News from Nairobi: Politics, Technology and Mainstreaming

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If one thing can be said about political engagement, it is that the Kenyan's know how to do it very well. The World Health Organization's 7th Global Conference on Health Promotion (7th GCHP) was held in Nairobi, Kenya, from 26 to 30 October 2009. The conference was opened by the President of the Republic of Kenya, closed by the Vice President and attended by both the Minister for Public Health and Sanitation and the Minister for Medical Services. Not only did these Ministers attend to make speeches, they also listened, participated and learned along with the rest of us. The engagement of senior political figures in Kenya with health promotion was a demonstration of the commitment of WHO, local conference organisers and the Kenyan government to make Africa's first global conference on health promotion a success.

The participation of significant numbers of delegates from Africa and other traditionally under-represented regions contributed to a strong sense of this achieving its aim of being a global conference.

The 7th GCHP also embraced the use of technology through the development of its own social networking site called connect2change.org – a place for live observation of the conference from any internet connected computer in the world. In addition, there were evaluators twittering about the conference, video interviews taped and linked to the site through YouTube and bloggers providing coverage and reflections on the conference. Virtual participants were given the opportunity to get a better sense of the conference and ways of participating. The site worked effectively and shattered the myth that applying contemporary technologies is 'too hard' in the context of global conferences, even in places like Africa.

Another innovation was the development and delivery of a range of working documents to assist health promotion practitioners to understand and apply in contemporary health promotion. These included a primer and a practical toolkit for 'mainstreaming' health promotion, documents on individual empowerment, community empowerment, strengthening health systems, building partnerships and intersectoral action and building capacity for health promotion. The full texts of these documents, the conference program, and the Call to Action, are at: http://www.who.int/healthpromotion/ conferences/7gchp/documents/en/ These documents can help to ensure consistency of understanding about health promotion across regions and different working contexts. These resources act to counter the oft-heard complaint that WHO statements tell us what to do but not how to do it.

All previous WHO Global Conferences on Health Promotion have released a statement, recommendations or charter reflecting the proceedings of the conference. The 7th GCHP resulted in the Nairobi Call to Action for Closing the Implementation Gap in Health Promotion. The differences between the Nairobi Call to Action and previous WHO global conference statements and charters have more to do with emphasis and evolution than new or revolutionary ideas. The Call to Action, like all its predecessor documents, is the result of an iterative process between those who attended the conference and the delegates assigned the daunting task of shaping the various and often competing ideas into a cogent piece of writing. It is practically impossible to please all audiences and to provide the level of detail that many people desire.

The Call to Action lists five urgent responsibilities for governments and stakeholders:

- Strengthen leadership and workforces;
- Mainstream health promotion;
- Empower communities and individuals;
- Enhance participatory processes; and
- Build and apply knowledge.

The text supporting these responsibilities will sound familiar or even somewhat re-cycled to many who have long been active in health promotion. The least familiar concept, 'mainstreaming' health promotion, is strongly re-enforced in the primer and practical toolkit. Mainstreaming refers to more fully integrating health promotion into health policy making and program implementation. It is, perhaps, a variation on the re-orientation of health services notion we've heard since Ottawa, but the primer and toolkit give more in-depth detail to help us understand what mainstreaming is, why it is important and how we can work to achieve it.

My advice for the Australian health promotion community is to visit the WHO website, look through the documents and resources and try to find information that will support or aid the particular work you are doing. For those with a long history in the discipline, you may find familiar ideas re-packaged, perhaps in a way that you can better utilise. Early-career health promotion workers will find frameworks, examples and encouragement to both work and advocate for more integrated approaches to health promotion.

The energy, high levels of political engagement and diverse forms of participation that were evident at the 7th GCHP in Nairobi were invigorating and inspiring. The results of the conference, while not earth shattering, provide some clear guidelines and sensible tools for carrying on the work required to meet the Call to Action as well as the statements of the preceding global conferences.