

A strategy for health promotion in the Eastern Mediterranean Region

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قَرَار

Resolution

**Regional Committee for
the Eastern Mediterranean
Fifty-second Session**

EM/RC52/R.8

Agenda item 6 (a)

REGIONAL STRATEGY FOR HEALTH PROMOTION

The Regional Committee,

Having reviewed the technical discussions paper on a regional strategy for health promotion;¹

Recalling resolutions WHA42.44 on public information and education for health and WHA51.12 on health promotion, the outcome of five global conferences on health promotion (Ottawa 1986, Adelaide 1988, Sundsvall 1991, Jakarta 1997, Mexico City 2000), the Ministerial Statement for the Promotion of Health (2000), the adoption of the WHO Framework Convention on Tobacco Control (2003), and the adoption of the Bangkok Charter for Health Promotion in a Globalized World (2005);

Reconfirming its adoption of *The Amman declaration on health promotion through Islamic lifestyles* and recalling the endeavours of the Regional Office and Member States to effectively use religious teachings and efforts towards health promotion;

Reaffirming the key action areas highlighted in Resolutions EM/RC48/R.7 and EM/RC50/R.6 on promotion of healthy lifestyles and the important contribution of two regional consultations in drafting a Regional Health Promotion Strategy;

Noting that *The world health report 2002* highlights the role of behavioural factors, notably unhealthy diet, physical inactivity and tobacco

¹ Document No. EM/RC52/Tech.Disc. 1

consumption as key risk factors for noncommunicable diseases, which constitute a rapidly growing burden in the Region¹;

Recognizing the importance of referring to the existing best practices in the world and in particular in the Region with regards to health promotion in different settings and the benefits reaped from community-based initiatives;

Recognizing also the need for Member States to strengthen policies, increase human and financial resources, strengthen evidence-based approaches through research, develop innovative means of health promotion financing, and make health sector reforms responsive to the changing dynamics of health promotion;

1. **URGES** Member States to:
 - 1.1 Build institutional capacity and leadership for health promotion in order to plan, monitor and evaluate effective and sustainable health promotion programmes;
 - 1.2. Establish a functional national multisectoral committee for health promotion and ensure availability of adequate human and financial resources;
 - 1.3 Develop and implement a medium-term multisectoral strategic plan for health promotion, taking into consideration national indicators of health status, as well as social and environmental determinants of health;
 - 1.4 Promote community involvement in health promotion programmes and initiatives, using the different community-based programmes and building on the existing positive health promotion interventions, especially those derived from religious teachings;
 - 1.5 Conduct research on the effectiveness of current health promotion interventions.
2. **REQUESTS** the Regional Director to provide technical support to Member States in developing supportive policies towards health promotion, building national capacity, monitoring risk factors and evaluating health promotion interventions.

¹ *The world health report 2002. Reducing risks, promoting healthy life.* Geneva, World Health Organization, 2002.

Preface

Demographic transition is occurring in all countries of the Region. Urbanization, industrialization, migration, environmental change, socioeconomic and political changes and globalization are having an impact on household formation, labour force participation, work environments and consumption patterns, all of which have an effect on lifestyles and health. Societies must manage these changes to ensure that negative impacts, including risky health behaviour, are minimized and positive impacts are reinforced. Many countries are experiencing a double burden of disease. Communicable diseases have not been fully controlled while the burden of noncommunicable disease and injuries are showing an upward surge. This requires all countries to be more proactive about addressing the emerging health risk factors (e.g. sedentary lifestyles, unhealthy diet, smoking and drug abuse) and health conditions while remaining vigilant about existing and persistent health problems.

A strategic framework for health promotion in the Eastern Mediterranean Region was developed by the WHO Regional Office for the Eastern Mediterranean in early 2004 through an internal process of consultation. The draft was reviewed in a regional expert consultation in November 2004 involving a wide range of stakeholders, including WHO country offices, Regional Office and headquarters staff, and Member States. This resulted in establishing a core group to review different areas of the framework and develop it into a strategy. Key action-oriented recommendations were identified to strengthen the regional context by addressing wider determinants of health, such as poverty indices and gender inequity, risk factors such as smoking, malnutrition and physical inactivity, as well as outcomes such as rates of obesity, diabetes, injuries, cancer and cardiovascular diseases. The consultation emphasized the need to consider setting and other conceptual approaches addressing clearly defined audience roles and responsibilities. This approach was reiterated by the Regional Consultative Committee at its 29th

meeting in 2005 which also recommended more effective consideration of the religious and cultural dimensions in the strategy. The committee emphasized the importance of addressing prevention strategies for communicable and noncommunicable diseases equally, focusing on the operational aspects of health promotion.

Following the Bangkok Conference in 2005, the strategy was further reviewed to reflect the Bangkok Charter. The need for a strategy was confirmed by the Regional Committee for the Eastern Mediterranean in September 2005 at its Fifty-second Session in resolution EM/RC52/R.8.

1. Introduction

Health is influenced by a wide range of factors which cut across all aspects of life, including society, culture, spirituality and economics. Improvements in health status and quality of life are interlinked. To achieve improved health and quality of life, the concept and principles of health promotion are increasingly being adopted by countries around the world.

In 1986, the Ottawa Charter for Health Promotion defined health promotion as “the process of enabling people to increase control over and to improve their health.” [1] The Ottawa Charter focused on five key strategic actions: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and reorient health services. These strategic actions are still valid in implementing health promotion. Health promotion moves beyond maintaining health to improving health status and, consequently, is concerned with developing health potential and achieving health gains. Health potential may take the form of proper nutrition, or good immunity, or physical fitness which enables a person to cope well with the stress which the body may face [2]. The double burden of disease, and particularly the rising burden of noncommunicable diseases, in the Eastern Mediterranean Region, has made imperative the development of health promotion strategies and activities to prevent health problems and to add healthy years to life. Health promotion is cost-effective. It improves health and has positive impact on economic development through the gain in healthy life years, increased productivity and decrease in economic burden of disease.

The Bangkok Charter, adopted in August 2005 [3], emphasized the challenges facing health due to globalization, such as new patterns of consumption, urbanization, environmental degradation and commercialization led by multiple uncontrolled channels of communication marketing unhealthy products and behaviour. Such challenges have resulted in constantly evolving patterns of health and demographic transitions in the communities of the Region.

Health promotion in the Region is guided by principles such as the Amman Declaration on Health Promotion through Islamic Lifestyles and relevant resolutions of the Regional Committee for the Eastern Mediterranean (EM/RC50/R.6 and EM/RC48/R.5 on healthy lifestyle promotion). Health promotion underpins the regional Health Education through Religion publication series *The Right Path to Health*, as well as successful regional approaches such as healthy cities, healthy villages, health-promoting schools, basic development needs and other community-based initiatives which target social determinants of health through a community participatory approach.

The regional strategy on health promotion is grounded in a holistic view of health, which includes “physical, mental, social and spiritual well-being, and not merely the absence of disease or infirmity” [2] and which considers health to be a fundamental human right [4]. The strategy will provide support to the countries of the Region in developing sound and explicit national policies and strategies for health promotion, keeping in mind the roles and responsibilities of all the stakeholders from different sectors.

2. Regional situation and response analysis

2.1 Health and socioeconomic status

Rapid social changes have occurred in the Eastern Mediterranean Region in the past few decades which present a continual challenge to health in the Region. The Eastern Mediterranean Region embraces varied population and demographic profiles. In 2002, the population of countries in the Region ranged from less than 1 million in Bahrain, Djibouti and Qatar to nearly 150 million in Pakistan. The Region has a young population structure with approximately 40% under 15 years of age [5]. Per capita gross national product in international dollars ranged from over US\$ 28 000 in Qatar to US\$ 160 in Afghanistan [6]. The annual population growth rate (1992–2002) of countries in the Region ranged from 1.3% in Tunisia to 3.9% in Jordan and Yemen. The total fertility rate in 2002 was less than 2.5 children per woman in the Islamic Republic of Iran,

Lebanon and Tunisia and 7 or more in Somalia. Life expectancy at birth in 2002 ranged from 76.2 in Kuwait to 42.6 in Afghanistan.

Countries in the Region face major problems as a result of increase in noncommunicable diseases and failure to promote healthy lifestyles. Noncommunicable diseases and injuries account for 57.6% of deaths in the Region [7], and smoking and obesity are highly prevalent. There are an estimated 6.3 million blind people in the Region, which has an estimated blindness prevalence of 1.3%. Injury and violence prevention has not been sufficiently studied and the increasing incidence of road traffic injuries is a major challenge. In 2002 alone, 132 000 deaths occurred due to road traffic crashes [8], almost twice as many as in Europe (68 000). Similarly 21 203 deaths and around 433 484 disabilities were reported due to interpersonal violence in 2000, accounting for 1.8% of total death burden and 1.4% of DALYs respectively in the Region [9]. The special health needs of the poor, marginalized and elderly are receiving increased attention in most countries.

With respect to spending on health, total expenditures on health as a percentage of gross domestic product in 2004 ranged from 3% in Somalia to 11.6% in Lebanon [10]. The overall trend in health care financing shows a clear shift of the burden from governments to households, even in high-income countries of the Region [10]. This will create additional financial burdens on already poor households and will likely result in late seeking of health care, ultimately increasing health care costs.

Some countries in the Region are effectively poised to achieve most of the United Nations Millennium Development Goals by 2015, however, other countries have a long way to go to achieve the goals. There is an evident sharp regional and intra-country discrepancy. While high-income GCC countries are relatively well placed to achieve the goals the majority of the middle-income Arab countries vary in their potential for reaching each goal, because of national specificities. Based on past trends, the Arab least-developed countries, such as Djibouti, Somalia, Sudan and Yemen, will be

unable to achieve most of the goals. It is likely that the majority of those countries, and those coping with conflict, such as Iraq and Palestine, will make limited progress [11]. Major efforts to incorporate health promotion into health sector reform in countries, in order to work towards achieving the goals, are therefore warranted.

According to the World Bank, while severe poverty remains low in the Middle East and North Africa, vulnerability is increasing. It is estimated that 23.2% of the population (71 million people) in the region lived in poverty (under US\$ 2 per day) in 2001. At US\$2/day, the Middle East and North Africa has a higher incidence of poverty than Europe and Central Asia (19.7%) and is close to the level in Latin America (24.5%). The reduction in the absolute number of the poor that was achieved in the 1980s was reversed in the 1990s, with nearly 20 million more people living on less than US\$2 per day in 2001 than 10 years earlier. This is compounded by a deterioration in social indicators particularly gender disparities, with the Middle East and North Africa behind Europe and Central Asia, Latin America and East Asia. For example, in 2002, despite public spending on education higher than in any other developing region, 25% of young women and 13% of young men were illiterate. Regional youth illiteracy among girls was 33% in Egypt, 39% in Morocco and 49% in Yemen, making young women in the Middle East and North Africa slightly more likely to be literate than a girl in sub-Saharan Africa. There is an urgent need to address this increasing vulnerability, which also limits households' ability to cope with conflicts and natural disasters [12].

Little progress has been made with regard to the goal of ensuring environmental sustainability, and the rate of unemployment among youth is increasing. Although maternal mortality is decreasing, intensified efforts will be needed in some countries of the Region to achieve the related Millennium Development Goal. Good progress is being made in the Region towards achieving universal primary education, and moderate progress is being made in reducing child mortality. Environmental issues represent a challenge for many countries, in part, subsequent to unplanned rapid urbanization, particularly the scarcity of water resources. Although data on the

magnitude of environmental hazards are lacking, there is evidence that rural water and sanitation coverage is less than 50% in several low-income and some middle-income countries [10].

In addition, Musaiger, demonstrated in 2004 that obesity has become a public health problem in the Eastern Mediterranean Region, as shown by the alarming levels of overweight, requiring urgent programme interventions for prevention and control. Several factors have contributed to this regional increase in obesity, such as change in dietary habits, socioeconomic factors, inactivity and multiparity (among women). With a marked increase in obesity among adolescents, ranging from 15% to 45%, and in adulthood, women showed a higher prevalence of obesity (35%–75%) than men (30%–60%). A prevalence of 3%–9% overweight and obesity has been recorded among preschool children, while that among schoolchildren was 12%–25% [13].

Additional contributors to ill health in the Region are disasters and complex emergencies. At present, five countries in the Region, comprising 19% of the regional population, are in complex emergency situations. Such situations result in destruction of infrastructure, increasing poverty and a relatively high prevalence of mental health conditions.

2.2 Health promotion response in the Region

Health promotion gained impetus in the Region after the Ottawa Charter and regional resolutions, including the Amman Declaration on Health Promotion through Islamic Lifestyles. Many approaches have been implemented, such as community-based initiatives, health-promoting schools, the action-oriented school health curriculum, the Stepwise surveillance system for noncommunicable disease risk factors, the Tobacco-Free Initiative, flour fortification, salt iodization and food safety for better health.

However, a comprehensive and coordinated regional response to the health challenges outlined has been lacking. At country level, policy analysis and strategic thinking towards health promotion

needs strengthening. In particular, ministries of health must strengthen their role in devising mechanisms and providing a supportive environment for health promotion initiatives.

2.3 Challenges to health promotion

There are many challenges facing health status and health promotion in the Region. The unprecedented paradigm shift in the demography and disease patterns in the Region has complicated the premise and the nature of these challenges. Some of the most important challenges for health promotion in the Region are:

- scarcity of data through which to identify priority problems and evaluate health promotion interventions;
- low priority placed on prevention and promotion from decision-makers and other stakeholders;
- rapid social changes representing a threat to regional cultural characteristics traditionally thought to be protective against ill health or risky health behaviour;
- insufficient legislation or non-enforcement of existing laws in favour of health promotion;
- inadequate resources (both human and financial) for health promotion interventions and activities;
- limited intersectoral cooperation and coordination;
- inadequate involvement of the private sector in health promotion.

Efforts to promote health in the Region must take into account these challenges as well as national context and priorities in addressing health issues and developing effective interventions.

3. Conceptual approaches to health promotion

Several approaches have been suggested to guide health promotion efforts. These include the population health approach, the settings approach, the life course approach, and the best practices approach to health promotion.

- The population health approach emphasizes the health gains obtained through measures addressing a wide range of

determinants of health, relies on evidence to make decisions, implements a variety of strategies, underscores the importance of public participation in decisions about health priorities and programmes, and stresses multisectoral collaboration [14].

- The settings approach, a development from the Ottawa Charter, highlights the fact that the places where people live, work, and play affect their health, in addition to their own knowledge and attitudes [15]. Interventions are aimed at changing the aspects of such settings that are detrimental to health, thus creating supportive environments for health enhancing behaviours.
- The life course approach posits that physical and social exposures during gestation, childhood, adolescence, adulthood and older adulthood influence health [16]. This approach stresses primary prevention early in the life course.
- The best practices approach considers evidence as critical in the selection of appropriate interventions, all the while considering the context. Best practices in health promotion have been defined as “those sets of processes and activities that are consistent with health promotion values/goals/ethics, theories/beliefs, evidence, and understanding of the environment and that are most likely to achieve health promotion goals in a given situation.”[17]

For these approaches to be effective and efficient, they must be tailored to the national context and be based on needs defined through participatory processes. It is particularly important that the target population participate in the process of defining health and health-related conditions, prioritizing such issues, and developing, implementing and evaluating interventions to change the status quo. In addition, as a result of research on the influences to health status, emphasis is increasingly being placed on the social determinants of health. Such determinants include gender, culture, socioeconomic factors and structural factors. WHO has established a Commission on the Social Determinants of Health in recognition of the need to address the root causes of ill health.

The regional health promotion strategy employs an integrated approach, to respond at each step of the life cycle of the individual and promote strategies that have a wider impact on the population. The strategy, therefore, supports all the approaches identified, which are seen as mutually reinforcing and are considered to be in line with the continuum of care. The rationale for this integrated approach stems from the fact that health is determined by many factors—social, physical, economic, environmental, political, spiritual and behavioural.

Health promotion deals with the perception of risks and modification of individual behaviours in order to respond effectively to the potential and perceived risks. This requires individuals and communities to be informed about the potential risks to their health and the impact of unhealthy behaviour on the overall health of the community. Public policy must be responsive to the challenges in health set by an increasingly dynamic and technologically changing world, with its complex ecological interactions and growing international interdependencies. Many of the health consequences of these challenges cannot be remedied by present and foreseeable health care. Health promotion efforts are essential, and these require an integrated approach to social and economic development which will re-establish the links between health and social reform, which WHO policies of the past decade have addressed as a basic principle.

More health gains in terms of prevention are achieved by influencing public policies in domains outside the health sector. In order to achieve this effectively, countries need to address the challenges within the context of the national economic development plan, as well as review of the health system. Fortunately, most of the goals of preventive risk reduction strategies are attainable with relative ease. If communities and governments succeed with existing cost-effective, population-wide interventions, the potential gains are exciting: at least an extra decade of healthy life is well within the grasp of the populations of many countries, especially the poorest nations and poorest sections of the society

4. Regional strategy on health promotion

4.1 Vision

The vision of health promotion promoted by the regional strategy on health promotion is to instil health in the minds, hearts and daily actions of individuals, families, communities and governments by emphasizing primary prevention, and creating context-appropriate social and physical settings conducive to health. The strategy suggests pathways to achieve this vision.

4.2 Goal and aim

The goal of the strategy is to assist countries of the Region to create and maintain enabling environments and conditions leading to improved health status and quality of life of the people in the Region, while focusing on the unique strengths and opportunities of the Region, as well as specific challenges.

The aim of the strategy is to promote health of the peoples of the Region by enabling people to increase control over, and to improve their health, and enjoy better quality of life [1].

4.3 Guiding principles

The following guiding principles are believed to be fundamental to health promotion in the Region.

- Health is a fundamental human right.
- Health is everybody's business.
- Health is a key component of development and investment.
- Health is a basic tenet of faith, advocated by all religions.
- People have a responsibility to choose better health options, but society has a responsibility to help them do so.
- Health promotion initiatives should be introduced incrementally to produce the desired health gains.
- Surveillance, monitoring and evaluation are essential components of national strategies and actions.

4.4 Strategic elements

Seven strategic directions for achieving the goal are suggested to provide guidance to both WHO and countries. As equity in health is at the heart of the health promotion strategy, priority should be given to activities that have a positive impact on disadvantaged population groups and communities.

1. Generate an information base for action including research

- Develop a national surveillance system which captures behavioural risk factors and other risk determinants of health to guide the evidence based process of policy-making, advocacy, and the evaluation of programmes.
- Allocate time and resources (funds and skilled staff) for formative research in programme development and process evaluation.
- Develop key performance outcome indicators to ensure that actions are performed and sustained which are sensitive and relevant to health (as opposed to disease), health determinants, equitable access to quality health services, gender equity, and the short-term impact of particular health promotion strategies and processes of change.

2. Develop national capacity for health promotion including that of key partners and institutions

- Establish health promotion professional development and leadership programmes to develop the capacities of programme managers for planning, implementation, monitoring and evaluation of health promotion initiatives.
- Strengthen existing structures that can host health promotion programmes by giving high priority for human resource capacity-building.
- Develop skills and empower communities vis-à-vis relevant health issues.

- 3. Sensitize political leaders and legislators to the importance of health promotion and putting health promotion high on the public agenda**
 - Develop advocacy processes for generating political commitment and institutional support, and enlist academia, civil society, and pressure groups.
 - Develop strategies and plans for massive awareness raising and mobilization of people for health promotion.
- 4. Develop a comprehensive multisectoral response**
 - Build on available evidence and knowledge.
 - Enhance intersectoral partnerships to create enabling environments.
 - Integrate health promotion as an essential and integral element of all health and developmental programmes in the country.
- 5. Develop and update legislation and regulations**
 - Review and update relevant public policies and legislations that have an impact on opportunities for promoting health and well-being of the population.
 - Ensure compliance with basic human rights and meeting criteria like cultural acceptability, gender sensitivity, full respect for religious and ethical values, etc.
- 6. Put community at the centre of health promotion**
 - Enhance community participation at all levels of policy and strategy development and implementation.
 - Empower individuals and communities through identifying their interests.
 - Engage people as active producers, not consumers.
 - Emphasize outcomes as well as access.
- 7. Develop an integrated mechanism for health promotion at various levels including resource mobilization**
 - Develop, implement, and evaluate primary prevention programmes intended to effect change in priority

determinants and health conditions and in various settings.

- Develop a specific package of services encompassing health promotion needs.
- Ensure that health promotion policies and strategies are multisectoral and extend beyond the health sector.

5. Making health sector reforms responsive to health promotion

WHO health sector reform strategies as described in *The World Health Report 2000* [18] are aimed at reducing the burden of excess mortality and disability, developing health systems that equitably improve health outcomes, reducing risk factors and promoting an effective health dimension to social, economic, environmental and development policy. Generally most of the health sector reforms that have been or are being implemented, were aimed at optimizing resource utilization and maximizing its benefits for the population. Cost reductions targeted by these reforms were often not achieved due to the failure to integrate key strategies, such as health promotion.

Health sector reform represents an opportunity to address equity, efficiency and effectiveness in many parts of the world. Despite this, health promotion is rarely mentioned in discussions on health sector reform in general or sustainable health care financing in particular. The mainstreaming of health promotion, which is very cost-effective, into health sector reform could contribute to improvement in the performance of the health sector and help it to achieve the Millennium Development Goals.

6. Financing

Identifying appropriate mechanisms for financing of health promotion is necessary for sustainability of health promotion efforts. Effective and sustainable financing mechanisms are at least partially dependent on participation of the community in order to enhance ownership and feelings of shared responsibility. For mechanisms of

financing of health promotion to be clear, a specific package of services which health promotion encompasses needs to be defined. This is relatively difficult in the context of countries of the Eastern Mediterranean Region, as it is often unclear who is working in health promotion and what the tasks they carry out include. The amount of funds currently allocated to prevention and promotion in developmental budgets needs to be determined. A study of how health promotion is currently being financed is also needed, and a case study of financing under different economic situations would be valuable.

Several alternative mechanisms for financing have been used in the Region and internationally, including dedicated taxes (taxes on tobacco and alcohol); social insurance systems; private health insurance, employer funds; corporate sponsorship; and community or civic groups. *Awqaf* funds are also being used in some countries of the Region.

Other innovative ideas can be used to find additional resources for health promotion programmes. In other WHO regions, health foundations have been established. These are independent organizations that are legally constituted and funded by a variety of mechanisms such as appropriation from state budgets, a combination of dedicated taxes on different products, a levy on health insurance or related insurance mechanisms. Another idea is levying a symbolic fee on national airline tickets which can be used for health promotion interventions.

Health promotion aims at making health everybody's business. Ministries of health must carry out their stewardship and coordination roles in regard to health promotion through a multisectoral response involving both governmental and civil society sectors. However, to ensure accountability the multisectoral response should be led by the public (government) sector.

7. Conclusion

Health is determined by a complex interplay between individuals and biological, social and environmental factors. By thinking about health and risks to health in terms of health determinants, lifestyles and resultant patterns of exposure to (multiple) risks and adverse outcomes, we gain a better understanding of how health is maintained or illness produced. This knowledge can be used to develop more effective, comprehensive programmes of multisectoral action at different levels, combining information, policy, social marketing, regulation and community action, to positively influence population health status over time. It is now an acknowledged fact, substantiated by scientific evidence, that the WHO Eastern Mediterranean Region is undergoing an unprecedented shift in the disease burden, from communicable to noncommunicable diseases. Notwithstanding this fact, communicable diseases still pose a great challenge.

Health promotion is cost-effective. Evidence suggests that minimal inputs in terms of resources at the population level results in maximum benefits. Effective health promotion initiatives can address the social and environmental determinants of health by empowering the community to take control of their health. The public sector and others are already engaged, to varying degrees, in encouraging people to care for themselves, to come together for mutual support, and to change the circumstances and surroundings which act as barriers to the achievement of health. Yet the policies and practices which support health promotion are often not explicit or deliberately planned.

Health promotion is multisectoral. While programme initiatives often originate in the health sector, little can be done to change unhealthy living conditions and improve lifestyles without the support of other people, organizations and policy sectors. Health promotion addresses health issues in context and recognizes that many individual, social and environmental factors interact to influence health.

This strategy identifies these multiple challenges and the available strengths in the Region with regards to health promotion. The guiding principles, the conceptual approaches and the seven strategic elements underpin the current strengths with an endeavour to reap on its benefits. Policy-makers have an opportunity to thoughtfully consider their leadership on this issue. New understanding of the determinants of the health suggests that health sector needs to consider cross-sectoral reallocation of resources to better improve population health outcomes. Political commitment at the highest levels will strengthen multi-sectoral cooperation to address the health impact of development, and mobilize resources at the national, regional and international levels. Efforts to promote health should draw on the best evidence-based practices as appropriate to the social, cultural and economic situation.

Health sector reform provides an opportunity to health promotion as the mainstreaming of health promotion into health sector reform can contribute to improving the performance of health sector and help it to achieve the Millennium Development Goals. There is good evidence that health promotion reduces the cost and pressures on the health sector created by marginalized groups, an ageing population and the growing incidence of disabilities. The strategic directions for health promotion defined in the regional strategy have the potential, over the long term, to reduce health care costs.

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The concept and principles of health promotion are increasingly being adopted by countries around the world. In the Eastern Mediterranean Region the double burden of disease, and particularly the rising burden of noncommunicable diseases, has made imperative the development of health promotion strategies and activities to prevent health problems and to add healthy years to life. Demographic transition, urbanization, industrialization, migration, environmental change, socioeconomic and political changes, and globalization are having an impact on household formation, labour force participation, work environments and consumption patterns, all of which have an effect on lifestyles and, thus, health. Health promotion is cost-effective. It improves health and has positive impact on economic development through the gain in healthy life years, increased productivity and decrease in economic burden of disease. The regional strategy for health promotion was developed through a consultative process involving a wide range of stakeholders, in particular the Member States of the Region. The strategy takes an integrated approach and will provide support to countries in developing sound and explicit national policies and strategies for health promotion.

