

**Submission from the Health Promotion Forum of New Zealand on
Draft V5.0 of the Bangkok Charter for Health Promotion**

15 July 2005

I. Introduction

1. Thank you very much for the opportunity to comment on the draft Bangkok Charter.
2. This submission comes from the Health Promotion Forum of New Zealand which is our national umbrella organisation for health promotion and has almost 200 organisations as members. The submission is based on email consultation with members and supporters, discussions at three meetings attended by over 60 people, and informal discussions within New Zealand and internationally.
3. We are most appreciative of the enormous amount of dedicated work, care and expertise that has gone into developing the Charter. We are very supportive of the intent to build on the Ottawa Charter and tackle difficult and complex issues. Our comments focus on areas where we hope there will be further development of the Charter's text and are intended as constructive suggestions.

II. The Ottawa Charter

4. The Ottawa Charter has been central to the development of health promotion in this country. It is used alongside Te Tiriti o Waitangi (the 1840 treaty which set out the relationship between the indigenous people and the British Crown in New Zealand).
5. It has been found to be a short, inspiring, inclusive and eloquent guiding statement and a practical framework to use to promote health.
6. We hope that the new Charter will strongly affirm the value of the Ottawa Charter.

III. The health of indigenous peoples

7. About one in twenty-five people in the world are indigenous.¹ We are seriously concerned about the health of Indigenous Peoples in this country and throughout the world, and want the Bangkok Charter to be of particular benefit to Indigenous Peoples.
8. In 1999 WHO consulted with representatives of indigenous communities, nations, peoples and organisations. This led to the Geneva Declaration on the Health and Survival of Indigenous Peoples which states "the health of Indigenous Peoples in every region of the

¹ Durie, M. The health of indigenous peoples. *BMJ* 2003;326:510-511.

world is acknowledged to be in a poor state due to the negation of our way of life and world vision, the destruction of our habitat, the decrease of biodiversity, the imposition of sub-standard living and working conditions, the dispossession of traditional lands and the relocation and transfer of populations” (WHO, Committee on Indigenous Health, Geneva,WHO/HSD/00.1.)².

9. The Geneva Declaration calls for action in four areas:
 - Respect for all the rights of Indigenous Peoples as described in international instruments and other treaties and agreements between governments and Indigenous Peoples.
 - Recognition for Indigenous Peoples' concept of health and survival and expressions of culture and knowledge.
 - Policies and programmes in capacity building, research, education, rectifying the inequities and imbalances in globalisation, increased resources; co-ordination between United Nations bodies; ensuring the participation of Indigenous Peoples at all stages of policy development and implementation; and constitutional, legislative and monitoring mechanisms.
 - Action on the broad determinants of the health and wellbeing of Indigenous Peoples which include the effects of the loss of identity due to removal from family and community, displacement and dispossession of lands, resources and waters, and the destruction of languages and cultures; the impact of environmental degradation; the need for sustainable development; the need for participatory community development; and the effects of war and conflict.
 10. The draft Charter goes part way towards including these actions with some references to health as a human right, environmental change, health inequalities, culture as an asset, community participation, traditional approaches to health, and building capacity. It is, however, much weaker than the Geneva Declaration.
 11. The new Charter needs to be much stronger in its references to human rights including recognition of the rights of Indigenous Peoples. It needs to clearly recognize indigenous understandings of health, wellbeing, culture and knowledge. It needs stronger statements which match those in the Geneva Declaration around policies and programmes. It needs to include the sort of broad view of the determinants of health taken by the Geneva Declaration. For example, we understand that the previous draft had references to war and peace, but this has been removed from the current draft.
- IV. International human rights and environmental treaties and agreements, the Millenium Development Goals, globalisation, and corporate interests**
12. The draft Charter begins with a statement about human rights. Health and human rights are both powerful approaches to improving the wellbeing of people.³
 13. Health promotion is based on respect for the dignity of each person and human rights. Human rights include respect for equity, social justice, diversity and participation. The right to enjoy the highest attainable standard of health includes access to public health and health

² The Geneva Declaration can be found at http://www.healthsite.co.nz/hauora_maori/resources/feature/0001/002.htm

³ Mann, J. M., Gostin, L., Gruskin, S., Brennan, T., Lazzarini, Z., & Fineburg, H. (1999). Health and human rights. In J. M. Mann, S. Gruskin, M. A. Grodin & G. J. Annas (Eds.), *Health and human rights: a reader*. New York: Routledge.

care, and access to shelter, food and clean water, education, peace and all the other determinants of health. A rights-based approach to health means paying particular attention to the wellbeing of those who are most marginalised and disadvantaged. It means that governments have an obligation to international assistance and co-operation towards the right to health – for example in ensuring that international trade agreements do not adversely impact on the rights to health and in humanitarian assistance.^{4 5}

14. The new Charter should clearly support existing international human rights and environmental treaties and the Millennium Development Goals (MDGs). These treaties offer health promotion potentially powerful frameworks which have the backing of international law. The treaties and the MDGs also offer the advantages of being developed outside the health sector, applying across sectors, cultures and national borders, and having established accountability mechanisms.
15. There are other international agreements which have important benefits for health – including the Framework Convention on Tobacco Control, various multi-lateral environmental agreements, the ILO Conventions and some trade agreements.
16. The United Nations Convention on the Rights of the Child has underpinned the growing movement for and with children throughout the world and thus had considerable impact on improving the health of children. The work of the United Nations Committee on the Rights of the Child in monitoring countries' progress in complying with the Convention on the Rights of the Child demonstrates how civil society and marginalised groups can participate and influence the treaty monitoring accountability mechanisms, and how the opportunity to take part in the accountability mechanisms can mobilise people and contribute to the development of social movements.
17. The Charter will be strengthened greatly by ensuring that throughout there is clear recognition of the importance of the human rights approach, democratic mechanisms, and using and strengthening international law and agreements to promote health. It should offer inspiration to reach beyond the standards already established in these treaties and agreements and the MDGs.
18. The draft Charter takes a neutral view of globalisation – as seen in the proposal to “make globalisation health friendly”. The effects of globalisation may bring both benefit and harm to health, but health promotion must recognise that “globalisation is already affecting in a negative way the health expectation of millions of inhabitants in the poorer countries of the world”.⁶ The draft also takes a neutral view towards powerful corporate interests although there is considerable evidence that these have often acted in ways that are very harmful to the health of people, especially those who are poorest and have least power. The use of neutral language disguises the underlying causes, powerful interests, and conflicts.
19. We are seriously concerned that the draft Charter is much weaker than existing international human rights and environmental treaties, the MDGs and other international agreements that promote health. If the Charter is not clearly and strongly aligned with

⁴ United Nations Committee on Economic, S. a. C. R. (2000). The right to the highest attainable standard of health : 11/08/2000. E/C.12/2000/4. (General Comment No. 14).

⁵ United Nations Special Rapporteur on the Right to Health. (2003). Report of the Special Rapporteur to the Commission on Human Rights. E/CN.4/2003/58. 13 February 2003.: Economic and Social Council

⁶ Hernandez-Aguado I, Alvarez-Dardet C. Globalisation and health: action now! *J Epidemiol Community Health* 2001;55:609

these, then it could be cynically used by powerful interests - including some corporates, states and international finance institutions - to claim that their actions were “health promoting in line with the Bangkok Charter” and thus avoid complying with the much stronger standards set by the international treaties, agreements and MDGs. If this happened, the Charter would become used as an equivalent of “greenwash” and have a negative effect.

20. It is essential that the new Charter is strongly and clearly aligned with the international human rights and environmental treaties, the MDGs and other international agreements that promote health, in order to use these mechanisms to promote health - and in order to avoid doing harm.

Our appreciation

21. Thank you very much for the opportunity to make this submission. We look forward to the discussions at the 6th Global Conference on Health Promotion and we very much appreciate being able to contribute to this important process.

[Alison J Blaiklock](#)
[MB ChB D Com H FAFPHM](#)
[Executive Director](#)
[Health Promotion Forum of New Zealand](#)
[Runanga Whakapiki ake i te Hauora o Aotearoa](#)

[Phone +64 9 520 3711; Fax +64 9 520 4152; Mobile +64 21 382 209](#)
[27 Gillies Ave, Newmarket, Auckland](#)
[P O Box 99 064, Newmarket, Auckland](#)
[Email: alisonb@hpforum.org.nz](mailto:alisonb@hpforum.org.nz)
<http://www.hpforum.org.nz>