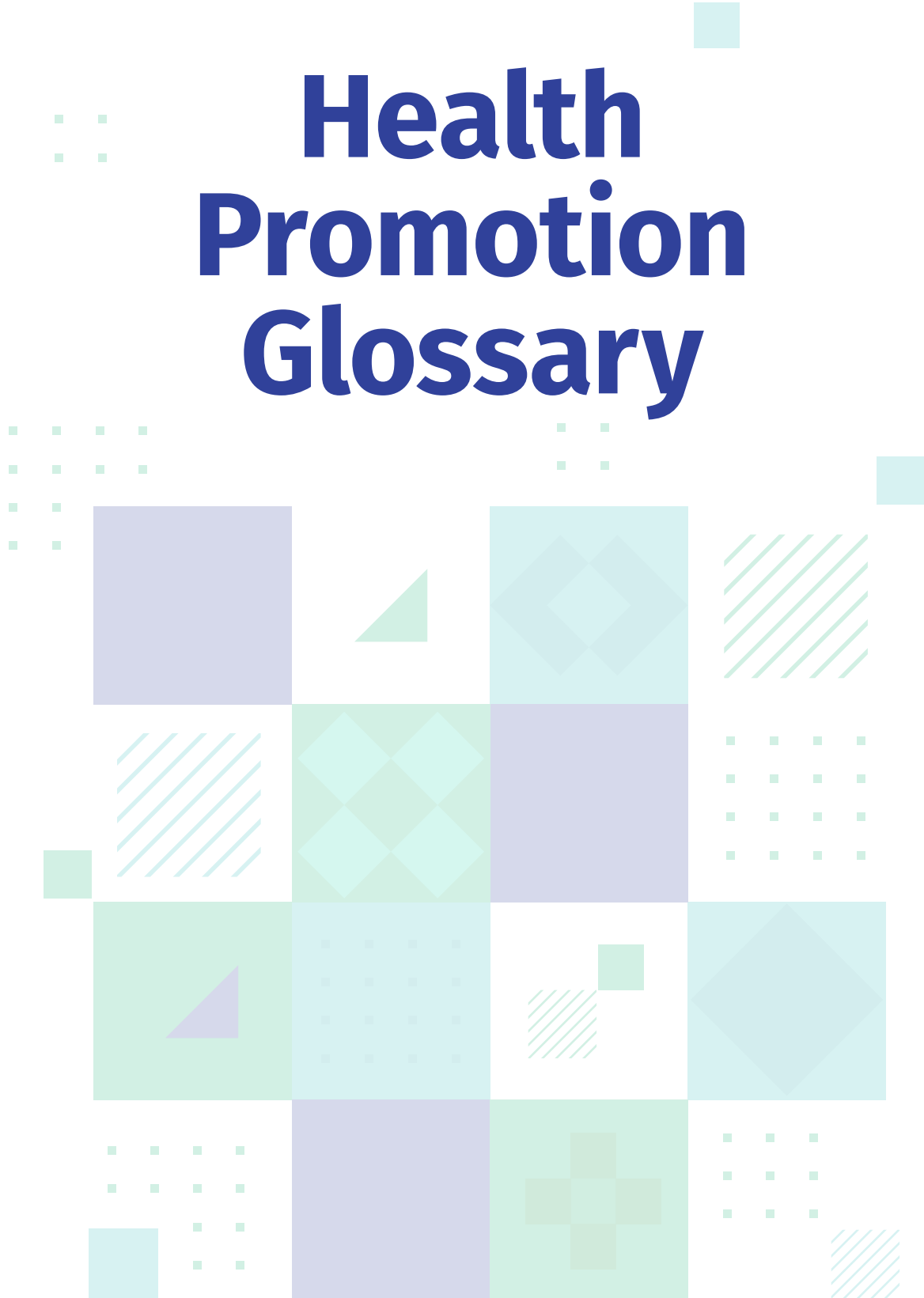




Health Promotion Glossary

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Health promotion glossary

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Contents

Acknowledgements	iv	Health education.....	18
Introduction	1	Health for All.....	19
Core terms	3	Health impact assessment.....	19
Health.....	3	Health needs assessment.....	20
Health promotion.....	4	Health outcomes.....	20
Determinants of health.....	4	Health policy.....	20
Disease prevention.....	5	Health promoting hospital.....	21
Health equity.....	5	Health promoting schools.....	22
Health in all policies.....	6	Healthy cities.....	22
Health literacy.....	6	Healthy islands.....	23
Investment for health.....	7	Healthy life expectancy.....	24
Planetary health.....	8	Infrastructure for health promotion.....	24
Primary health care.....	9	Intersectoral action for health.....	25
Sustainable Development Goals.....	9	Life course.....	25
Well-being.....	10	Mediation.....	26
Health promotion glossary	11	Ottawa Charter for Health Promotion.....	26
Burden of disease.....	11	Partnerships for health.....	27
Capacity building.....	11	Public health.....	27
Co-benefits.....	12	Re-orienting health services.....	28
Commercial determinants of health.....	12	Resilience.....	29
Community action for health.....	13	Risk communication.....	29
Community mobilization.....	14	Risk factor.....	30
Empowerment.....	14	Salutogenesis.....	30
Enabling.....	15	Settings for health.....	30
Environmental determinants of health.....	15	Skills for health (life skills).....	31
Global health.....	16	Social capital.....	31
Governance for health.....	16	Social determinants of health.....	32
Health advocacy.....	17	Social marketing.....	32
Health behaviour.....	17	Social networks.....	33
Health communication.....	18	Social support.....	33
Health diplomacy.....	18	Supportive environments for health.....	34
		Universal health coverage.....	34

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Introduction

The first edition of this *Health promotion glossary* was commissioned by the World Health Organization (WHO) in 1986 as a guide to readers of WHO publications and other materials. It was published in the first volume of the *Health Promotion* journal in the same year (Nutbeam 1986). Its original purpose was to help clarify the meaning and relationship between many terms that were then not commonly used. The original glossary supported preparatory work for the first WHO International Conference on Health Promotion, held in Ottawa in 1986, and the subsequent development of the *Ottawa Charter for Health Promotion*. It underwent a full revision in 1998 following the 4th International Conference on Health Promotion, held in Jakarta in 1997 (Nutbeam 1998). An addendum report on new terms in health promotion was published in 2006 (Smith, Tang, Nutbeam 2006).

An updated glossary of terms contributes to discussions around the forthcoming 10th Global Conference on Health Promotion, to be held in December 2021. Especially since its focus on well-being will include many stakeholders with professional perspectives outside of the health sector.

With more than 35 years of experience, and continued evolution and development of ideas since the production of the first glossary, this current version provides an updated overview of the many concepts and terms that are central to contemporary health promotion. As previously, the basic aim of the glossary is to facilitate communication both between and within countries, and among the professions and sectors directly and/or indirectly contributing to the promotion of health.

Many terms will undergo further refinement and new terms will need to be included. Notably, terms that relate to the health impacts of digital transformation and other technical innovations shall require further attention. We invite broad and active involvement in future shaping of the glossary so it continues to reflect the most up-to-date understanding of health promotion concepts, strategies and their practical application in countries.

This version of the glossary is substantially changed from the original. Some terms have been omitted, many have been modified in light of practical experiences and the evolution in concepts, and new terms have been added. The list of terms is not intended to be either exhaustive or exclusive, and draws upon the wide range of disciplines in which health promotion has its roots. Wherever possible, definitions are sourced or derived from existing, publicly accessible WHO documents. Specific sources are referenced, and where possible a web link is also provided to facilitate access to source documents. Hyperlinks were correct at the time of publication but are subject

to inevitable change. In some examples the definitions have been adapted to reflect the application of a term to the current health promotion context. Where relevant, this focus is acknowledged in individual definitions.

The definitions are intentionally concise and are not intended as full interpretations, which may be found in other publications. For each definition, short notes of explanation have been added.

Definitions by their very nature are restrictive, often representing summaries of complex ideas and actions. The use of terms is often context-specific, and influenced by different social, cultural and economic conditions found in specific countries or communities. Despite these obvious restrictions, the glossary has been assembled to enable as wide an audience as possible to understand the basic ideas and concepts that are central to the development of health promotion.

Notes on the use of the glossary

The glossary comprises two sections. The first contains core definitions that are central to the concept and principles of health promotion, which are described in some detail. This is followed by the main section that provides an extended list of 47 terms that are commonly used in relation to health promotion.

Some of the definitions are original to the glossary or are composites of definitions that reflect different and evolving perspectives on individual terms. Some definitions remain the same as the previous (1998) version of the glossary (referred to as “unmodified”), many have been modified – either in the definition or accompanying commentary – to account for changes in use and evolution in concepts (referred to as “modified definition”/ “modified commentary”), and some are new additions to this edition of the glossary (referred to as “new term”).

Some terms are highlighted in *italics* to assist the reader in cross-referencing with other definitions. This cross-referencing is intended to improve understanding of the inter-relationships between different terms and concepts.

References

Nutbeam D. Health Promotion Glossary. *Health Promotion*. 1986; 1(1):113–127.

Nutbeam D. Health Promotion Glossary. *Health Promotion International*. 1998; 13(4):349–364.

Smith BJ, Tang KC, Nutbeam D. Health Promotion Glossary: New terms. *Health Promotion International*. 2006;21.4:340–45

Core terms

Health

■ Unmodified

Health is defined in the Constitution of the World Health Organization (1948) as:

A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Health is regarded by WHO as a fundamental human right. Correspondingly, all people should have access to basic resources for health. Within the context of health promotion, health has been considered as a resource that permits people to lead individually, socially and economically productive lives.

The *Ottawa Charter for Health Promotion* identifies health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.

In keeping with the concept of health as a fundamental human right, the *Ottawa Charter* emphasises certain pre-requisites for health, which include peace, adequate economic resources, food and shelter, education and social justice, and a stable ecosystem and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical and social environment, individual *health behaviours* and skills and health. These links provide the key to a holistic understanding of health that is central to the definition of health promotion.

A comprehensive understanding of health implies that all systems and structures that govern the *determinants of health* should take account of the implications of their activities in relation to their impact on individual and collective health and *well-being*. Increasingly, this includes concern for the health of the planet – referred to as *planetary health*.

Health promotion



Unmodified definition, modified commentary

Health promotion is the process of enabling people to increase control over, and to improve their health.

Health promotion represents a comprehensive social and political process. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic determinants of health so as to optimise their positive impact on public and personal health. Health promotion is the process of enabling people, individually and collectively, to increase control over the *determinants of health* and thereby improve their *health*.

The *Ottawa Charter* identifies three basic strategies for health promotion. These are *advocacy* for health to create the essential conditions for health indicated above; *enabling* all people to achieve their full health potential; and *mediating* between the different interests in society in the pursuit of health.

The *Ottawa Charter* identified five priority action areas: to *build healthy public policy*; create *supportive environments for health*; strengthen *community action for health*; develop personal skills; and *re-orient health services*. These action areas remain vitally important in health promotion, and the underlying concepts have continued to evolve. Some of these actions – such as re-orienting health services and community action for health – remain but are represented with updated definitions. Others remain in the main body of the glossary but have evolved into different terms. For example, the concept of *healthy public policy* remains independently valid, but is now included within the contemporary concept of *health in all policies*. Similarly, *developing personal skills* is incorporated into definitions of *skills for health* and *health literacy*.

Determinants of health



Modified

The range of personal, social, economic and environmental factors that determine the healthy life expectancy of individuals and populations.

The conditions that influence health are multiple and interactive. Some determinants of health are not modifiable (for example age, place of birth and inherited (genetic) attributes). Health promotion is fundamentally concerned with action to address the full range of potentially modifiable determinants of health – not only those that are related to the actions of individuals, but also those factors that are largely outside of the control of individuals and groups. These include, for example, income and access to resources, education, employment and working conditions (often referred to as the *social determinants of health*), access to appropriate health services, and the *environmental determinants of health*. Health promotion addresses this broad range of determinants through a combination of strategies including the promotion of *health in all policies*,

and creating *supportive environments for health*; and by strengthening *personal health literacy and skills for health*. Action to address the determinants of health is inextricably linked to health equity and is fundamentally concerned with the distribution of power and resources in populations.

Disease prevention



Disease prevention describes measures to reduce the occurrence of risk factors, prevent the occurrence of disease, to arrest its progress and reduce its consequences once established.

The prevention of communicable and noncommunicable disease (NCD) has been core business for WHO since its establishment. Primary prevention is directed towards lowering the prevalence of risk factors common to a range of diseases (such as tobacco and alcohol use, obesity and high blood pressure) in order to prevent the initial occurrence of a disorder, for example through behaviour change advice. It may also include actions that inhibit environmental, economic and social conditions known to increase these risks. Secondary prevention is directed towards early detection of existing disease with a view to arresting or delaying the progression of the disease and its effects, for example through screening and other early detection programs such as routine health checks. Tertiary prevention generally refers to disease management strategies and/or rehabilitation intended to avoid or reduce the risk of deterioration or complications from established disease, for example through patient education and physical therapy.

Health equity



Health equity is the absence of unfair, avoidable or remediable differences in health status among population groups defined socially, economically, demographically or geographically.

Health equity implies that everyone should have a fair opportunity to attain their full health and that no one should be disadvantaged from achieving this potential. Inequities in health are fundamentally influenced by *social determinants of health*. Approaches to address the social determinants of health and in health promotion have a consistent and sustained focus on health equity and social justice.

Health promotion represents a comprehensive and adaptable response to the unfair distribution of opportunity in societies, and supports actions that address the *determinants of health* that drive this maldistribution. A core health promotion strategy is *enabling* all people to achieve their full health potential through fair and just access to resources for health.

Similar terms include health disparity and health (in)equalities. Disparity relates to factual difference, equality to avoidable difference, and equity to unfair differences.

Source:

Social determinants of health. Geneva: World Health Organization; 2020 (https://www.who.int/topics/health_equity/en/; accessed 1 July 2020).

Health in all policies



New term

Health in all policies (HiAP) is an approach to public policy development across sectors, which systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and health equity.

As a concept, the HiAP approach reflects the principles of legitimacy, accountability, transparency and access to information, participation, sustainability, as well as collaboration across public policy sectors and levels of government. HiAP is a multi-level governance and policy strategy (i.e. horizontal and vertical) that improves the accountability for health impacts at all levels of policy-making. It includes emphasis on the consequences of public policies on health systems, *determinants of health* and well-being.

A HiAP approach has been advocated as a practical response to the multisectoral requirements of the Sustainable Development Agenda as a whole and the *Sustainable Development Goals* in particular, and as an important strategy for achieving *universal health coverage* and *Health for All*.

Sources:

The Helsinki statement on health in all policies. Geneva: World Health Organization; 2014 (https://apps.who.int/iris/bitstream/handle/10665/112636/9789241506908_eng.pdf; accessed 1 July 2021).

Implementing health in all policies: Adelaide: Government of South Australia; 2010 (<https://www.who.int/sdhconference/resources/implementinghiapadel-sahealth-100622.pdf>, accessed 1 July 2021).

Health in all policies: training manual. Geneva: World Health Organization; 2015 (<https://www.who.int/publications/item/9789241507981>, accessed 1 July 2021)

Health literacy



Modified

Health literacy represents the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources that enable people to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being for themselves and those around them.

Health literacy is critical for informed decision-making and empowers people and communities. It is founded on inclusive and equitable access to quality education and life-long learning. It is an observable outcome of *health education* as a part of *health promotion*. Health literacy is mediated by cultural and situational demands that are placed on people, organizations and society. It is not the sole responsibility of individuals. All information providers, including government, civil society and health services should enable access to trustworthy information in a form that is understandable and actionable for all people. These social resources for health literacy include regulation of the information environment and media (oral, print, broadcast and digital) in which people obtain access to and use health information.

Health literacy means more than being able to access web sites, read pamphlets and follow prescribed health-seeking behaviours. It includes the ability to exercise critical judgement of health information and resources, as well as the ability to interact and express personal and societal needs for promoting health. By improving people's access to understandable and trustworthy health information and their capacity to use it effectively, health literacy is critical to both empowering people to make decisions about personal health, and in enabling their engagement in collective health promotion action to address the *determinants of health*.

Sources:

International Union for Health Promotion and Education (IUHPE) Global Working Group on Health Literacy (2018). IUHPE position statement on health literacy: a practical vision for a health literate world. *Global Health Promotion*. 2018; 25(4):79–88.

Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Geneva: World Health Organization; 2016 (<https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf>, accessed 1 July 2021).

Investment for health



Investment for health refers to resources that are explicitly dedicated to the production of health and well-being. They may be invested by public and private agencies as well as by people as individuals and/or groups. Investment for health strategies are based on knowledge about the determinants of health and seek to gain political commitment to Health in all policies.

Investment for health is not restricted to resources that are devoted to the provision and use of health services and may include, for example, investments made by people (individually or collectively) in education, housing, empowerment of women, or child development. Greater investment for health also implies reorientation of existing resource distribution within the *health sector* towards health promotion and disease prevention. A significant proportion of investments for health are undertaken by people in the context of their everyday life as part of personal and family health maintenance strategies.

Human health and well-being are interrelated with sustainable development. Investment for health supports social, economic and environmental sustainability; while investment in a healthy planet with inclusive and sustainable development – and in fair and secure societies – supports health and well-being for individuals, families and communities. Investments that address the *determinants of health* and improve *health equity* are enablers and prerequisites for the achievement of the *Sustainable Development Goals*.

Source:

Dyakova M, Hamelmann C, Bellis MA, Besnier E, Grey CNB, Ashton K et al. Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020. Health Evidence Network (HEN) synthesis report 51. Copenhagen: WHO Regional Office for Europe; 2017 (<https://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2017/investment-for-health-and-well-being-a-review-of-the-social-return-on-investment-from-public-health-policies-to-support-implementing-the-sustainable-development-goals-by-building-on-health-2020-2017>, accessed 1 July 2021).

Planetary health



The achievement of the highest attainable standard of health, well-being and equity worldwide through judicious attention to the human systems – political, economic and social – that shape the future of humanity, and the Earth’s natural systems that define the safe environmental limits within which humanity can flourish.

Planetary health describes the health of the human species and the state of the natural systems on which it depends. It is based on the understanding that human health and human civilization depend on flourishing natural systems and the wise stewardship of those natural systems. The inextricable link between people and their environment was reflected in the *Ottawa Charter* concept of *Supportive environments for health*. It has been developed and refined as the underpinning science has improved and knowledge of our interdependencies had evolved – reflecting the need for reciprocal maintenance, to take care of each other, our communities and our natural environment.

The concept of planetary health is directly aligned with the *Sustainable Development Goals*. It provides a framework to use in addressing the goals by bringing together a wide range of disciplines including health, environment and economics to tackle global issues holistically.

Sources:

Whitmee S, Haines A, Beyrer C, Boltz F, Capon A, de Souza Dias B et al. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health. *The Lancet*. 2015; 386(10007):1973–2028. doi: 10.1016/S0140-6736(15)60901-1.

What is planetary health? Oxford: The Rockefeller Foundation Economic Council on Planetary Health (<https://www.planetaryhealth.ox.ac.uk/planetary-health/>, accessed 1 July 2021).

Griggs D, Stafford-Smith M, Gaffney O, Rockström J, Öhman MC, Shyamsundar P et al. Sustainable development goals for people and planet. *Nature*. 2013; 495:303–307 (<https://sustainabledevelopment.un.org/content/documents/844naturesjournal.pdf>, accessed 1 July 2021).

Primary health care



Primary health care is an overall approach to the organization of health systems which encompasses the three aspects of: multisectoral policy and action to address the broader determinants of health; empowering individuals, families and communities; and meeting people’s essential health needs throughout their lives.

Primary health care (PHC) is a whole-of-society approach that includes health promotion, disease prevention, treatment and management, as well as rehabilitation and palliative care. It is care for all at all ages, and addresses the majority of a person’s health needs throughout their lifetime. This includes physical, mental and social well-being. PHC is people-centred rather than disease-centred and is recognised as foundational to achieving *Universal Health Coverage* (UHC) and the health-related *Sustainable Development Goals* (SDGs).

“Primary care” is a subset of primary health care and refers to essential, first-contact care provided in a community setting.

Sources:

Primary health care. Geneva: World Health Organization; 2020 (<https://www.who.int/health-topics/primary-health-care>, accessed 1 July 2021).

Declaration on primary health care. Geneva: World Health Organization; 2018 (<https://www.who.int/primary-health/conference-phc/declaration>, accessed 1 July 2021).

Sustainable Development Goals



The Sustainable Development Goals (SDGs) are a call for action by all countries – developed and developing – in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.

The SDGs were adopted in 2015 at the United Nations (UN) General Assembly as a part of the 2030 Sustainable Development Agenda. The goals are intertwined, interconnected and indivisible, and provide the blueprint to achieve a better and more sustainable future for all. Together, they reflect the whole range of *determinants of health* by addressing pre-requisites for health, including those related to poverty, inequality, climate change, environmental degradation, peace and justice, and aim to improve the lives and prospects of everyone, everywhere. The SDGs have been adopted by all Member States of the UN.

Healthy lives and increased well-being for people at all ages can only be achieved by promoting health through all the SDGs and by engaging the whole of society in the health development process. Health promotion strategies provide a practical and

transformative response to these challenges by acting decisively across all sectors on all *determinants of health*, empowering people to increase control over their health and ensuring people-centred health systems.

Sources:

Sustainable Development Goals. New York: United Nations; 2015 (<https://sustainabledevelopment.un.org/sdgs>, accessed 8 July 2021).

Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Geneva: World Health Organization; 2016 (<https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf>, accessed 8 July 2021).

Sustainable Development Goals. Geneva: World Health Organization; 2018 (<https://www.who.int/sdg/en/>, accessed 8 July 2021).

Well-being



Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions.

Well-being encompasses quality of life, as well as the ability of people and societies to contribute to the world in accordance with a sense of meaning and purpose. Focusing on wellbeing supports the tracking of the equitable distribution of resources, overall thriving, and sustainability. A society's well-being can be observed by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges.

Health promotion glossary

Burden of disease



The burden of disease is a measurement of the gap between a population's current health and the optimal state where all people attain full life expectancy without suffering major ill-health.

Burden of disease analysis is an important and widely used tool that enables decision-makers to identify the most serious health problems facing a population currently and the likely burden in the future. It may be expressed as lost healthy life years (HeaLYs), disability-adjusted life years (DALYs), quality-adjusted life years (QALYs), or adjusted combinations of these measures. Burden of disease data also provide a basis for determining the relative contribution of various *risk factors* and can be useful in identifying the relative importance of the broader determinants of health to overall population health. Burden of disease data can be applied to make explicit the unequal impact of risk factors and determinants of health and can be used to highlight the actions required to achieve greater *health equity*. These data and analyses can be used to determine priorities for health promotion action within countries.

Source:

The Global Burden of Disease 2000 project: aims, methods and data sources. WHO Global Programme on Evidence for Health Policy Discussion Paper No. 36. Geneva World Health Organization; 2001 (<https://www.who.int/healthinfo/paper36.pdf>, accessed 8 July 2021).

Capacity building



In health promotion, capacity building is the development of knowledge, skills, commitment, partnerships, structures, systems and leadership to enable effective health promotion actions.

Capacity building is intended to strengthen and complement existing capabilities, and to sustain and amplify the *health outcomes* from *health promotion*. It involves actions to improve health through the advancement of knowledge and skills among frontline practitioners; the expansion of support and infrastructure for health promotion in organizations; and, the development of cohesiveness and partnerships for health in communities.

The competency of individual health practitioners, and others engaged in health promotion is a necessary but not sufficient condition for effective health promotion. Support from the organizations they work within and work with is equally crucial to effective implementation of health promotion strategies. At the community level, capacity building may include raising awareness about health *risk factors*, strategies to foster community identity and cohesion, education to increase *health literacy*, facilitating access to external resources, and developing structures for community decision-making and collective action. Community capacity building is focused on enabling community members to take action to address their needs as well as the social and political support that is required for successful implementation of programmes.

Co-benefits



Co-benefits are mutually positive outcomes for health and other sectors within governments, organizations and communities. Co-benefits across sectors and society at large can be achieved when health considerations are transparently taken into account in policy-making, resource allocation and service delivery.

Governments have a range of priorities in which health and equity do not automatically gain precedence over other policy objectives. The policy levers for action on the *determinants of health* often sit outside the remit of the health sector. Co-benefits emerge when health considerations are transparently taken into account in policy-making, for example, as a result of *health impact assessment*. Achieving co-benefits is important to *Health in all policies* providing a framework for regulation and practical tools that combine health, social and equity goals with economic development.

Sources:

The Helsinki statement: Framework for action. Geneva: World Health Organization; 2014 (https://apps.who.int/iris/bitstream/handle/10665/112636/9789241506908_eng.pdf, accessed 8 July 2021).

Health in all policies: training manual. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/bitstream/handle/10665/151788/9789241507981_eng.pdf, accessed 8 July 2021).

Commercial determinants of health



Activities of the private sector – including strategies and approaches used to promote products and choices – that affect the health of populations.

The private sector is one of the major driving forces behind global environmental, economic and social changes, at the same time as increasing its venture into partnership with public health actors and even into traditional health promotion. Commercial determinants are key *social determinants*, with impacts on *health equity* as well as social, cultural and physical environments, power structures and distribution of resources. Actions by the

private sector shape consumer environments, and determine the availability, promotion and pricing of consumables and services include promotional activities, marketing and corporate social responsibility practices. Commercial determinants of health also include strategies and approaches through which companies exert power and influence on governments, society and consumers such as through political practices, shaping knowledge environments, shaping legal environments and extra-legal environments. These commercial determinants can deliver benefit by influencing supply and demand for goods and services that enhance health. Commercial determinants have most commonly been associated with shaping consumer and political environments in ways that are detrimental to health. This not only includes tobacco, alcohol and high-calorie food products, but also the production and use of hazardous products, services and materials. Health promotion strategies are designed to foster the supply and demand for health enhancing products and services, and to reduce the supply, demand and impact of goods and services that are detrimental to health, as well as to support action on the enabling legal and extra-legal systems and environments.

Sources:

Kickbusch I, Allen L, Franz, C. The commercial determinants of health. *The Lancet Global Health*. 2016; 4(12):e895–e896. doi:10.1016/S2214-109X(16)30217-0.

Lima JM, Galea S. Corporate practices and health: A framework and mechanisms. *Globalization and Health*. 2018; 14(1):21. doi:10.1186/s12992-018-0336-y.

Mialon, M. An overview of the commercial determinants of health. *Global Health*. 2020; 16:74. doi:10.1186/s12992-020-00607-x.

Community action for health



Community action for health refers to collective efforts by communities that are directed towards increasing community control over the determinants of health, and thereby improving health.

The *Ottawa Charter* emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies and implementing them to achieve better health. The concept of community *empowerment* is closely related to the Ottawa Charter definition of community action for health. In this concept, an empowered community is one in which individuals and organizations apply their skills and resources in collective efforts to address health priorities and meet their respective health needs. Through such participation, individuals and organizations within an empowered community provide *social support* for health, address conflicts within the community, and gain increased influence and control over the determinants of health in their community. The concept of community action for health has its roots in established geographical communities, and is now greatly extended and amplified by new types of digital communities.

Community mobilization



An empowerment process through which community individuals, groups or organizations plan, carry out and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or through the health advocacy of others.

Community mobilization helps communities to identify their own needs and respond to and address these needs. Community mobilization can be important in linking health institutions and structures to communities, and in promoting consideration of the needs of specific populations and localities. Mobilization also leads to greater sustainability, as communities are empowered and capable of addressing their own needs.

Sources:

Howard-Grabman L and Snetro G. How to mobilize communities for health and social change. Baltimore, MD: Health Communication Partnership; 2003 (https://www.msh.org/sites/default/files/2015_08_msh_how_to_mobilize_communities_for_health_social_change.pdf, accessed 8 July 2021).

Community mobilization: Improving reproductive health outcomes. New York: The ACQUIRE Project (Access, Quality, and Use in Reproductive Health), 2006 (<https://www.who.int/management/community/overall/CommunityMobilization2pgs.pdf>, accessed 8 July 2021).

Empowerment



Unmodified definition, modified commentary

In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health.

Empowerment results from social, cultural, psychological or political processes through which individuals and social groups are enabled to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs including co-creating the policies and services that affect and serve their communities. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them, and a relationship between their efforts and life outcomes. Health promotion not only encompasses actions directed at strengthening the basic *skills for health* and capacities of individuals, but also at influencing underlying *determinants of health*. In this sense health promotion is directed at creating the conditions which offer a better chance of there being a relationship between the efforts of individuals and groups, and subsequent *health outcomes* in the way described above.

A distinction is made between individual and community empowerment, where individual empowerment refers primarily to the individuals' ability to make decisions and have control over their personal health decisions. Community empowerment involves individuals acting collectively to gain greater influence and control over the factors shaping the *determinants of health* in their community and is an important goal in *community action for health*. These concepts are linked and reciprocal. Empowered individuals create empowered communities, and vice-versa.

Enabling



Enabling means taking action in partnership with individuals or communities to facilitate greater empowerment – through the mobilization of community and material resources – to promote and protect health.

The emphasis in this definition is on *empowerment* through partnership, and on *community mobilization*. It provides a practical illustration of the important role of health workers and other health activists acting as a catalyst for health promotion action. For example, by providing access to information on health, by facilitating skills development, and supporting access to the political processes that shape public policies affecting health.

Environmental determinants of health



The physical conditions in which people live and work that have an impact on health.

Environmental determinants range from access to clean water, hygienic sanitation services and air quality, through the built environment including housing and living conditions, and the work environment, all of which can have a major impact of the *burden of disease*. Alongside our understanding of these established environmental determinants, understanding of a broader set of ecological determinants of health is rapidly emerging. These are concerned with the fundamental role that Earth systems – such as the natural cycles of water, carbon and nitrogen – have in sustaining human life and the life of all other species. Disruptions to these natural systems underpin threats to *planetary health*.

Inequalities in exposure to the environmental determinants of health are a major cause of inequity in health. In health promotion, different *settings for health* such as cities, schools, workplaces, housing and health care facilities provide structure for practical action. Regulation of the environment to optimize *health outcomes* can play a major role in the achievement of a broad range of the *Sustainable Development Goals*. It is a major responsibility of governments and is facilitated by *health impact assessment*, and the adoption of *Health in all policies*, and by good *governance for health* between countries.

Sources:

Social and environmental determinants of health and health inequalities in Europe: fact sheet. Copenhagen: World Health Organization Regional Office for Europe; 2012 (https://www.euro.who.int/__data/assets/pdf_file/0006/185217/Social-and-environmental-determinants-Fact-Sheet.pdf, accessed 8 July 2021).

Healthy environments for healthier populations: Why do they matter, and what can we do? Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/325877/WHO-CED-PHE-DO-19.01-eng.pdf>, accessed 8 July 2021).

Connecting global priorities: Biodiversity and human health. Summary of the state of knowledge review. Montreal: Secretariat of the Convention on Biological Diversity/World Health Organization; 2015 (<https://www.who.int/publications/i/item/connecting-global-priorities-biodiversity-and-human-health>, accessed 8 July 2021).

Global health



Achieving health equity at a global level by addressing transnational health issues, determinants, and the interventions and formal structures that are beyond the control of national institutions.

Issues in global health include the *commercial determinants in health* – health impacts and inequities caused by patterns of international trade and investment, specifically by the marketing of harmful products by transnational corporations; as well as the effects of global climate change; the vulnerability of refugee populations; and the transmission of diseases resulting from travel between countries – especially novel viruses, and other communicable diseases. These global threats require partnerships for priority setting, regulation and health promotion at both the national and international levels through established international institutions.

Source:

Koplan JP, Bond TC, Merson MH, et al. Towards a common definition of global health. *Lancet*. 2009; 373 (9679):1993–5. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60332-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60332-9/fulltext), accessed 8 July 2021).

Governance for health



Actions of governments and other actors to steer communities, countries and/or groups of countries in the pursuit of health as integral to well-being through both whole-of-government and whole-of-society approaches.

Governance determines who has power, who makes decisions, and who is held to account. It is characterized by a set of processes (customs, policies or laws) that are formally or informally applied to distribute responsibility and/or accountability among actors within the health sector and non-health sectors that influence health. Governance for health promotes joint action of health and non-health sectors, of public and private actors and of citizens for a common interest. It requires a synergistic set of policies, many of which reside in sectors other than health as well as sectors outside government, which must be supported by structures and mechanisms that enable collaboration. A *Health in all policies* approach is one way to facilitate such collaboration, synergy and accountability, specifically within the public sector.

Sources:

Kickbusch I and Gleicher D. Governance for health in the 21st century. Copenhagen: World Health Organization Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf, accessed 8 July 2021).

Health systems governance for universal health coverage: Action plan. Geneva: World Health Organization; 2014 (https://www.who.int/universal_health_coverage/plan_action-hsgov_uhc.pdf, accessed 8 July 2021).

Barbazza E and Tello JE. A review of health governance: Definitions, dimensions and tools to govern. *Health Policy*. 2014; 116 (1):1–11. doi: 10.1016/j.healthpol.2014.01.007.

Health advocacy

■ Unmodified

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.

Advocacy is one of the three major strategies for *health promotion* and may be made by or on behalf of individuals and groups. The target of advocacy may be public or private policy or actions (or absence of policy or action) in any sector at any level that has an impact on health. Advocacy for health can take many forms including the use of the digital and mass media; more direct political communication, persuasion or lobbying; and community mobilization through, for example, building coalitions of interest around defined issues. Health workers can have an important role in acting as advocates for health at all levels in society.

Source:

Advocacy strategies for health and development: Development communication in action. A background paper to the Inter-Agency Meeting on Advocacy Strategies for Health and Development: Development Communication in Action, Geneva, 9–13 November 1992. Geneva: World Health Organization; 1992 (https://apps.who.int/iris/bitstream/handle/10665/70051/HED_92.4_eng.pdf?sequence=1, accessed 8 July 2021).

Health behaviour

◆ Modified

Any activity undertaken by an individual for the purpose of promoting, protecting, maintaining or regaining health, whether or not such behaviour is objectively effective towards that end.

Behaviour remains a critical determinant of health. Changes to behaviour may either directly benefit health, or enable increased control over the determinants of health. As such, behaviour change remains an important element to health promotion. Health behaviours are influenced by emotional, cognitive and interpersonal factors as well as individual *skills for health*; and are fundamentally shaped by the social, cultural, commercial and physical environments in which people live and work. Health behaviours are often related in clusters and in groups of people that form a complex set of interdependent relationships. In health promotion, behaviour change can be supported through approaches that combine policy instruments such as legislation or regulation with *community mobilisation* to influence social norms and practices, and behaviour change interventions that address the complex realities shaping people's health.

Source:

Van den Broucke S. Needs, norms and nudges: the place of behaviour change in health promotion. *Health Promotion International*. 2014; 29(4):597–600.

Health communication

◆ Modified

The use of communication strategies (e.g. interpersonal, digital and other media) to inform and influence decisions and actions to improve health.

Health communication may involve the integration of digital and other mediated communication with more local, personal or traditional forms of communication. Effective health communication delivers credible and trusted information that is accessible, understandable and actionable for those who are the intended audience.

Source:

Communicating for health: WHO strategic framework for effective communications. Geneva: World Health Organization; 2020 (<https://www.who.int/about/communications>, accessed 8 July 2021).

Health diplomacy

+ New term

Multi-level and multi-actor negotiation processes that shape and manage the global policy environment to improve health and/or global health governance.

Health diplomacy brings together the disciplines of public health, international affairs, management, law and economics. It can include formal negotiations between and among nations; multi-stakeholder diplomacy involving negotiations between or among nations and other actors; and more informal diplomacy, including interactions between international public health actors and their counterparts in the field, including host country officials, nongovernmental organizations, private-sector companies, and the public. Health diplomacy forms a response to the *commercial determinants of health*, and supports the advancement of *global health*.

Sources:

Kickbusch I, Silberschmidt G, Buss P. Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health. *Bulletin of the World Health Organization*. 2007; 85(3):230–232.

Katz R, Kornblet S, Arnold G, Leif E, Fischer JE. Defining health diplomacy: Changing demands in the era of globalization. *Milbank Quarterly*. 2011; 89(3):503–523. doi:10.1111/j.1468-0009.2011.00637.x.

Health education

◆ Modified

Health education is any combination of learning experiences designed to help individuals and communities improve their health by increasing knowledge, influencing motivation and improving health literacy.

Health education can include the communication of information concerning the *determinants of health*, as well as individual *risk factors* and use of the health care

system. Health education can involve task-based communication – designed to support predetermined actions such as participation in immunization and screening programs, medication adherence or *health behaviour* change, and can also include skills-based communication designed to develop generic, transferable *skills for health* that equip people to make a range of more autonomous decisions relating to their health and to adapt to changing circumstances. This includes the development of knowledge and skills that enable action to address the *determinants of health*.

Health for All



The attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life regardless of who they are or where they live.

Embedded in the *Declaration of Alma Ata* in 1977, Health for All has served as an important focal point for health strategy for WHO and most Member States for over forty years. Although it has been interpreted differently by each country in the light of its social and economic characteristics, the health status and *burden of disease* in its population, and the state of development of its health system, Health for All is considered an expression of a fundamental human right and worldwide social goal to achieve *health equity*. Health for All is a core of the *Sustainable Development Goals*.

Sources:

Pandey KR. From health for all to universal health coverage: Alma Ata is still relevant *Global Health*. 2018; 14:62. doi: 10.1186/s12992-018-0381-6.

Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. Geneva: World Health Organization; 1978 (https://www.who.int/publications/almaata_declaration_en.pdf, accessed 8 July 2021).

Health impact assessment



Health impact assessment is a combination of procedures, methods and tools by which a policy, programme, product or service may be judged concerning its effects on the health of the population and the distribution of those effects within the population.

The primary goal of health impact assessment is to inform the development of policies and programs that will promote better health and reduce health inequity through the identification of health *co-benefits*, conflicts and *risk factors*. Health impact assessment is an integral tool supporting *Health in All Policies*.

Source:

Vohra S, Cave B, Viliani F, Harris-Roxas BF, Bhatia R. New international consensus on health impact assessment. *The Lancet*. 2010; 376(9751):1464–1465.

Health needs assessment



A systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs; the actions required to address those needs; and the human, organizational and community resources that are available in response.

In health promotion, needs assessment incorporates consideration of the impact on health of a broad range of *determinants of health*, moderated by more locally defined needs and priorities. *Community mobilization* for needs assessment better supports the identification of priorities that are locally relevant and actionable. Needs assessment is not a one-off activity but a developmental process that is added to and amended over time. It is not an end but a way of using information to plan health care and public health programmes in the future.

Source:

Community Health Needs Assessment: An introductory guide for the family health nurse in Europe. Copenhagen: World Health Organization Regional Office for Europe; 2001 (http://www.euro.who.int/_data/assets/pdf_file/0018/102249/E73494.pdf, accessed 8 July 2021).

Health outcomes



A change in the health status of an individual, group or population that is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

This term emphasizes the outcome of planned interventions (as opposed, for example, to incidental exposure to risk), and that outcomes may be distinct for individuals, groups or whole populations. The change in outcome may be positive for health or may be detrimental. Interventions may include government policies and consequent programmes, laws and regulations, or health services and programmes, including health promotion programmes. In health promotion, interventions are intended to be enabling and empowering, and health outcomes can be considered in terms that describe the more immediate impact of health promotion activities such as improving *health literacy*, changing *health behaviours*, implementing *health in all policies*, and enabling *community action for health* and subsequent changes in the *determinants of health*.

Health policy



Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society.

Health policy in this context is narrowly focussed on health care. It generally excludes broader consideration of policies that may have an impact on the *determinants of health*, which are more in keeping with the health promotion concept of *Health in all policies*. Health policy defined in this way is commonly a formal statement or procedure within institutions (notably government), which defines priorities, timing and the parameters for action in response to health care needs, available resources and other political pressures. Health policy is often enacted through legislation or other forms of rule-making that define regulations, and incentives that enable the provision of health services and programmes and access to them. As with most policies, health policies arise from a systematic process of building support for public health action that draws upon available evidence, integrated with community preferences, political realities and resource availability. It outlines priorities and the expected roles of different groups, and is intended to build consensus and inform people.

Source:

Health Policy. Copenhagen: World Health Organization Regional Office for Europe (<https://www.euro.who.int/en/health-topics/health-policy>, accessed 8 July 2021).

Health promoting hospital



Health promoting hospitals and health services orient their governance models, structures, processes and culture to optimise health gains of patients, staff and populations served and to support sustainable societies.

The concept of health promoting hospitals and health services was a response to the *Ottawa Charter for Health Promotion* action area 'Reorienting health services'. The whole-of-system settings approach used by health promoting hospitals draws upon and consolidates several health reform movements: Patient or consumer rights; primary health care; quality improvement; environmentally sustainable ('green') health care and health literate organizations. The organizational development strategy of health promoting hospitals involves re-orienting governance, policy, workforce capability, structures, culture and relationships towards improved *health outcomes* for patients, staff, and population groups in communities and other settings. Strategies and standards based on quality improvement philosophy and tools are used to guide action: on priority health and equity issues; to benefit specific groups of patients, such as children and adolescents, aged people, people with mental health conditions, and migrants; on prevention and promotion themes such as smoking, nutrition, physical activity and alcohol consumption; and for environmental sustainability.

Source:

Budapest Declaration on health promoting hospitals. Budapest: Health Promoting Hospitals Network; 1991 (<https://www.hphnet.org/wp-content/uploads/2020/03/Budapest-Declaration.pdf>, accessed 8 July 2021)

Health promoting schools

 Unmodified definition, updated commentary

A health promoting school can be characterised as a school constantly strengthening its capacity as a healthy setting for living, learning and working.

A health promoting school engages health and education officials, teachers, students, parents and community leaders in efforts to both promote health and support the educational success of all students and the whole school. It fosters health and learning with all the measures at its disposal, strives to provide supportive environments for health, and a range of key school health education and promotion programs and services. A health promoting school implements policies, practices and other measures that respect individual social and cultural differences; provide multiple opportunities for success; and acknowledges good efforts and intentions alongside personal and whole of school achievements. It strives to improve the health of school personnel, families and community members as well as students, and works with community leaders to help them understand how the community contributes to health and education.

WHO's Global School Health Initiative aims at helping all schools to become health promoting schools by, for example, encouraging and supporting international, national and subnational networks of health promoting schools, and helping to build national capacities to promote health through schools.

Sources:

Health promoting schools. Geneva: World Health Organization; 2020 (https://www.who.int/health-topics/health-promoting-schools#tab=tab_1, accessed 8 July 2021).

Global school health initiatives: Achieving health and education outcomes. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259813/WHO-NMH-PND-17.7-eng.pdf;jsessionid=8894991456F7118BB29244AECE91C6D5>, accessed 8 July 2021).

Dadaczynski K, Jensen B, Sormunen M, von Seelen J, Vilaca T. Health, well-being and education: Building a sustainable future. The Moscow statement on Health Promoting Schools", *Health Education*. 202; 120(1):11–19. doi: 10.1108/HE-12-2019-0058.

Healthy cities

 Unmodified definition, updated commentary

A healthy city is one that is continually creating, expanding and improving those physical and social environments and community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

A healthy city is not necessarily one that has achieved a particular health status. It is a city that puts health high on the political and social agenda and builds a strong movement for public health at the local level with health equity at its centre. The healthy cities approach recognizes the need to work in collaboration across public, private, voluntary and community sector organizations. This way of working prioritizes policies that: create co-benefits between health and well-being and other city policies; support

social inclusion by harnessing the knowledge, skills and priorities of cities' diverse populations through strong community engagement; create healthy built and natural environments; and re-orient health and social services to optimize fair access, placing people and communities at the centre.

The WHO Healthy Cities programme is a long-term development initiative that seeks to place health and health equity on the agenda of cities around the world, and to build a constituency of support for public health at the local level. In the various WHO regions, and through dedicated networks of cities, healthy cities take on very different priorities and approaches within the overall concept described above.

Sources:

Healthy cities: effective approach to a rapidly changing world. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/331946/9789240004825-eng.pdf>, accessed 8 July 2021).

Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Geneva: World Health Organization; 2017 (<https://www.who.int/publications/i/item/WHO-NMH-PND-17.5>, accessed 8 July 2021).

What is a healthy city? Copenhagen: World Health Organization Regional Office for Europe; (<https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/what-is-a-healthy-city> accessed 8 July 2021)

Healthy islands



Unmodified definition, updated commentary

A healthy island is one that is committed to and involved in a process of achieving better health and quality of life for its people, and healthier physical and social environments in the context of sustainable development.

The *Yanuca Island Declaration* established the concept of healthy islands as places in which: children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and the ocean – which sustains us – is protected. The description of healthy islands brings together human health and environmental health, placing significant emphasis on ecological balance and sustainable oceans. These original principles are substantially expanded in the *United Nations Small Island Developing States (SIDS) Accelerated Modalities of Action (SAMOA) Pathway*, which provides a comprehensive and integrated approach to achievement of the *sustainable development goals*.

The SAMOA Pathway advocates for comprehensive, whole-of-government, multisectoral policies and strategies for the prevention and management of diseases, including through the strengthening of health systems, the promotion of effective *universal health coverage* implementation, *health education* and public awareness.

Sources:

The Yanuca Island Declaration on health in Pacific island countries and territories. Manila: World Health Organization Regional Office for the Western Pacific; 1995 (https://apps.who.int/iris/bitstream/handle/10665/208257/PHMM_declaration_2015_eng.pdf?sequence=1&isAllowed=y, accessed 8 July 2021).

The first 20 years of the journey towards the vision of healthy islands in the Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2015 (https://apps.who.int/iris/bitstream/handle/10665/208201/9789290617150_eng.pdf, accessed 8 July 2021).

Small Island Developing States (SIDS) Accelerated Modalities of Action (SAMOA) Pathway. New York: United Nations; 2014 (<https://sustainabledevelopment.un.org/samoapathway.html>, accessed 8 July 2021).

Healthy life expectancy

◆ Modified

Healthy life expectancy is a population-based measure of the proportion of expected life span estimated to be healthful and fulfilling, or free of illness, disease and disability according to social norms and perceptions and professional standards.

The concept of healthy life expectancy at birth (HALE) is widely used in WHO and United Nations organizations as a measure that is more sensitive to the determinants and dynamics of population health in countries. It is a form of health expectancy that applies disability weights to health states to compute the equivalent number of years of good health that a newborn can expect.

Healthy life expectancy can help to identify necessary health promotion actions and interventions by highlighting major *risk factors* for illness, disease and disability responsible for a substantial loss in healthy life expectancy. Health promotion seeks to expand the understanding of healthy life expectancy beyond the absence of disease, disorders and disability towards positive measures of health creation, maintenance and protection, emphasizing a healthy life span.

Sources:

Global health estimates. Life expectancy and healthy life expectancy. Geneva: World Health Organization; 2020 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy>, accessed 8 July 2021).

Healthy Life Expectancy at birth. New York: United Nations; 2007 (https://www.un.org/esa/sustdev/natlinfo/indicators/methodology_sheets/health/health_life_expectancy.pdf, accessed 8 July 2021).

Infrastructure for health promotion

◆ Unmodified definition, updated commentary

Those human and material resources, organizational and administrative structures, policies, regulations and incentives that facilitate an organized health promotion response to public health issues and challenges.

Such infrastructures may be found through a diverse range of organizational structures, including *primary health care*, government, private sector and civil society, as well as dedicated health promotion agencies and foundations. Although many countries have a dedicated health promotion workforce, the greater human resource is to be found among the wider health workforce, workforces in sectors other than health (for example in education and social welfare), and from the actions of communities and citizens. Infrastructure for health promotion can be found not only in tangible resources and structures, but also through the extent of public and political awareness of health issues, and *community action for health*. The development of infrastructures for health promotion are fundamentally dependent upon effective *capacity building*.

Intersectoral action for health



Intersectoral action broadly refers to the alignment of intervention strategies and resources between actors from two or more policy sectors in order to achieve complementary objectives that improve health or the determinants of health.

Because there are a wide range of *determinants of health*, an intersectoral approach to health promotion is essential to improve health and achieve greater *health equity* in populations. *Health in all policies* provides a practical framework for supporting intersectoral action for health within government.

Intersectoral action for health largely occurs in collaboration with the health sector. Similarly, while intersectoral action is usually concentrated in government, it has also been taken to mean actions across other sectors including civil society and the private sector.

Sources:

Multisectoral and intersectoral action for improved health and well-being for all: Mapping of the WHO European Region. Governance for a sustainable future: improving health and well-being for all. Copenhagen: World Health Organization Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0005/371435/multisectoral-report-h1720-eng.pdf, accessed 8 July 2021).

Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health: report by the Secretariat. Provisional agenda item 13.4 (A69/17). Sixty-ninth World Health Assembly. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/252671>, accessed 8 July 2021).

DuBois A, St-Pierre L., & Veras, M. A scoping review of definitions and frameworks of intersectoral action. *Ciencia & Saude Coletiva*. 2015; 20(10):2933–2942. doi:10.1590/1413-812320152010.01222014.

Demonstrating a Health in all policies analytic framework for learning from experiences: Based on literature reviews from Africa, South-East Asia and the Western Pacific. Geneva: World Health Organization; 2015. World Health Statistics 2017 (Subsection 1.6). Geneva: World Health Organization; 2017 (<https://www.who.int/docs/default-source/gho-documents/world-health-statistic-reports/v-4-17162-world-health-statistics-2017.pdf>, accessed 8 July 2021).

Life course



A culturally defined sequence of stages that people typically pass through as they progress from birth to death. Health across the lifespan reflects a complex interplay of biological, behavioural, psychological, and social protective and risk factors that contribute to health outcomes across the span of a person's life.

A life course approach provides a holistic view of people's health and *well-being* at all stages in life, as well as interlinkages with sustainable development. A person's health and well-being are shaped by many different individual, social and environmental factors throughout life. Risk exposures in early life can affect health, well-being and socioeconomic participation decades later. Risk and *resilience* are accumulated throughout the life course.

The life course approach encompasses actions that are taken early, appropriately to transitions in life and together as a whole society. This approach confers benefits to the whole population across the lifespan, as well as accruing to the next generations. A life course approach to health promotion can increase the effectiveness of interventions throughout a person's life by focusing on a healthy start to life and targeting the needs of people at critical periods throughout their lifetime.

Sources:

A life course approach to health, human capital and sustainable development. Geneva: World Health Organization; 2019 (<https://www.who.int/life-course/publications/life-course-brief-20190220.pdf>, accessed 8 July 2021).

The Minsk Declaration. The life-course approach in the context of Health 2020. Copenhagen: World Health Organization Regional Office for Europe; 2020 (https://www.euro.who.int/__data/assets/pdf_file/0009/289962/The-Minsk-Declaration-EN-rev1.pdf, accessed 8 July 2021).

Life-course approach. Copenhagen: World Health Organization Regional Office for Europe (<http://www.euro.who.int/en/health-topics/Life-stages>, accessed 8 July 2021).

Glossary of life-course terms. Copenhagen: World Health Organization Regional Office for Europe; 2015 (https://www.euro.who.int/__data/assets/pdf_file/0009/289539/Glossary-Life-course-Terms.pdf, accessed 8 July 2021).

Mediation



Unmodified definition, updated commentary

In health promotion, mediation is a process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public, non-profit and private) are reconciled in ways that promote and protect health.

Health promotion is focussed on improving people's control over the determinants of health. It is a process that inevitably produces conflicts between the different sectors and interests in a population, especially in addressing the *commercial determinants of health*. Such conflicts may arise, for example, from concerns about access to, use and distribution of resources, or constraints on individual or commercial practices. Reconciling such conflicts in ways that promote health requires skills in mediation alongside good *governance for health*, and the use of skills in *health advocacy*.

Ottawa Charter for Health Promotion



Modified

***The Ottawa Charter for Health Promotion* is an international consensus statement from the First WHO International Conference on Health Promotion, held in Ottawa, Canada, in November 1986.**

(see also: *Health promotion*)

The Ottawa Charter has been instrumental in supporting a paradigm shift in the ways public health problems are conceptualized and addressed. The Ottawa Charter advocates a new public health approach by emphasizing changes in the conceptualization,

description and analysis of the *determinants of health*, and methods for solving public health problems. These methods include the strategies and action areas in the charter. The five strategies – build healthy public policy; create supportive environments for health; strengthen community action; develop personal skills; and *reorient health services* – have provided the framework for consideration of public health challenges in the decades since the charter was published. These strategies have been refined and have evolved in ways that are reflected in the emergence of more recent concepts such as *Health in all policies*. The strategies, together with the three action areas – *health advocacy, enabling* and *mediation* – remain relevant and practical in contemporary health promotion.

Source:

Ottawa Charter for Health Promotion. Geneva: World Health Organization; 1986 (<https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>, accessed 8 July 2021).

Partnerships for health



A recognized relationship between two or more partners to work cooperatively towards a set of shared health outcomes in a way that is more effective, efficient, sustainable or equitable than could be achieved by one partner acting alone.

Partnerships offer mutual benefit for health through the sharing of expertise, skills and resources. They represent an important practical tool for *intersectoral action for health*. Such partnerships may be limited by the pursuit of a clearly defined goal, such as the successful development and introduction of public policy, or may be continuous, covering a broad range of issues and initiatives. Partnerships for health are characterized by a desire to break through traditional boundaries within government sectors, between governmental and nongovernmental organizations, and between the public and private sectors.

Source:

Jakarta Declaration on Leading Health Promotion into the 21st Century. The Fourth International Conference on Health Promotion: New Players for a New Era – Leading Health Promotion into the 21st Century Jakarta, Indonesia, 21–25 July 1997. Geneva: World Health Organization; 1997 (https://apps.who.int/iris/bitstream/handle/10665/63698/WHO_HPR_HEP_4ICHP_BR_97.4_eng.pdf, accessed 8 July 2021).

Public health



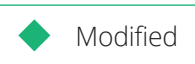
An organized activity of society to promote, protect, improve, and – when necessary – restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills and values that function through collective societal activities and involve programmes, services and institutions aimed at protecting and improving the health of all people.

Public health is a social and political concept aimed at the improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention. The *Ottawa Charter* advocates significantly different approaches to the description and analysis of the *determinants of health*, and the methods of solving public health problems. These methods include the strategies and action areas in the *Ottawa Charter*.

Source:

Last JM. Dictionary of Public Health. Oxford: Oxford University Press; 2007. doi:10.1093/acref/9780195160901.001.0001.

Re-orienting health services



Re-orienting health services requires optimizing fair access, putting people and communities at the centre, and strengthening the contribution that health services make to prevention, public health and health promotion.

Health services cover promotion, prevention, treatment, rehabilitation and palliative care, all levels of service delivery (from community health workers to tertiary hospitals) and services across the life course. Health services need re-orientation to better reflect the ambitions of *primary health care*: encompassing multisectoral policy and action to address the broader determinants of health; empowering individuals, families and communities; providing services that are culturally sensitive and meeting people's essential health needs throughout their lives; as well as delivering the aspiration of *universal health coverage* – enabling people to obtain the health services they need, of good quality, without suffering financial hardship.

Re-orienting health services also requires equivalent re-orientation of health research, as well as changes in professional education and training to better reflect a more holistic purpose for the health system.

Sources:

Ottawa Charter for Health Promotion. Geneva: World Health Organization; 1986 (<https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>, accessed 8 July 2021).

Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Geneva: World Health Organization; 2017 (<https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf>, accessed 8 July 2021).

Primary health care. Geneva: World Health Organization; 2020 (<https://www.who.int/health-topics/primary-health-care>, accessed 8 July 2021).

Universal health coverage. Geneva: World Health Organization; 2019 (<https://www.who.int/health-topics/universal-health-coverage>, accessed 8 July 2021).

Resilience



Processes and skills that result in good individual and community health outcomes in the face of negative events, serious threats and hazards.

Resilient individuals have the problem-solving skills, social competence and sense of purpose to rebound from setbacks, thrive in the face of poor circumstances, avoid risk-taking behaviour and generally continue to lead productive lives. Resilience is also shaped by the availability of supportive environments. The capability of individuals and communities to manage problems effectively and 'build back better' following adversity develops and changes over time. Health promotion interventions aiming to strengthen individual resilience are more effective when supported by environments that promote and protect population health and well-being.

Sources:

Strengthening resilience: a priority shared by Health 2020 and the Sustainable Development Goals. Copenhagen: World Health Organization Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0005/351284/resilience-report-20171004-h1635.pdf, accessed 8 July 2021).

Building resilience: a key pillar of Health 2020 and the Sustainable Development Goals. Examples from the WHO Small Countries Initiative. Copenhagen: World Health Organization Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0020/341075/resilience-report-050617-h1550-print.pdf, accessed 8 July 2021).

Risk communication



Risk communication refers to the real-time exchange of information, advice and opinions between experts or officials and people who face risks to their survival, health or economic or social well-being.

The purpose of risk communication is to enable everyone who is at risk to take informed decisions to mitigate the effects of threats (or hazards), such as a disease outbreak, and take protective and preventive action. Risk communication uses a mix of communication and engagement strategies, including but not limited to, media communications, *social marketing*, stakeholder engagement and *community mobilization*. It requires the understanding of stakeholder perceptions, concerns and beliefs, as well as their knowledge and practices. Effective risk communication must also identify early on (and subsequently manage) rumours, misinformation, victim blaming and other communications challenges. These challenges can be greatly amplified by unregulated digital media. Strengthening *health literacy* in populations, especially developing skills in critical health literacy is an important, complementary strategy to improve the effectiveness of risk communication.

Sources:

Risk communications: Questions and answers. Geneva: World Health Organization; 2020 (<https://www.who.int/risk-communication/faq/en/>, accessed 8 July 2020).

WHO Emergency Risk Communication: International Health Agreements – Module B1. Geneva: World Health Organization (<https://www.who.int/risk-communication/training/Module-B1.pdf>, accessed 8 July 2020).

Risk factor



Unmodified definition, updated commentary

Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury.

The identification of behavioural, social and physical environmental risk factors is commonly used to explain variations in *healthy life expectancy* and *health outcomes*. Understanding the causes and consequences of these risk factors provides an entry point or focus for application of health promotion strategies and actions.

Salutogenesis



New term

Salutogenesis describes how social and individual resources, including the sense of coherence, help people to manage stress and to thrive.

Salutogenesis focuses attention on the study of the origins (genesis) of health (salus) and of positive health outcomes – moving towards the positive end of an ease/dis-ease continuum – in contrast to the more usual study of the origins of disease and *risk factors* (*pathogenesis*). Salutogenesis emphasizes the importance of a sense of coherence, and an individual or collective orientation towards life as being understandable, manageable and meaningful. In health promotion, the salutogenetic approach focuses on strengthening resources and assets that help people to cope with adversarial life situations, promote well-being and thriving.

Sources:

Antonovsky A. The salutogenic model as a theory to guide health promotion. *Health Promotion International*. 1996; 11(1):11–18.

Mittelmark MB and Bauer GF. The Meanings of Salutogenesis. In: Mittelmark MB, Sagy M, Eriksson M et al. (Eds). *The Handbook of Salutogenesis*. Cham (CH): Springer; 2017.

Settings for health



Unmodified definition, updated commentary

The place or social context where people engage in daily activities, in which environmental, organizational and personal factors interact to affect health and well-being.

A setting is where people actively use and shape the environment and thus create or solve problems relating to health. This is different from using a setting as the basis for delivery of a specific service or programme. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Action to promote health through different settings can take many different forms, often through some form of organizational development, including change to the physical environment,

to the organizational structure, administration and management. Settings can also be used to promote health by reaching people directly who live and work in them.

Healthy setting approaches have been implemented many different ways in multiple areas, including *healthy cities*; *health promoting schools*; healthy workplaces; *healthy islands*; *health promoting hospitals*; health promoting prisons and health promoting universities.

Skills for health (life skills)



Skills for health consist of personal, interpersonal, cognitive and physical skills that enable people to control and direct their lives, and to develop the capacity to live with and produce change in their environment to make it conducive to health.

Individual skills for health include decision-making and problem-solving, creative and critical thinking, communication skills and interpersonal relationship skills. Skills for health may be applied toward personal actions or actions toward others, as well as *health advocacy* to change the *determinants of health*. Skills for health can be developed through a variety of learning experiences, especially through *health education* leading to improved *health literacy*. Skills for health are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

Source:

Skills for health: skills-based health education including life skills. Geneva: World Health Organization; 2003 (<https://apps.who.int/iris/handle/10665/42818>, accessed 8 July 2021).

Social capital



Social capital represents the degree of social cohesion that exists in communities. It refers to the processes between people that establish networks, norms and social trust, and facilitate coordination and cooperation for mutual benefit.

Social capital does not exist within any single individual but instead is created from the myriad of everyday interactions between people, and is embodied in such structures as civic and religious groups, family membership, informal *social networks*, and in norms of voluntarism, altruism and trust. The stronger these networks and bonds, the more likely it is that members of a community will have access to trustworthy health information, provide *social support*, and co-operate for mutual benefit. In this way social capital creates health, and may enhance the benefits of *investment for health*.

Source:

Rocco L, Suhrcke M. Is social capital good for health? A European perspective. Copenhagen: World Health Organization Regional Office for Europe; 2012 (https://www.euro.who.int/__data/assets/pdf_file/0005/170078/Is-Social-Capital-good-for-your-health.pdf, accessed 8 July 2021).

Social determinants of health



The social determinants of health are the social, cultural, political, economic and environmental conditions in which people are born, grow up, live, work and age, and their access to power, decision-making, money and resources that give rise to these conditions of daily life.

The social determinants of health influence a person's opportunity to be healthy, their risk of illness, health behaviours and *healthy life expectancy*. Health inequities result from the uneven distribution of these social determinants.

Approaches to address the social determinants of health include specific socioeconomic and public policies addressing living conditions or access to power, money and resources; multisectoral collaboration across policy sectors, such as the Health in all policies approach, and improved health governance; community empowerment and participation for health; improved monitoring of health inequalities; and improved health social and environmental health workforce capacities to recognize important social determinants of health and local actions of redress.

Sources:

Social determinants of health. Geneva: World Health Organization; 2020 (https://www.who.int/social_determinants/sdh_definition/en/, accessed 8 July 2021).

Social determinants. World Health Organization Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/health-determinants/social-determinants>, accessed 8 July 2021).

Promoting health: Guide to national implementation of the Shanghai Declaration. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/260172>, accessed 8 July 2021).

Social marketing



Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good.

Social marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable. Social marketing includes the design, implementation and control of programs aimed at increasing the acceptability of a social idea, practice [or product] in one or more groups of target adopters. Social marketing methodologies are widely used in countries for *health communication, health education, risk communication, and community mobilization*.

Source:

The process of developing the consensus definition [of social marketing]. Bethesda: International Social Marketing Association; 2013 (<https://www.i-socialmarketing.org/social-marketing-definition>, accessed 8 July 2021).

Social networks



Unmodified definition, modified commentary

Social relations and links between individuals that can provide access to health information and resources, influence social norms and behaviours, and mobilize *social support* for health.

An individual's social network may vary in size, density, frequency and duration of contact, and reciprocity. These and other characteristics will strongly influence the impact of a social network on health. In health promotion, the concept of social networking has expanded to incorporate the use of digital and social media to stay connected with existing social networks and join new networks. Whilst these networks have different characteristics they also provide access to health information and resources, protection from social exclusion, can influence social norms and behaviours, and may provide *social support*.

External disruptions to social networks erode social cohesiveness and *social capital*. These disruptions can be personal, for example changes to employment and housing; or may be structural, for example as a consequence of rapid urbanization, economic migration and conflict. Such disruptions frequently lead to a dislocation of social networks and their health benefits. In such circumstances action to promote health can focus on support for re-establishing social networks.

Source:

Smith KP, Christakis NA Social Networks and Health. Annual Review of Sociology. 2008; 34:405–429. doi:10.1146/annurev.soc.34.040507.134601.

Social support



Modified

Psychological, physical and financial support accessible to an individual through social ties to other individuals, groups and the larger community, which can provide a buffer against adverse life events, foster *resilience* and provide a positive resource for health.

Social support may be structural or functional. Structural support includes network size and frequency of social interactions. Functional support includes emotional (such as receiving love and empathy) and instrumental (practical help such as gifts of money or assistance with child care) components. The quality of relationships (functional dimension) is generally a better predictor of good health than quantity of relationships (structural dimension), although both are important.

Source:

Ozbay F, Johnson, DC, Dimoulas E, Morgan CA et al. Social Support and Resilience to Stress: From Neurobiology to Clinical Practice. Psychiatry (Edgmont). 2007; 4(5):35–40.

Supportive environments for health

◆ Modified

Supportive environments for health offer people protection from threats to health and enable people to expand their capabilities to address the *determinants of health*. They encompass where people live, their local community, their home, where they work and play, including people's access to resources for health, social norms and opportunities for *empowerment*.

Actions to create supportive environments for health have many dimensions, and may include: direct political action to develop and implement policies and regulations that help create supportive environments; economic action, particularly in relation to fostering sustainable economic development; and *community action for health*.

Source:

Sundsvall Statement on Supportive Environments for Health. Geneva: World Health Organization; 1991

Universal health coverage

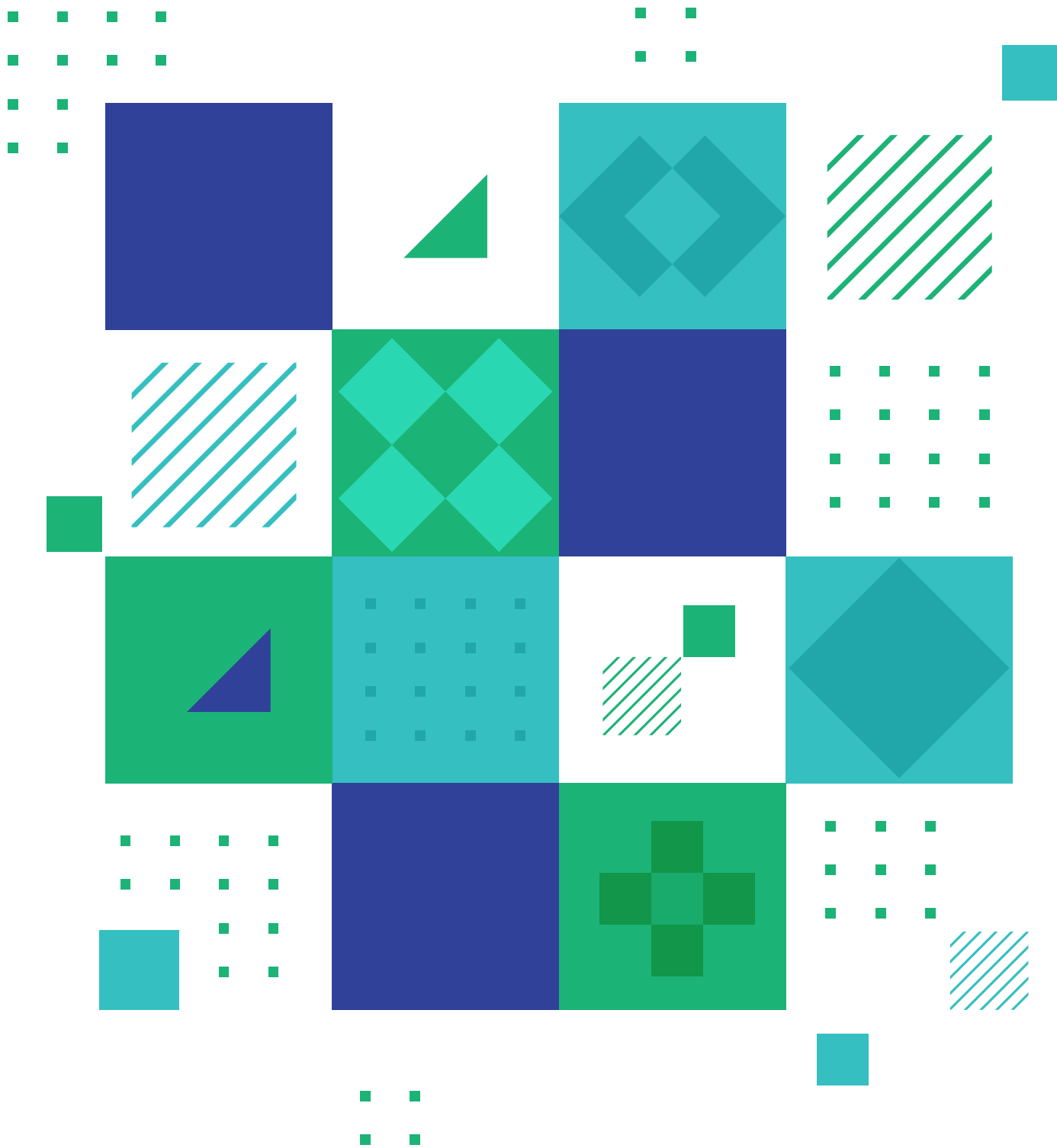
+ New term

Universal health coverage means that all people have access to the health services they need, at high quality, when and where they need them, without financial hardship across the life course. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

To make *health for all* a reality, individuals and communities not only need access to the pre-requisites for health identified in the *Ottawa Charter*, but also high quality health services. Universal health coverage enables people to take care of their own health and the health of their families; skilled health workers to provide quality, people-centred care; and policy-makers who are committed to investing in universal health coverage. Universal health coverage should be based on strong, people-centred *primary health care*. Good health systems are rooted in the communities they serve. They focus not only on preventing and treating disease and illness, but also on helping to improve *well-being* and quality of life.

Source:

Universal health coverage. Geneva: World Health Organization; 2019 (<https://www.who.int/health-topics/universal-health-coverage>, accessed 8 July 2021).



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