Debate

Curitiba Statement on Health Promotion and Equity: voices from people concerned with global inequities

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Summary

This Statement represents the voice of participants in the 22nd IUHPE World Conference on Health Promotion, held in Curitiba, Brazil, in May 2016. The Brazilian political context at that time greatly influenced the drafting of the Curitiba Statement, which was considered by many participants as an opportunity to categorically express that Brazilian democracy was threatened, as well as the danger of fiscal austerity implemented by many governments of the world. The conference organizers also perceived the launching of this Statement as an opportunity to influence the WHO Shanghai Declaration, since it very strongly stated the influence of commercial interests and corporate practices of the market that are harmful to health. The Curitiba Statement gathers 120 suggestions made by conference participants and focuses on how strengthening health promotion and equity can improve people’s lives. The 21 recommendations were summarized and resulted in appeals to International Organizations, all levels of Governments, Health Sector, Citizens, Health Professionals and Researchers. Unlike a declaration from government summit that are restricted by governments negotiations from different ideological spectrum, the Curitiba Statement was developed in a free environment to foster professional activism. We reaffirm that the objectives of Health Promotion in the Sustainable Development will only be fully achieved by incorporating these four fundamental principles: democracy, social justice, social mobilization and equity. Health Promotion in the twenty-first century needs new narratives and inputs from professional associations, which can be more assertive and to influencing the official declarations of government.
INTRODUCTION: OBJECTIVES AND CONTEXT

The 22nd World Conference on Health Promotion was held in Curitiba, Brazil, in May 2016. It was organized by the International Union of Health Promotion and Education (IUHPE), the Brazilian Association of Collective Health (ABRASCO) and the City Administration of Curitiba.

At that moment, we understood the theme of the Conference required participants and organizing entities to clearly state that political, social, economic, cultural and scientific conditions were necessary to promote health and equity.

Therefore, the first objective of this article is to share the contents of this positioning that was named ‘Curitiba Statement on Health Promotion and Equity: to assure Democracy and Human Rights in all countries around the world’, and to explain the methodology of its design.

The second objective is to present the bridge built between the 9th WHO Global Conference on Health Promotion, held in Shanghai, in November 2016, with the theme ‘Health Promotion in Sustainable Development’ and the Curitiba Conference, provided by the ‘Curitiba Statement’, and to indicate which elements of the Statement could influence the construction of new narratives for Health Promotion in Sustainable Development.

On 12 May 2016, Brazil would take a step toward one of the most troubled political times since the end of military dictatorship in 1985. Its elected President, Dilma Rousseff, was suspended by the Federal Senate of the Republic for 180 days, and replaced by her Vice President, Michel Temer.

Ten days later, on 22 May, in the city of Curitiba, Brazil, the 22nd World Conference on Health Promotion, organized by the International Union of Health Promotion and Education, Associação Brasileira de Saúde Coletiva and the City Administration of Curitiba, started with the theme ‘Promoting Health and Equity’.

Excited participants discussed their points of view greatly affected by the national politics events. The theme of Democracy was a central concern of participants and right at the Opening Ceremony, the slogan ‘there is no Health without Democracy’ echoed.

The Brazilian political context at that time greatly influenced the drafting of the Curitiba Statement, which was considered by many participants as an opportunity to categorically express that Brazilian democracy was threatened, as well as the danger of fiscal austerity implemented by many governments of the world, threatening the promotion of health and equity.

WHAT IS THIS CURITIBA STATEMENT?

This Statement represents the voice of researchers, practitioners, social movement members and policymakers who participated in the 22nd IUHPE World Conference on Health Promotion, held in Curitiba, Brazil in May 2016. It promotes social rights and equity as fundamental conditions for an inclusive and sustainable world.

The Curitiba Declaration articulates 120 recommendations of conference participants and focuses on how strengthening health promotion and equity can improve people’s lives wherever they live, work, play and learn.

Figure 1 displays the TAG (metadata) with the keywords of 120 suggestions given by the participants of the Conference.

The contributions received during and after the Conference, on the website and in the apps, were organized into 14 topics: actions; actors; associativity; emancipatory interventions; from vulnerabilities to vulnerations; investigation issues; local context; organizations in general; ownership and agency; positive attributes; power issues; principles; social capital; territoriality and the environment; threatening context.

Chart 1 shows the 14 topics that were the pillars to prepare the Statement, based on 120 suggestions made by the participants of the Conference.

The authors of the present article were responsible for systematizing the topics that formed the basis for the Declaration. They were also responsible for preparing the preliminary versions that led to the definite version, provided at the end of this article.

The 21 recommendations were summarized and organized as appeals to distinct social players: International Organizations, all levels of Governments, Health Sector, Citizens, Health Professionals and Researchers.

Curitiba Statement declares that equity has been recognized as a pre-requisite for health and a key objective of health promotion for at least the past three decades. Since the process for creating the Sustainable Development Goals has been completed, we must
recognize that the achievement of health equity is not a separate goal. Equity is the goal; continuing inequity in gender, race and ethnicity is a sign of system failure.

The participants of the 22nd IUHPE World Conference on Health Promotion recognize their own role and that of global society in pursuing a common agenda and solidarity bonds which collectively advocate for prioritization of democracy and social justice as essential conditions for the promotion of health and equity.

All protagonists involved in the local, national and international arena must try to work together to produce common directions that take into account their respective roles.

The key message is that equity has to be integrated in every policy, program and action as a fundamental commitment and ethical-political principle. To that end, all unfair and systematic differences between countries, within countries, within population groups, within race/ethnicity, genders, geographical areas, etc. have to be expressed, brought to light and shown for effective equity promotion.

A BRIDGE BETWEEN CURITIBA AND SHANGHAI

The World Health Organization promoted its 9th Global Conference on Health Promotion in in Shanghai, China, in November 2016, aiming to discuss how Health Promotion can contribute to the Sustainable Development Goals, the United Nations 2030 Agenda.

The Curitiba Statement was presented in Shanghai to establish connections between a professional conference and a government summit, which are often times limited by government negotiations permeated by different ideological spectra.

Therefore, most Declarations from government summits fail to represent all interests of civil society. For example, the World Conference on Social Determinants of Health that took place in Rio de Janeiro, Brazil, in 2011, issued the Rio Political Declaration as its official and governmental positioning.

However, five other Declarations were published by youth movements, scientific organizations, NGOs,
People Health Movement, International Association of Medical Students, demonstrating the dissatisfaction of the movements with the official position. As an example, see ‘Protecting the Right to Health through action on the Social Determinants of Health - A Declaration by Public Interest Civil Society Organizations and Social Movements’, People’s Health Movement (2011).

By sharing the Curitiba Statement to the Shanghai audience, we assumed it contained a greater diversity of positions, and it could support a broader version of the Shanghai Declaration.

And where did we want to exercise greater influence?

At the opening of the Shanghai Conference, the WHO Director-General Margaret Chan said:

In one of its strongest recommendations, the WHO Commission on Ending Childhood Obesity urged governments to implement an effective tax on sugar-sweetened beverages. The Commission’s report further urged governments to accept their responsibility to protect children, including a responsibility to take action without considering the impact on producers of unhealthy foods and beverages. The oft-heard argument that lifestyle behaviours are a matter of personal choice does not apply to children. Obesity in children is society’s fault, not theirs. In October, WHO urged governments to introduce taxes on sugar-sweetened beverages to reduce their significant contribution to obesity, diabetes, and dental decay. The WHO recommendation was based on a technical report documenting the effectiveness of soda taxes and offering practical guidance on their design. Industry’s reaction has been swift, making two predictable arguments. First, soda taxes do not work, despite evidence to the contrary. Second, soda taxes are regressive as they punish the poor. This argument brushes aside the fact that it is precisely the poor who suffer most greatly from diet-related diseases. Soda is liquid candy that meets no nutritional needs. If fiscal policies reduce soda consumption among the poor, this is a huge and most desirable victory for health. Again, my advice to you is straightforward. Out-shout industry with the facts (WHO, 2016).

Dr Chan’s address is clear about the influence of commercial interests and corporate practices that are harmful to health (Freudenberg and Galea, 2008; Dorfman et al., 2012; Stuckler et al., 2012; Moodie et al., 2013). This influence is often denied or masked by governments interested in taxes paid by corporations or in resources to fund election campaigns.

The Curitiba Statement challenges these harmful corporate and commercial interests in three
recommendations, urging international agencies to pay attention to the following:

1. A social and economic system that accelerates capital accumulation and results in extreme wealth concentration is inconsistent with achieving equity goals.
2. Many people live in a threatening and hostile environment; and there is a need to work toward the elimination of work practices of corporations that harm health, damage the environment and compromise social cohesion.
3. They have a role in advocating countries implement and enforce progressive income tax to address health equity and strengthen the role of the State in promoting social policies.

These points reinforce what has been called the ‘commercial determinants of health’ (Kickbusch et al., 2016), which are claimed as part of the need to build a new narrative for Health Promotion in the twenty-first century. This is an indispensable condition to contribute to a sustainable, healthy, inclusive and equitable development.

Unlike a Declaration from government summit, such as the WHO Global Health Promotion Conferences that are restricted by governments and government negotiations from different ideological spectrum, the Curitiba Statement was developed in a free environment to foster professional activism.

Hence, the Statement gave support to health promotion activists and researchers to be stronger about advocacy for policies and advocacy to research the effectiveness of policy strategies.

**FINAL REMARKS**

After the Shanghai Conference, the authors have been discussing the issues and searching for alternatives, so that the field of health promotion can adopt other paths that meet the demands of the twenty-first century, in consonance with the 17 Sustainable Development Goals.

*Fortune et al. (2018)* consider this task could be facilitated, since ‘health promotion and sustainable development share several core priorities, such as equity, intersectoral approaches and sustainability’, and these common principles can have the path toward promotion of equity, and ‘prominent and long-standing health inequities are proving resistant to interventions driven solely by the health sector’.

However, *Jelsøe et al. (2018)* warn us that ‘despite obvious interfaces and interactions between the two, our contention is that strategies for health promotion are not sufficiently integrated with strategies for sustainable development and that policies aimed at solving health or sustainability problems may therefore cause new, undesired and unforeseen environmental and health problems’.

Despite the obstacles mentioned, *Spencer et al. (2018)* are optimistic and suggest a critical frame analyses and how these framings may shape future directions for health promotion, indicating how intersectoral partnerships, rights and empowerment can be framed within the SDG. According to them, ‘a reductionist framing of health as the absence of disease’ is critical.

There is a long journey ahead, but we expect that the 23rd UIPES Conference on Health Promotion, to be held in Rotorua, New Zealand, in April 2019, whose leading

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**Curitiba Statement on Health Promotion and Equity**

To assure Democracy and Human Rights in all countries around the world

The Curitiba Declaration embodies a spirit of local and global commitment to democracy, equity and justice. It promotes social rights and ‘health for all’ in an inclusive and sustainable world.

This Declaration represents the voice of researchers, practitioners, social movement members and policymakers who participated in the 22nd IUHPE World Conference on Health Promotion, held in Curitiba, Brazil, in May 2016. The Curitiba Declaration articulates the recommendations of conference participants and focuses on how strengthening health promotion and improving equity can improve people’s lives where ever they live, work, play and learn.

We want to send a reminder that equity has been recognized as a pre-requisite for health and a key objective of health promotion for at least the past three decades. As the process for creating the Sustainable Development Goals is completed, we must recognize that the achievement of health equity is not a separate goal. Equity is the goal; continuing inequity in gender, race and ethnicity is a sign of system failure.

Participants of the 22nd IUHPE World Conference on Health Promotion recognize their own role and that of global society in pursuing a common agenda and solidarity bonds that collectively
advocate for the prioritization of democracy and human rights as essential conditions for the promotion of health and equity.

All players involved in the international, national and local arena must try to work together to produce common directions that take into consideration their respective roles.

We urge International Organizations to recognize that:

i. Austerity causes inequity: Health is a human right and should not be treated as a commodity.
ii. A social and economic system that accelerates capital accumulation and results in extreme wealth concentration is inconsistent with achieving equity goals.
iii. Many people live in a threatening and hostile environment; and there is a need to work toward the elimination of work practices of corporations that harm health, damage the environment and compromise social cohesion.
iv. They have a role in advocating countries implementing and enforcing progressive income tax to address health equity and strengthen the role of the State in promoting social policies.

We call for Governments at all levels to:

i. Implement policies that promote gender and racial/ethnic equity as a main aim and evaluation measure.
ii. Recognize that citizen participation in health decisions is a right not a concession.
iii. Use innovative strategies that strengthen and protect the universal right to health and the well-being of the people of the world at all times and especially during any financial crisis.
iv. Enrich their understanding of the threats that affect vulnerable and marginalized populations.
v. Demonstrate better and more transparent use of politics and power.

We recognize that the Health Sector should:

i. Be ready to learn from, not simply to lecture to other sectors.
ii. Design effective health promotion policies and invest more in the capacity of health promotion systems to implement them.
iii. Advocate to other sectors to recognize the impact that their policies have on human health and well-being, affecting mainly vulnerable populations.

We advocate that Citizens should be invited to:

i. Engage in a critical reflection about their role as active participants in the exercise of citizenship.
ii. Exert their great transformative potential in mobilizing and pressuring local authorities to put health equity in their agendas.

We encourage Health Professionals and Researchers to:

i. Adopt new processes to achieve effective social participation, inclusion, intersectoral action and interdisciplinary approaches.
ii. Recognize that the practice of health promotion is influenced directly and indirectly by politics and ideologies.
iii. Use evidence as an instrument for positive social change. We need science with compassion and with an intercultural approach.
iv. Play a key role, through the use of multiple interventions, in generating an enabling environment and conditions that ensure ownership and agency with the people with whom they work.

We further advocate that EVERYONE—International Partners, Governments, Health Sector, Health Professionals, Researchers and Citizens—should recognize:

i. Their influence in changing and eliminating all forms of discrimination and exclusion.
ii. The potential and capacity of health promotion throughout the life course.
iii. Health Promotion goals will only be fully achieved by incorporating these four basic principles: equity, human rights, peace and participation.
topic will be ‘Promoting Planetary Health and Sustainable Development for All’, may face these challenges and produce the Declaration of Rotorua so that we can move on with more assertive, political, practical and scientifically based professional advocacy.

FUNDING
This Supplement was financed by the Working Group on Health Promotion and Sustainable Development of the Brazilian Association of Collective Health (ABRASCO) with funds from the 22nd IUHPE World Conference on Health Promotion.

REFERENCES


