and advocate for health as opportunity presents itself. The Jakarta conference offers an
opportunity to re-affirm the fundamental responsibility of governments for the health of their populations, for explicit concern for health and equity in all areas of policy and accountability for health impact (WHO, 1988).

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REFERENCES


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