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**Critiquing the Geneva Charter for Well-being**

The Geneva Charter (the Charter) for well-being is an outcome of the World Health Organisation's 10th Global Conference on Health Promotion between 13-15<sup>th</sup> December 2021. For the first time, the term "Sustainable well-being societies" is a key theme of a global health promotion conference. The Charter expresses "the urgency of creating sustainable well-being societies, committed to achieving equitable health now and for future generations without breaching ecological limits [p.1]" <sup>[1]</sup>. This is a new direction and although health promotion must continue to evolve, key decisions regarding its future must be made collectively through an openly sourced dialogue.

The Department of health promotion of the World Health Organisation's headquarters (the WHO) is in the Division for Universal Health Coverage and healthier populations, a cluster that also includes the environment, climate change and health, the Social Determinants of Health, nutrition and food safety. Communicable and non-communicable diseases including mental health and health emergencies, preparedness and response are situated elsewhere in the organisation. Health promotion is structurally separated from other key responsibilities, and this has had a direct influence on the content of the Charter.

The previous 9 global health promotion charters have been markers of contemporary issues and progress and milestones for future activities and anticipated support at the WHO. The Charter claims to build on the legacy of the other global health promotion conferences including Ottawa 1986 and Shanghai 2016. The Charter does not include a statement of how it is consistent with the 2030 Agenda for Sustainable Development and there is not a

definition of “Sustainable well-being societies” or “Planetary health”. The WHO did commission a series of papers to reflect the priorities of the 10th Global Conference in a special supplement of “Health Promotion International” [2] including on digital transformation and the commercial determinants of health.

### **An urgency to act**

We are experiencing the worst public health crisis for more than a century, impacting the lives, health and well-being of billions of people worldwide. SARS-COVID-2 has shown us how fragile the world is, how difficult it can be for some and how quickly democratic and economic systems can be disrupted [3]. The Geneva Charter does not mention SARS-COVID-2 and only briefly pandemics and communicable diseases. The crucial role of health promotion during an outbreak response [4] includes communication and bottom-up approaches to ensure that communities are included in a sustainable and positive way. Ignoring SARS-COVID-2 in the Charter is regrettable because this is a global event that will continue and consequently health and well-being will worsen.

The focus of the Charter distracts from the single major cause of poor global health, poverty, underscored by social injustice, inequity and disempowerment. Poor health and well-being are symptoms of an inequitable society and whilst integrating the social determinants in health promotion has been a challenge, it is important to persevere as this is a crucial step towards dealing with the “causes of the causes”. There is an urgency to act to map out how health promotion will contribute to addressing poverty in society.

The Charter does not address the legacy of unresolved health promotion priorities including the transition to a national health promotion model, investing in health promotion services [5] and the reskilling of health promotion professionals as part of a framework for capacity building and collaboration [6]. The role of health promotion is to enable people to increase control over their health, well-being and the determinants of their health. To demonstrate how health promotion can be delivered most effectively, there is an urgency to act to address unresolved priorities.

### **Building on a foundation of success**

The term “Sustainable well-being societies” is central to the success of the Charter. However, a focus on well-being in the past has had little effect in closing the gap between those at the top of the social gradient and low socio-economic groups and may, at least temporarily, have led to an increase in health inequalities [7]. It has also led to a focus on individualism which has been an attractive political ideology because it holds people responsible for their own actions, not government, and the consequences of poorer health. In the past, this led to the ‘victim blaming’ of individuals who are seemingly unwilling to embrace the health advice given to them, despite limited choices in their lives. A key challenge is to keep health promotion focussed on the success it has made in addressing inequity and social injustice.

The Geneva Charter stresses the importance of learning from indigenous knowledge in creating sustainable and equitable societies. Health promotion is not yet culturally competent [8] and must become more flexible to apply tailored programs to address unique needs and challenges. It is more important than ever that the WHO builds on a foundation of success of knowledge, expertise and technology in health promotion in collaboration with all stakeholders towards a more sustainable and equitable future.

### **Future success**

The success of the Charter will depend on a clear direction for action and on clear roles and responsibilities that fit within the scope of health promotion. However:

- The five action areas of the Charter 1) Planetary health 2) Equitable economies 3) achieve Universal Health Coverage 4) healthy public policy and 5) digital transformation extend beyond health promotion into other ministerial and professional areas of responsibility.
- The Charter calls on everyone (“non-governmental and civic organizations, academia, business, governmental and international organizations” [p.4]) to act. This runs the real risk that when everyone’s responsible no one’s responsible.

- The only call for action in the Charter is for all concerned “to engage in partnership for decisive implementation of strategies for health and well-being” [p.5]. There must be clearer guidance on roles and responsibilities to help all health promoters to understand the aspirations of the Charter.

The success of the Charter depends on connecting with multiple stakeholders including the 194 Member States and health promotion professionals. A consensus to support the content of a charter is usually gained during the period of drafting by using a participatory process of multi-stakeholder dialogues. There was an initial closed period of consultation to draft the Charter which was later offered for minimal changes during an online debate at the 10th Global Conference. This was not an open, transparent process of consultation to facilitate an inclusive, broad range of opinions. A key challenge is to convince all concerned of the need for a new direction towards sustainable well-being societies and planetary health. This will be a major operational shift for many Member States that deliver health promotion based on individual responsibility, disease and risk factors and health education.

It is worth noting that a process using an interactive website to allow mostly young people to upload stories or tags served as the basis for a position paper to support the Charter (People-Planet-Health) [9]. This was a participatory policy approach that could act as a model for future health promotion conferences.

### **The Past, Present and a Vision for the 21<sup>st</sup> Century**

The priorities of the past remind us of the need to invest in health promotion services and to reskill health promotion professionals. To have an eye on the future we must ensure that the priorities of the past have been resolved to strengthen the capacity of health promotion including to reach vulnerable populations.

Presently we are faced with the consequences of a pandemic and with an enormous workload to address communicable and non-communicable diseases and mental health. The timing of the release of the Charter is critical and a key concern is whether the many stakeholders are ready to comply with its aspirations when they face other urgent and long-term demands.

We live in a complex world in which health problems cannot be resolved with simple perspectives and solutions. The Geneva Charter is a bold vision for the complexity of the 21<sup>st</sup> century but it will require action based on robust multinational collaboration and strong individual leadership which too often has been lacking. It is essential that international organisations and professional bodies are identified to work together to ensure that the broader interests of health promotion are independently represented and are preserved. The important stewardship role of the WHO can help to bring the multi-stakeholders together, in an openly sourced and inclusive process of dialogue, and to provide technical advice at the request of its Member States.

## References

- <sup>1</sup> World Health Organisation (2021) The Geneva Charter for Well-being (Unedited). 10th Global Conference on Health Promotion. Geneva. World Health Organisation. [The Geneva Charter for Well-being \(unedited\) \(who.int\)](https://www.who.int/publications-detail/9789240000000)
- <sup>2</sup> Health Promotion International. Volume 36, Issue Supplement\_1, December 2021. The continuing evolution of health promotion: From the Shanghai conference on sustainable development to the Geneva conference on wellbeing societies.
- <sup>3</sup> Kickbusch, I, (2021) Visioning the future of health promotion. Global Health Promotion 1757-9759; Vol 0(0): 1–8.
- <sup>4</sup> Laverack, G. (2018) Health promotion in disease outbreaks and health emergencies. Boca Raton, Florida. CRC press. Taylor & Francis group.
- <sup>5</sup> EuroHealthNet (2021) Investing in health promotion services. [Beyond the Health Sector - Financing e-Guide \(health-inequalities.eu\)](https://www.health-inequalities.eu/).
- <sup>6</sup> EuroHealthNet (2020) Skills for health: Up and reskilling for a sustainable recovery. EuroHealthNet conference report. 3/12/2020.
- <sup>7</sup> Baum F (2007) Cracking the nut of health equity: top down and bottom-up pressure for action on the social determinants of health. Promot Educ 14(2):90–95
- <sup>8</sup> Laverack, G. (2018) Is health promotion culturally competent to work with migrants? Global Health Promotion. Vol 25(2): 3-5.
- <sup>9</sup> International Union for Health Promotion and Education (2021) [People-Planet-Health](https://www.who.int/publications-detail/9789240000000)