



Public Health Association
AUSTRALIA

Public Health Association of Australia:

Policy-at-a-glance – Bangkok Charter for Health Promotion Policy

Key message: PHAA calls on:

1. The Australian Government to –
 - a) honour its commitments under the range of international agreements, declarations and conventions impacting on broader health promotion goals;
 - b) advocate and lobby for the World Health Organisation (WHO) Charter on Social Determinants of Health to ensure its deliberations and implementation of recommendations include full consideration of the impact of global trading regimes on the health of poor people and of the impact of colonisation on the health of Indigenous Peoples.
2. Australian non-government health and development organisations to advocate for strategies to improve the health of populations as a whole, and to reduce and eliminate social and health inequalities nationally and internationally.

Summary: The Bangkok Charter aims to make the promotion of health central to the global development agenda, a core responsibility for all governments, a key focus of communities and civil society and a requirement for good corporate practice. The Bangkok Charter is defective in that it does not include principles or approaches for achieving these objectives.

Little will be achieved unless the Charter, the WHO, national governments and civil society and the private sector take greater cognisance of, and seek to change the full range of factors impacting on the promotion of public health goals. This policy seeks to outline the relevant contextual factors and put forward tangible recommendations for action in these areas.

Audience: The Australian Government and non-government health and development organisations.

Responsibility: PHAA's Health Promotion Special Interest Group (SIG)

Date policy adopted: September 2009

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BANGKOK CHARTER FOR HEALTH PROMOTION POLICY

This Policy Statement should be read in conjunction with the PHAA's objectives and the PHAA's Policy Statement on Health Inequities.

The Public Health Association of Australia (PHAA) notes:

1. The Bangkok Charter's¹ commitments to make the promotion of health central to the global development agenda, a core responsibility for all governments, a key focus of communities and civil society and a requirement for good corporate practice.

2. The Bangkok Charter is defective in that it does not include principles or approaches for achieving the objectives set out above. Little will be achieved unless the Charter, the World Health Organisation (WHO), national governments and civil society and the private sector take greater cognisance of, and seek to change:
 - the current global economic governance systems which are currently a primary cause of increasing poverty, income disparities, gender and race inequalities and poor health;
 - the negative effects of trade globalisation particularly on the world's poorest countries;
 - the negative effects of privatisation of public resources and services, profit driven private sector involvement in health services and non-health services related to the determinants of health;
 - the lack of labour rights nationally and globally;
 - inequitable international and national taxation systems; and
 - the determinants of health of Indigenous peoples as stated in the 1999 WHO Declaration on the Health Survival of Indigenous Peoples².

3. The Bangkok Charter also currently fails to adequately incorporate end-of-life care issues such as death, dying and loss into the broader framework for health promotion and community development⁸.

4. The WHO Commission on the Social Determinants of Health³ has identified the following key areas for achieving global health:
 - improving the performance of health policy by tackling the social determinants of health in all policies affecting health outcomes across governments;
 - increasing the capacity to design, implement and monitor interventions and address the social gradient of health; and

- placing equity at the centre of all government planning, policy and decision-making.

5. ***The PHAA supports the recommendations of the People's Health Movement⁴ to:***

- seek further cancellations of unsustainable international debt, including eradication of conditional ties on debt cancellation, development assistance or loans/grants from international financial institutions and other development banks;
- establish a fair international tax regime to eradicate transnational tax avoidance;
- promote appropriate global distribution and public financing for essential services for all the earth's citizens;
- develop fair trading regimes by renegotiating existing multi-lateral and bi-lateral trade agreements to remove negative impacts on public health;
- adoption of an agenda to repair and develop the capacity of public health systems in all countries, but particularly in developing nations; and
- for the Australian Government and all other nations to ratify the United National Convention on corruption in order to reduce the negative health effects of bribery and other forms of illegal and unethical practices involving multi-national corporations and government.

The PHAA calls on:

6. All national and international bodies to ratify and honor the International Labour Organisations (ILO) Conventions⁵.
7. The G8 countries, the World Trade Organisation, the United Nations (UN) and others to develop binding rules on multi-national corporate practice that ensure a "level playing field" for all in the increasing global market.
8. The Australian Government to meet and if possible exceed the UN recommended 0.7% of Gross Domestic Product (GDP) in aid to low and middle income countries⁶.
9. The Australian Government to honour the 1999 WHO Declaration on the Health and Survival of Indigenous Peoples (The Geneva Declaration)².
10. The Australian Government and all Australian jurisdictions to support the adoption and implementation of the UN Declaration of the Rights of Indigenous People⁷.
11. The Australian Government to advocate and lobby for the WHO Charter on Social Determinants of Health⁴ to ensure its deliberations and implementation of recommendations include full consideration of the impact of global trading regimes on the health of poor people and of the impact of colonisation on the health of Indigenous Peoples.

12. Australian non-government health and development organisations to advocate for strategies to improve the health of populations as a whole, and to reduce and eliminate social and health inequalities nationally and internationally.

ADOPTED 2006, REVIEWED AND RE-ENDORSED 2009

First adopted 2006 at the Annual General Meeting of the Public Health Association of Australia.

Reviewed and re-endorsed in 2009.

References

¹ Bangkok Charter, Statement from the 6th Global Conference on Health Promotion, 2005, www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/

² Committee on Indigenous Health. The Geneva Declaration on Health and Survival of Indigenous Peoples, 1999, WHO, Geneva (WHO/HSD/00.1.)

³ World Health Organisation, Commission on Social Determinants of Health, 2006 (Ref.WHO/EIP/EQH/01/2006)

⁴ Peoples Health Assembly 2, Submission from PHM on the Fifth Draft, 24 June 2005 of the Bangkok Charter for Health Promotion. www.phmovement.org/pha2/issues/bangkok_charter_001.php

⁵ International Labour Organisation, Fundamental ILO Conventions. www.ilo.org?public/english/standards/norm/whatare/fundam

⁶ International Development Strategy for the Second United Nations Development Decade. UN General Assembly Resolution 2626 (XXV), October 24, 1970, para.43

⁷ United Nations Commission on Human Rights, Draft Declaration on the Rights of Indigenous People. www.uhchr.ch/html/menu6/2/fsg.htm

8. Kellehear A. 2005. Compassionate Cities: Public Health and End of Life Care, Routledge, UK.