

WHA57.16 Health promotion and healthy lifestyles

The Fifty-seventh World Health Assembly,

Recalling resolutions WHA42.44 and WHA51.12 on health promotion, public information and education for health, and the outcome of five global conferences on health promotion, from Ottawa (1986), Adelaide, Australia (1988), Sundsvall, Sweden (1991), Jakarta (1997), to Mexico City (2000), the Ministerial Statement for the promotion of health (2000), and the adoption of the WHO Framework Convention on Tobacco Control (2003);

Having considered the report on health promotion and healthy lifestyles;¹

Noting that *The world health report 2002*² addresses major risks to global health, and highlights the role of behavioural factors, notably unhealthy diet, physical inactivity, tobacco consumption and the harmful use of alcohol as key risk factors for noncommunicable diseases which constitute a rapidly growing burden;

Noting that promotion of mental health constitutes an important component of overall health promotion;

Recognizing that the need for health promotion strategies, models and methods is limited neither to a specific health issue nor to a specific set of behaviours, but applies to a variety of population groups, risk factors and diseases, and in various cultures and settings;

Recognizing that, in general, the overriding efforts in health promotion should be geared to reducing health inequalities by comprehensively tackling the determinant chain, including societal structures, environmental factors and lifestyles;

Recognizing the need for Member States to strengthen the policies, human and financial resources, and institutional capability for sustainable and effective health promotion that addresses the major determinants of health and their related risk factors, with a view to building national capacity, strengthening evidence-based approaches, developing innovative means of financing, and drawing up guidelines for implementation and evaluation;

Recalling the importance of primary health care and the five areas of action set out in the Ottawa Charter for Health Promotion,

1. URGES Member States:

(1) to strengthen existing capability at national and local levels for the planning and implementation of gender-sensitive and culturally appropriate, comprehensive and multisectoral health-promotion policies and programmes, with particular attention to poor and marginalized groups;

(2) to set up appropriate mechanisms to collect, monitor and analyse national experiences in order to strengthen the evidence base for the effectiveness of health promotion interventions as

¹ Document A57/11.

² *The world health report 2002. Reducing risks, promoting healthy life*. Geneva, World Health Organization, 2002.

an integral part of health systems with a view to achieving effective societal and lifestyle changes;

(3) to give high priority to promoting healthy lifestyles among children and young people – boys and girls both in and out of school or other educational institution – including healthy and safe recreational opportunities and creation of supportive environments for such lifestyles;

(4) to include harmful use of alcohol in the list of lifestyle-related risk factors as stated in *The world health report 2002*, and to give attention to the prevention of alcohol-related harm and promotion of strategies to reduce the adverse physical, mental and social consequences of harmful use of alcohol, especially among young people and pregnant women, in the workplace, and when driving;

(5) to set up tobacco-cessation programmes;

(6) to consider actively, where necessary and appropriate, the establishment of innovative, adequate and sustainable financing mechanisms for health promotion with a firm institutional base for the management of health promotion;

2. REQUESTS the Director-General:

(1) to give health promotion highest priority in order to support its development within the Organization as requested in resolution WHA51.12, with a view to supporting Member States, in consultation with involved stakeholders, more effectively to address the major risk factors to health, including harmful use of alcohol and other major lifestyle-related factors;

(2) to continue to advocate an evidence-based approach to health promotion and to provide technical and other support to Member States in building their capacity for the implementation, monitoring, evaluation and dissemination of effective health promotion programmes at all levels;

(3) to provide support and guidance to Member States in relation to the challenges and opportunities stemming from the promotion of healthy lifestyles and the management of related risk factors, as outlined in *The world health report 2002*;

(4) to provide support to all Member States for development and implementation of tobacco-cessation programmes;

(5) to provide support to Member States, where necessary and appropriate, in their attempt to establish an innovative, adequate and sustainable financing mechanism with a firm institutional base in order to coordinate effectively and monitor systematically their health promotion efforts;

(6) to report on progress made in the promotion of healthy lifestyles to the Executive Board at its 115th session and to the Fifty-eighth World Health Assembly, including a report on the Organization's future work on alcohol consumption.

(Eighth plenary meeting, 22 May 2004 –
Committee A, third report)