

## Director-General

### WHO Director-General addresses health promotion conference



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Excellencies, honourable ministers, colleagues in public health, ladies and gentlemen,

The World Health Organization is proud to co-host this 8th Global Conference on Health Promotion together with Finland's Ministry of Social Affairs and Health.

This event benefits from a discipline that has matured considerably since the first of these global conferences was held in 1986. As we meet, health promotion has never before enjoyed such prominence, never before had such powerful policy tools at its disposal, and never before faced such daunting challenges.

This meeting will be a test, and I am confident, a proving ground for the key role health promotion can play in addressing some of the most pressing problems in public health.

It is most appropriate that this 8th global conference is being held in Finland. This country pioneered the use of behavioural change as a strategy for reducing the risk of cardiovascular disease.

Building on this work, the Finnish government has been a leading proponent of the need for all sectors of government to consider the health impact of their policies. Finland put the health-in-all-policies approach under the spotlight during its presidency of the European Union in 2006.

Such an approach makes perfect sense. The determinants of health are exceptionally broad. Policies made in other sectors can have a profound, and often adverse, effect on health.

Public health has been on the receiving end of these policies for a very long time. With this meeting, it is time for us to move to the top of the table, and have our say. A great deal is at stake.

Ladies and gentlemen,

The challenges facing public health have changed enormously since the start of this century. In our closely interconnected world, health everywhere is being shaped by the same powerful forces: demographic ageing, rapid urbanization, and the globalization of unhealthy lifestyles.

Under the pressure of these forces, chronic noncommunicable diseases have overtaken infectious diseases as the leading cause of

morbidity, disability, and mortality.

As stated in the UN Political Declaration on NCDs, prevention must be the cornerstone of the global response to these costly, deadly, and demanding diseases. Their root causes reside in non-health sectors. Collaboration among multiple sectors is imperative.

The consequences of this shift in the disease burden reach far beyond the health sector to touch economies everywhere. Recent studies demonstrate that the costs of advanced cancer care are unsustainable, even in the richest countries in the world.

In some countries, diabetes alone consumes 15% of the total health budget. In the developing world, the costs of these diseases can easily cancel out the benefits of economic gain. Again, collaboration among multiple sectors is imperative.

In a sense, this is nothing new. Beginning in the 19th century, improvements in hygiene and living conditions were followed by vast improvements in health status and life-expectancy. These environmental improvements aided the control of infectious diseases, totally vanquishing many major killers from modern societies.

Today, the tables are turned. Instead of diseases vanishing as living conditions improve, socioeconomic progress is actually creating the conditions that favour the rise of noncommunicable diseases. Economic growth, modernization, and urbanization have opened wide the entry point for the spread of unhealthy lifestyles.

The globalization of unhealthy lifestyles is by no means just a technical issue for public health. It is a political issue. It is a trade issue. And it is an issue for foreign affairs.

In another disturbing trend, inequalities, between and within countries, in income levels, opportunities, and health outcomes, are now greater than at any time in recent decades. We increasingly live in a world of rich countries full of poor and sick people. The rise of noncommunicable diseases threatens to widen these gaps even further.

Ladies and gentlemen,

Let me congratulate Finland and its partners for the rich and wide-ranging publication on Health in All Policies, which is being launched during this event. Its contents reflect the focus of this conference. That is: action. Making the arguments, crafting the policies, and getting the results.

Drawing on experiences from around the world, the book sets out a wealth of policy options, together with entry points for introducing these policies.

Policy tools described include health impact assessments, regulatory measures, fiscal measures, and new methods for measuring equity. Policy approaches range from rights-based approaches to a focus on the social determinants of health.

Several chapters illustrate the complexity of the issues you will be discussing during this conference.

In the 1980s, when we talked about multisectoral collaboration for health, we meant working together with friendly sister sectors. Like education, housing, nutrition, and water supply and sanitation. When the health and education sectors collaborate, when health works with water supply and sanitation, conflicts of interest are rarely an issue.

Today, getting people to lead healthy lifestyles and adopt healthy behaviours faces opposition from forces that are not so friendly. Not at all.

Efforts to prevent noncommunicable diseases go against the business interests of powerful economic operators. In my view, this is one of the biggest challenges facing health promotion.

As the new publication makes clear, it is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics.

Research has documented these tactics well. They include front groups, lobbies, promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt.

Tactics also include gifts, grants, and contributions to worthy causes that cast these industries as respectable corporate citizens in the eyes of politicians and the public. They include arguments that place the responsibility for harm to health on individuals, and portray government actions as interference in personal liberties and free choice.

This is formidable opposition. Market power readily translates into political power. Few governments prioritize health over big business. As we learned from experience with the tobacco industry, a powerful corporation can sell the public just about anything.

Let me remind you. Not one single country has managed to turn around its obesity epidemic in all age groups. This is not a failure of individual will-power. This is a failure of political will to take on big business.

I am deeply concerned by two recent trends.

The first relates to trade agreements. Governments introducing measures to protect the health of their citizens are being taken to court, and challenged in litigation. This is dangerous.

The second is efforts by industry to shape the public health policies and strategies that affect their products. When industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely. This, too, is well documented, and dangerous.

In the view of WHO, the formulation of health policies must be protected from distortion by commercial or vested interests.

Again, these are among the many issues you will be discussing during this conference. I trust it will be a watershed event, and look forward to the outcome of your deliberations.

Thank you.