

# Perspectives and challenges of health promotion in Latin America

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## Abstract

The global health promotion movement has been institutionalized for 35 years (1986-2001) since the First International Conference on Health Promotion in Ottawa, Canada. This article establishes how the health promotion perspective has reshaped the nature, scope and perspectives of health, highlighting the urgency of approaching health from a more political and social vision. Health promotion should now deserve greater recognition by governmental, institutional, private and community authorities. Governments must politically reposition it as a proposal for social and human development. In tandem, higher education institutions should continue to exercise academic-professional leadership to promote training, research and social-community linkages in the field of health promotion. Enhancing sustained efforts of regional health promotion networks and maintaining a healthy environments approach are the pillars to promoting participation along with political, social and community mobilization for health, equity and sustainable development.

Keywords: health promotion; public health; Latin America

## Resumen

El movimiento global de promoción de la salud se institucionalizó hace 35 años (1986-2001) a partir de la Primera Conferencia Internacional sobre la Promoción de la Salud en Ottawa, Canadá. En este artículo se establece cómo la perspectiva de la promoción de la salud ha redimensionado la naturaleza, el alcance y las perspectivas de la salud, destacando la urgencia de abordar la salud desde una visión más política y social. La promoción de la salud debe merecer en la actualidad un mayor reconocimiento por parte de las autoridades gubernamentales, institucionales, privadas y comunitarias. Los gobiernos deben reposicionarla políticamente como una propuesta de desarrollo social y humano. En forma paralela, las instituciones de educación superior deben continuar ejerciendo el liderazgo académico-profesional para promover la formación, la investigación y la vinculación social-comunitaria en el campo de la promoción de la salud. Potenciar los esfuerzos sostenidos de las redes regionales de promoción de la salud y mantener un enfoque de entornos saludables son los pilares para fomentar la participación junto con la movilización política, social y comunitaria por la salud, la equidad y el desarrollo sostenible.

Palabras clave: promoción de la salud; salud pública; América Latina

The global movement for health promotion (HP) was institutionalized 35 years ago (1986-2001) at the First International Conference on Health Promotion in Ottawa (Ontario), Canada. The declaratory document of the Ot-

tawa Charter has represented the impetus for a new look at the ideology and practice of global public health.<sup>1</sup> HP has re-dimensioned the nature, scope, and perspectives of health, highlighting the urgency to approach health

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from a more political and social stance. The concept of health advocacy is coined to extol the values of equity, social development, human development, social justice, and human rights. Beginning with the definition of HP, we could affirm that some of the dominant statements in the discourse have been to: focus attention on the social determinants of health; highlight social and individual responsibility in health matters; recognize that decisional health issues must transcend the scope of the health sector to give way to intersectoral views; achieve the institutional political will in the generation of social decisions favorable to health; modify the physical and social environments so that they are favorable to well-being, coexistence and health; transcend paternalistic positions on health to give way to the empowerment of individuals and social groups in health matters; generate the development of capacities to promote mobilization and social-community militancy; promote a renewed health education that transcends the provision of information to give way to progressive proposals for interactive, dialogic educational work, critical thinking, capacity building and social action; promote the development and reformulation of social and health services so that they respond to comprehensive, humanistic, inclusive, and ethical parameters.

Health promotion in Latin America has made great strides over the years. The development of a culture of HP has been observed in different countries. The Latin American discourse and practice of HP presents conceptual and methodological variants. Different Latin American experiences are raised, characterized by the development of various policies and structures for HP; the development of programmatic actions generated by the government, private and community sectors; the exchange of knowledge between countries; the institutionalization of HP initiatives based on the healthy settings approach (in cities, municipalities, communities, schools, universities); the development of professional and academic networks for HP; the development of scientific and technical events for HP; the expansion of opportunities for specialized academic-professional training in HP at the undergraduate and graduate levels, among other actions. Table I<sup>1</sup> shows a list of some significant events in the development of HP in Latin America.

### **Conceptual approaches and scope of health promotion**

In the 35 years of the global Health Promotion Movement, we have seen a diversity of definitions and conceptual approaches to HP. The First World Conference on HP of the World Health Organization (WHO) establishes that HP "is the process of enabling people

to increase control over, and to improve, their health".<sup>2</sup> Furthermore, The WHO asserts that "health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health".<sup>3</sup>

Over two decades after the Ottawa Charter, Cardaci, Peñaherrera and Sanabria proposed HP as a concept under construction and an area of knowledge where contributions from different scientific fields converge.<sup>4</sup> They state that HP is a recognized field in some contexts but an incipient discipline in other fields, and that should be more focused on transforming the determinants of health at the macrosocial level rather than specifically focusing on individual behavioral changes. These authors point out that it is important to differentiate HP from disease prevention, proposing that they are complementary fields, but that HP exercises a political function towards the determinants of health and that HP should focus on social groups and collective health. Disease prevention has another primary purpose: to reduce risk factors, damage, and disability. They recognize that HP has different definitions and interpretations. They argue that there is consensus that HP involves governments, social organizations, and individuals in the collective construction of health. The authors conclude their characterization by pointing out that HP requires extending its application to all regions using the procedures that are best adapted to the political, cultural, social, and economic conditions of each population.

A recent and more comprehensive definition of HP is postulated by the *Escuela Andaluza de Salud Pública* in their Master's in Health Promotion and Community Health blog.<sup>5</sup> These institutions describe HP as a process that provides the population with the necessary means to exercise a better and higher quality of life as well as control over their health. HP's challenge is to transform exclusive relationships, reconciling economic interests and social welfare purposes for all, as well as working for solidarity and social equity, essential conditions for health and development. HP is a process that provides the population with the necessary means to exercise a better quality of life and greater control over their health. Faced with a passive attitude, HP proposes an active stance where people participate, mobilize, get involved and take responsibility for their health. It consists of fostering in the person political, social, and individual responsibility for the improvement of people's health as well as the improvement of

**Table I**  
**LIST OF SIGNIFICANT EVENTS IN THE INSTITUTIONAL HISTORY OF HEALTH PROMOTION IN LATIN AMERICA**

Events	Organization	Date and place
VII World Conference on Health Education	International Union for Health Promotion and Education (IUHPE) with the support of the <i>Comité Argentino de Educación para la Salud de la Población</i> (Caespo, Spanish acronym).	1969; Buenos Aires, Argentina.
I Inter-American Conference on Health Education Theme: "Health Education in the Americas: Promoting Health for All through Community Participation"	IUHPE	1981 (31 May – 4 June); San Juan, Puerto Rico.
II Inter-American Conference on Health Education Theme: Interagency Coordination and Community Participation	IUHPE	1984 (4 – 9 November); Mexico City, Mexico.
Formalization of the Provisional Regional Office of the International Union for Health Promotion (IUHPE) for Latin America	IUHPE	1988 (1 September), within the framework of the XIII World Conference on Health Education of the IUHPE, held from August 28 to September 2 at the George R. Brown Convention Center in Houston, Texas, USA.
III Inter-American Symposium on Health Education Theme: "Health Challenges in the Americas for the Year 2000"	IUHPE	1990 (15 – 20 July) at the Convention Center of the Hotel Gloria in the City of Rio de Janeiro, Brazil.
Institutional and international Recognition of the Regional Committee and Latin American Regional Office of the IUHPE/ORLA	IUHPE	1990 (15 – 20 July) within the framework of the III Inter-American Symposium on Health Education held at the Gloria Hotel in the City of Rio de Janeiro, Brazil. The Constitutive Assembly of the IUHPE/ORLA was held on July 17 and 18.
I Andean Meeting of Health Promotion and Education Theme: "The Role of Health Promotion and Education in the Development of Health Alternatives in the Andean Region"	The event was promoted by the Andean Subregional Office of the UIES/Oficina Regional para Latinoamérica (ORLA).	1992 (30 September – 3 October); Pachacamac, Lima, Peru.
International Conference on Health Promotion in Latin America	Pan American Health Organization (PAHO).	1992 (November); Santa Fé de Bogotá, Colombia.
First Caribbean Health Promotion Conference	PAHO and the Caribbean Cooperation in Health.	1994 (1 – 4 June); Port of Spain, Trinidad and Tobago.
I IUHPE/ORLA Latin American Conference on Health Education Theme: "Health as an Expression of Life"	ORLA of IUHPE, with the support of Cuba's National Center for Health Education.	1993 (27 September – 1 October) at the Palace of Conventions in Havana.
I Latin American Subregional Workshop on Social Participation and Health Education in Central America, Mexico and the Spanish-speaking Caribbean	PAHO and the IUHPE/ORLA of the subregion encompassing Mexico, Central America, and the Hispanic Caribbean.	1993 (April) at the <i>Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán</i> in Mexico.
Establishment of the <i>Consortio Interamericano de Universidades y Centros de Formación de Personal en Educación para la Salud y Promoción de la Salud</i> (CIUEFS, Spanish acronym)	PAHO and the Department of Social Sciences, Graduate School of Public Health, Medical Sciences Campus, University of Puerto Rico.	1996 (17 – 19 April); San Juan, Puerto Rico.
Human Resources Training Seminar in Health Education	Brazil subregion of IUHPE/ORLA along with representatives from PAHO and CIUEFS.	1996 (5 – 8 August); Rio de Janeiro, Brazil.
Meeting of the Latin American Technical Group to define priority areas of work for Health Education in Latin America	Promoted by the Mexican Foundation for Health, the IUHPE/ORLA and the SmithKline & Beecham Institute based in Mexico.	1996 (30 September – 1 October); Mexico City, Mexico.
II Latin American Conference on Health Promotion and Health Education of the IUHPE/ORLA Theme: "Healthy People and Human Development"	ORLA of IUHPE, sponsored by the Chilean Health Society, PAHO, FAO, Unesco, and the Chilean Ministry of Health, among other entities.	1996 (13 – 17 October); Santiago, Chile.

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XVI World Conference on Health Promotion and Health Education Theme: "New Horizons for Health: From Vision to Practice"	IUHPE. At the national level, the event was organized by the <i>Escuela Graduada de Salud Pública</i> at the <i>Campus de Ciencias Médicas</i> of the <i>Universidad de Puerto Rico</i> .	1998 (21 – 26 June); San Juan, Puerto Rico.	
V World Conference on Health Promotion Theme: "Health Promotion: Towards greater equity"	The World Health Organization (WHO), the PAHO, and the <i>Secretaría de Salud</i> of Mexico.	2000 (5 – 9 June); Mexico City, Mexico.	
III Latin American Conference on Health Promotion and Health Education of the IUHPE/ORLA Theme: "Critical Vision of Health Promotion and Health Education: Current Situation and Prospects"	ORLA of the IUHPE, the <i>Faculdade de Saúde Pública</i> of the <i>Universidade de São Paulo</i> , the PAHO, and the <i>Ministério da Saúde</i> .	2002 (10 – 13 November); São Paulo, Brazil.	
Development of the Latin American Regional Project for Capacity Building in Evaluation of Effectiveness in Health Promotion	IUHPE with the support of the CDC.	2002 (within the framework of the III Latin American Conference on Health Promotion and Health Education of the IUHPE/ORLA; see previous).	
Emergence of the Collaborating Centers of the WHO-PAHO in the field of Health Promotion	WHO and PAHO.	2003 <i>Instituto de Programas Interdisciplinarios en Atención Primaria de la Salud de la Universidad Industrial de Santander</i> (Proinapsa); 2004 (Cedetes); 2007 (Cepedoc); and 2007 Collaborating Center of the University of Puerto Rico. (CIPSES, Spanish acronym).	
Brazilian Project for the Effectiveness of Health Promotion (SBEPS; English acronym)	The IUHPE-ORLA subregional office for Brazil developed a programmatic and research agenda on the topic of the effectiveness of Health Promotion.	Three (3) seminars: I Brazilian Seminar for the Effectiveness of Health Promotion (SBEPS; English acronym) (May 2005); II SBEPS (May 2008), and III SBEPS (May 2011).	
Emergence of the <i>Red Iberoamericana de Universidades Promotoras de Salud</i> (RIUPS; Spanish acronym)	RIUPS	2007 (3 – 6 October); Ciudad Juárez, Mexico.	
IV Latin American Conference on Health Promotion and Health Education of the IUHPE/ORLA Theme: "A call to Solidarity and Political Responsibility of the Governments and Non-Governmental Organizations of the Region"	ORLA of the IUHPE; organized by the <i>Facultad Nacional de Salud Pública</i> of the <i>Universidad de Antioquia</i> .	2009 (4 – 7 November); Plaza Mayor, Medellín Convention Center, Colombia.	
V Latin American Conference and IV Inter-American Conference on Health Promotion and Health Education	IUHPE, its ORLA, and North America (NARO), and the General Directorate for Health Promotion of the Ministry of Health of Mexico.	2012 (10 – 13 April); Hotel Camino Real Polanco in Mexico City.	
Emergence of the <i>Red Latinoamericana y del Caribe de Gestores de Promoción de la Salud</i> (REDLACROMSA, Spanish acronym)	Ministry of Health of Perú with support from the PAHO.	2015 (December).	
22nd IUHPE World Conference on Health Promotion Theme: "To Promote Health and Equity"	IUHPE, the <i>Secretaria Municipal da Saúde de Curitiba</i> , and <i>Associação Brasileira de Saúde Coletiva</i> (Abrasco).	2016 (22 – 26 May); Curitiba, Brazil.	
VI Latin American Regional Conference on Health Promotion and Health Education (held simultaneously with the III Interdisciplinary Brazilian Congress on Health Promotion, and the 3rd Seminar on Health Promotion in the interior of São Paulo) Theme: "Sustainable Development Goals and Health Promotion in the XXI Century: Expanding Connections"	IUHPE/ORLA	2018 (8 – 10 October); at the University of Franca, Brazil.	
Development of the Health Promotion Project in the Region of the Americas. Health Promotion Toolbox	Collaborators: PAHO, RIUPS, Centro de Estudos, Pesquisa e Documentação em Ciências Saúdeveis (Cepedoc), and <i>Centro para el Desarrollo y Evaluación de Políticas y Tecnología en Salud Pública</i> (Cedetes), among others.	2019; regional project. <sup>1</sup>	

environments. HP's purpose is to ensure that there are healthy people and families in healthy communities. This process requires a life course perspective to positively impact each stage of people's lives.

The *Universidad Internacional de Valencia* (IUV) defines HP as one of the pillars on which a successful society is based. According to the IUV, HP goes beyond the medical field and involves environmental, economic, biological and lifestyle factors.<sup>6</sup> The objectives of health promotion include for people to take control in order to become healthier individuals, transform the living conditions that may be negatively influencing health, stimulate healthy lifestyle habits, and enable access to opportunities –be them educational, economic, scientific or technological– that facilitate control over their own health.

Many critical views coexist with HP in Latin America. Coronel Carbo and Marzo Páez express that it is increasingly evident that HP strategies must consider a social, community, political and comprehensive approach that allows equitable access to effective health responses.<sup>7</sup> They conceptualize HP as an essential element to achieve healthy lifestyles and behaviors that, in addition to simply considering the indices of poverty and social inequality, actively works to dismantle systems of oppression from their roots. In other words, HP should in effect integrate decisions at the economic and political level, and that allow the participation of the whole of society to achieve true equity in health.

Diverse perspectives of HP have emerged during the Covid-19 pandemic. For example, Camaralles Guillem considers that the value and definition of HP should be mainly to break down barriers brought about by the social determinants of health.<sup>8</sup> Such an approach involves influencing policies, with an advocacy role, that promotes collaborative agreements with characteristics that meet what is necessary to preserve its great value in primary care: longitudinal care and accessibility. Camaralles Guillem adds that HP is a process that allows individuals and communities to develop learning strategies to protect their health and act on its social determinants.<sup>8</sup>

Another recent reference that links HP to the Covid-19 pandemic is the one presented by Nogueira, Rocha, and Akerman.<sup>9</sup> The authors refer to how Covid-19 has changed the normality of the world by emphasizing poverty as the greatest social determinant of disease in Latin America. Among other objectives, they seek to show how HP could influence public policies so as not to return to a pre-pandemic world using as a strategy the five points of HP in global communities –intersectorality; sustainability; empowerment;

commitment to public health and equity; and a life course perspective. They also establish a link between the preservation of HP and a sustainable development of the world. They conceptualize health promotion as a “radical empathy” in which public policies are formulated, not to resume or transform the existing system, but rather to abandon that system and adopt HP policies that help save lives.

We reiterate that there are diverse visions of HP that give this area of health a complex political and social scope. The definitions and perspectives of HP usually delineate its objectives and purpose. They point to ideological and evaluative considerations of utmost importance in the modern social and public health sphere. These conceptual perspectives of HP also prescribe the strategic orientations that are required for its operationalization. Although the advances in HP are visible, there are still several critical approaches that require attention. Table II<sup>7,10-18</sup> describes some examples of definitions and perspectives on HP from recent years.

### Professional competences in health promotion

At present, different proposals for professional competencies in HP coexist at a global level.<sup>19</sup> Competency models exhibit several content components that are similar to each other. Competency approaches have the intention of prescribing content guidelines to guide academic-professional training and education actions. They represent a useful tool in curricular development processes in HP specialty programs and in efforts to mainstream HP in other educational and disciplinary areas. Table III<sup>20-22</sup> presents the models of professional competencies proposed by the International Union for Health Promotion and Health Education;<sup>20</sup> the North American model of professional competencies in HP and health education proposed by the National Commission for the Certification of Health Educators;<sup>21</sup> and the competency model proposed by the Inter-American Consortium of Universities and Training Centers in Health Education and Health Promotion (CIUEPS).<sup>22</sup>

### Challenges of health promotion

The Health Promotion Movement in Latin America has had a history of great contributions to the field of regional public health. The policies, structures and programmatic actions of HP vary depending on the country and the priority assigned by the national governments. Over the years, critical considerations

**Table II**  
**PERSPECTIVES ON HEALTH PROMOTION (HP) OBTAINED FROM BIBLIOGRAPHIC**  
**REFERENCES OF THE LAST FIVE YEARS (2017-2021)**

<i>HP intended purpose</i>	<i>HP strategies</i>	<i>Critiques of HP</i>
<ul style="list-style-type: none"> <li>• To be an essential function of public health and a key part of primary care.<sup>10</sup></li> <li>• To enable populations to identify their health aspirations and be equipped to cope with their environment.<sup>11</sup></li> <li>• To lead to well-being and greater health control.<sup>12</sup></li> <li>• To understand the social determinants of health and the different circumstances of people when dealing with a health problem.<sup>12</sup></li> <li>• To address the social determinants of health.<sup>13</sup></li> <li>• To reaffirm health as a fundamental right and as a public good.<sup>14</sup></li> <li>• To encourage change in people's individual behaviors so that they can adopt healthier lifestyles.<sup>15,7</sup></li> <li>• To raise awareness of behavioral risk factors and empower citizens.<sup>15</sup></li> <li>• To facilitate and catalyze health-promoting practices, working holistically, using systems thinking and interdisciplinary and horizontal interventions.<sup>16</sup></li> <li>• To promote autonomy and empower people.<sup>16</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Participation, community empowerment and community self-governance through popular education.<sup>17</sup></li> <li>• Transformative and self-reflective education, generated through communion with the sectors with which HP works and allowing practitioners to become subjects of a more streetwise and less academic praxis.<sup>17</sup></li> <li>• Interventions aligned to specific contexts considering local cultures and characteristics of particular populations.<sup>11</sup></li> <li>• HP requires multisectoral efforts and public commitment in order to be effectively and successfully implemented.<sup>11</sup></li> <li>• Health Education and Health Communication.<sup>13</sup></li> <li>• Promote social mobilizations and political advocacy.<sup>13</sup></li> <li>• Community alliances.<sup>18</sup></li> <li>• Transdisciplinarity.<sup>18</sup></li> <li>• Manage to get people involved, actively participating, and using the information that has been provided to them to improve their health outcomes.<sup>12</sup></li> <li>• Intersectoral alliances, international cooperation, urban and rural development, and health policies.<sup>14</sup></li> <li>• Provision of educational and informational content.<sup>15</sup></li> <li>• Focus on social participation and the reduction of barriers that prevent access to health care.<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>• HP should be based on decolonial practices and street praxis, where it aspires to support, collective care and the facilitation of horizontal and co-created spaces for the growth and learning of all the parties involved.<sup>17</sup></li> <li>• HP is not simply about seeking to recognize and wanting to work to create more dignified conditions to live, but also to question the methodologies being used to make this happen and the actions being carried out.<sup>17</sup></li> <li>• Interventions in HP must be long-term in order to truly mitigate and reduce the effects of health determinants and improve quality of life for a long period.<sup>11</sup></li> <li>• HP needs to innovate in terms of research methods, and to promote the use of social networks and marketing agencies.<sup>18</sup></li> <li>• HP must incorporate and fuse innovative strategies and non-traditional theories.<sup>18</sup></li> <li>• HP must improve its scientific foundation and positively contribute to public health.<sup>18</sup></li> <li>• It is not only to offer or coordinate educational activities, but to conceive HP as one that affects biology, psychology, spirituality, environment, among others.<sup>12</sup></li> <li>• With HP, health education was affected and marginalized. An understanding is now emerging that health education and health promotion work hand in hand.<sup>13</sup></li> <li>• HP can promote moralizing ideas about how people should live their lives and about health-related behaviors.<sup>15</sup></li> <li>• The moralization of health promotion, masquerading as harmless and benign, can perpetuate and foster stigma.<sup>15</sup></li> <li>• The HP does not consider the determinants of health and how they can impede access to resources to improve people's living conditions.<sup>15</sup></li> <li>• HP should not be handled hierarchically nor be the sole responsibility of the states and/or experts; instead the distribution of power should be free from paternalism and verticality. It is a participatory, holistic and interdisciplinary process.<sup>16</sup></li> <li>• Actions are necessary at the local level to be able to carry out effective health promotion practices, incorporating intersectorality and the social determinants of health.<sup>7</sup></li> </ul>

**Table III**  
**LIST OF PROFESSIONAL COMPETENCIES IN HEALTH PROMOTION (HP)**

Competency model of the International Union for Health Promotion and Health Education (IUHPE, 2016) <sup>20</sup>	North American Model of Professional Competencies in Health Promotion and Health Education proposed by the National Commission for the Certification of Health Educators (NCHCEC, 2015) <sup>21</sup>	Competency model proposed by the Inter-American Consortium of Universities and Training Centers in Health Education and Health Promotion (CIUEPS, revised 2021) <sup>22</sup>
<ol style="list-style-type: none"> <li>1. Enable Change. Enable individuals, groups, communities and organizations to build capacity for health promoting action to improve health and reduce health inequities.</li> <li>2. Advocate for Health. Advocate with, and on behalf of individuals, communities and organizations to improve health and well-being and build capacity for HP action.</li> <li>3. Mediate through partnership. Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of HP action.</li> <li>4. Communication. Communicate HP actions effectively using appropriate techniques and technologies for diverse audiences.</li> <li>5. Leadership. Contribute to the development of a shared vision and strategic direction for HP action.</li> <li>6. Assessment. Conduct assessment of needs and assets, in partnership with stakeholders, in the context of the political, economic, social, cultural, environmental, behavioral and biological determinants that promote or comprise health.</li> <li>7. Planning. Develop measurable HP goals and objectives based on assessment of needs and assets in partnership with stakeholders.</li> <li>8. Implementation. Implement effective and efficient, culturally sensitive, and ethical HP action in partnership with stakeholders.</li> <li>9. Evaluation and Research. Use appropriate evaluation and research methods, in partnership with stakeholders, to determine the reach, impact and effectiveness of HP action.</li> </ol>	<ol style="list-style-type: none"> <li>1. Area I: Assess needs, resources and capacity for health education/promotion</li> <li>2. Area II: Plan Health Education/Promotion</li> <li>3. Area III: Implement Health Education/Promotion</li> <li>4. Area IV: Conduct evaluation and research related to health education/promotion</li> <li>5. Area V: Administer and manage health education/promotion</li> <li>6. Area VI: Serve as a health education/promotion resource person</li> <li>7. Area VII. Communicate, promote, and advocate for health, health education/promotion, and the profession</li> </ol>	<ol style="list-style-type: none"> <li>1. Argue about the background, scope and contribution of HP models and approaches and their location within the context and practice of public health.</li> <li>2. Assess the conceptual bases and the strategic and operational framework of the global movement for HP and establish differentiation with other health paradigms and approaches.</li> <li>3. Argue about the effectiveness and the scope of the intervention strategies in HP at the individual, family, community, organization, social structure and global levels.</li> <li>4. Analyze the contribution of intersectoral, transdisciplinary and interprofessional work approaches in HP.</li> <li>5. Analyze the contribution of health promotion and the public health approach focused on social health determinants and the Sustainable Development Goals.</li> <li>6. Analyze the contribution of healthy public policies and advocacy in the advancement of HP.</li> <li>7. Value the exercise of leadership in health through advocacy actions, the development of alliances and networking from an intersectoral, interdisciplinary and transdisciplinary perspective.</li> <li>8. Estimate the scope of HP approaches aimed at fostering health-friendly environments.</li> <li>9. Recognize the potential for population, institutional, and structural change to improve collective health through empowerment, participation, and capacity building.</li> <li>10. Estimate the health needs and opportunities of communities and social systems to guide planning, research, and assessment of the effectiveness of HP.</li> <li>11. Recognize the potential of health education, health literacy, health communication and cultural competence approaches.</li> <li>12. Propose actions for public health applying the conceptual and methodological tools of HP to the national context.</li> <li>13. Analyze trends and projections in the field of HP at the national level and its relationship with the regional and global movement for HP.</li> </ol>

**Table IV**  
**HEALTH PROMOTION (HP) PRIORITIES AND CHALLENGES SET FORTH BY**  
**VARIOUS SOURCES AND ORGANIZATIONS**

<i>Information sources or organizations</i>	<i>Health promotion priorities and challenges</i>
Pan American Health Organization. Development of a Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 <sup>23</sup>	<ul style="list-style-type: none"> <li>• Strengthen key healthy settings.</li> <li>• Enable community participation and empowerment and civil society engagement.</li> <li>• Enhance governance and intersectoral work to improve health and well-being and address the social determinants of health.</li> <li>• Strengthen health systems and services by incorporating a health promotion approach.</li> </ul>
World Health Organization. The 9th World Conference on Health Promotion, jointly organized by the World Health Organization (WHO) and the National Health and Family Planning Commission of the People's Republic of China in Shanghai on November 21-24, 2016 <sup>24</sup>	<ul style="list-style-type: none"> <li>• Good governance and health knowledge in improving health, as well as the crucial role of municipal authorities and communities.</li> <li>• Governance commitments include protecting health through public policy, strengthening legislation, regulation and taxation of unhealthy products, and implementation of fiscal policies that enable new investments in health and well-being.</li> <li>• The importance of universal health coverage and the need to better address cross-border health issues are also stressed.</li> <li>• Commitments related to health knowledge include the development of local and national strategies to make citizens more aware of how to lead a healthy life, and the development of citizens' ability to control their health and the determinants that condition it harnessing the potential of digital technology.</li> <li>• A commitment to ensuring that environments support healthy consumer choices, for example through pricing policies, transparent information, and clear labeling.</li> <li>• The need to implement urban health policies that promote social inclusion.</li> </ul>
International Union for Health Promotion and Education. Strategic Plan for 2021-2026 <sup>25</sup>	<ul style="list-style-type: none"> <li>• Action on the determinants of health and the Sustainable Development Goals.</li> <li>• Addressing global challenges to health and health equity, including noncommunicable and communicable disease and promoting mental health and wellbeing.</li> <li>• The development of the health promotion field.</li> </ul>
Regional Health Promotion Project. Toolbox (2021) <sup>26</sup>	<ul style="list-style-type: none"> <li>• Recognize the diverse perspectives and approaches that coexist in Health Promotion (HP). Coincidences and contradictions of HP should be identified.</li> <li>• Tackle colonial, conceptual and methodological approaches to HP, generated by organizations and contexts outside the Latin American cultural and idiosyncratic sphere.</li> <li>• Explore the conceptualization of HP through the Good Living approach.</li> <li>• Analyze the interrelationships between HP and the right to health as a necessary tool to face inequities in health.</li> <li>• Recognize the potential of the intersectoral interrelation between HP and the Sustainable Development Goals.</li> <li>• Incorporate climate change into the HP agenda.</li> <li>• Strengthen collaborative links between the government and non-governmental organizations of civil society as a fundamental tool for HP.</li> <li>• Recognize the role of universities to promote HP policies and programmatic actions through the Health-Promoting Universities Movement.</li> <li>• Highlight the complementary relationship between HP and health education.</li> <li>• Recognize the intersections between HP, human development and life skills.</li> <li>• Recognize HP as a focus of analysis in the evaluation of the effectiveness and impact of complex interventions thanks to its multidisciplinary nature.</li> <li>• Increase academic-professional training actions in HP.</li> <li>• Invest in the mainstreaming of HP in various careers in the Health Sciences and other disciplinary and professional fields.</li> <li>• Promote access to and use of information technologies and the training of human resources in HP.</li> <li>• Strengthen the models of citizen, community, institutional and individual participation in HP.</li> <li>• Strengthen group and collaborative work and professional, academic and community networks in support of the management of HP.</li> <li>• Use sociocultural approaches in the analysis and actions of HP.</li> <li>• Apply the health assets approaches in the context of Latin American HP.</li> <li>• Promote research actions in HP.</li> <li>• Strengthen the networks of Healthy Municipalities, Communities and Cities.</li> <li>• Reexamine the values, principles and theoretical-methodological approaches of HP.</li> <li>• Promote national and regional policies for the Promotion of School Health.</li> <li>• Drive HP focus in work settings.</li> <li>• Reposition the approaches of intersectorality in HP.</li> <li>• Encourage communication for development in HP.</li> <li>• Analyze the perspectives of global health in the context of Latin American HP.</li> <li>• Raise the epistemological and in action challenges in HP.</li> </ul>

(continues...)



(continuation)

Summary of challenges in Health Promotion outlined in the book: Health Promotion in Latin America. Historical notes, structures and national policies<sup>27</sup>  
*La Promoción de la Salud en América Latina. Apuntes históricos, estructuras y políticas nacionales*<sup>27</sup>

#### National policies

- Although prevailing norms posit HP by a broad approach that encompasses its operational areas, the understanding that health sector actors have continues to be a confusing and reductionist approach, resulting in a gap between theory and practice.
- Provide clear guidelines to the territories on the practice of Health Promotion at the local level as a strategy to address the social determinants of health and health as a human right, which implies intersectoral action at the highest level.
- Think of a National public policy on HP that entails greater institutionalization and concrete actions in its pursuit.
- Account for indicators on the Social Determinants of Health from the health sector.
- The current challenge is to have a general Information System and Observatory to increase the efficiency of HP management.
- Political changes and different government priorities, with different conceptions of HP.
- Health care networks and family health care model with little development of HP.

#### Intersectorality and health in all policies

- Raise awareness in the different sectors about the approach to health in all policies (mainstreaming and interministerial and intersectoral strengthening).
- Improve the articulation of the different areas and programs within the Ministry of Health, with other Ministries, and with civil society organizations.
- Deepen the intersectoral approach to health promotion. It needs to be more decentralized from the health sector; demedicalized and incorporated to a greater extent in other sectors and areas.
- The difficulties of intersectoral work at the national and local level, which has led to the exhaustion of some strategies and fragmentation of actions, such as healthy municipalities and promoter schools.

#### Health promotion spheres of action

- Strengthen HP actions in large cities.
- Expand the focus of health promotion beyond lifestyles.
- Continue to strengthen the tools of the State, such as the regulatory and normative contributions that intervene in the conformation of physical and social environments favorable to health.
- Facilitate, from institutional and programmatic structures, the incorporation of health promotion within the framework of the determinants of health.

#### Social and community participation

- Prevalence of advisory over decision-making participation.
- Deepen the processes of democratization and participation in health.
- Generate mechanisms that facilitate participation in the design, implementation, and evaluation of health promotion policies and programs.

#### Budget

- Limited government budget for HP.
- Funds with which these programs are financed generally come from external financing programs.
- The challenge is to have funds that are sustainable over time.

#### Education and training in health promotion

- The hegemonic model linked to medicalization and the medical care model means that health promotion is not yet understood from the perspective of the determinants of health. Training proposals need to be expanded and improved to incorporate this approach.
- Training and specialization in health promotion has not yet become a relevant aspect of professional identity.
- The academic experiences surveyed and identified are usually confined to the institutional scope of each discipline and in the institutional context that gives it membership, with little history of integrating programs between faculties and universities that promote interdisciplinary and intersectoral work.
- There is currently no "critical mass" of adequately qualified human resources to streamline training processes at the undergraduate and postgraduate level.
- The number of teachers or tutors to guarantee adequate sustainability to ongoing projects is still insufficient.
- Difficulties are observed in those experiences of HP that are based on "well-intentioned" initiatives of certain actors that do not manage to configure sufficiently sustainable proposals.
- It is necessary to investigate whether the specific training of undergraduate university professionals in health promotion is required or if HP needs to be improved or strengthened in the curricula of existing health programs.

#### Healthy environments approach

- Incorporate a broad and integrated vision of healthy environments, from a HP perspective, moving from the traditional risk approach (focused on the physical environment) to the consideration and construction of psychosocial environments that favor harmonious coexistence in daily life.

#### Health promotion networks

- Creating networks or associations in HP would not only contribute to the dissemination of knowledge, good practices and lessons learned, but also to the formulation of public policies that foster this important type of public health intervention.

#### Information and communication

- Work with communication media and advertising that affect behaviors that are negative for health.
- Strengthen the use of the media to promote health.

#### Evaluation and research

- Research processes in health promotion must be strengthened from different perspectives, based on the five operational areas.
- Expectation of complex results from HP (obtained in medium terms with sustained action and effective intersectoral management) in many cases require structural adjustments.
- Advance in the systematization and evaluation of health promotion experiences to generate evidence to support actions.
- Establish impact evaluation strategies.
- Strengthen the generation of evidence.
- Generate and disseminate evaluation instruments for health promotion programs.
- Increase publications on the topic.

related to the development of HP have been raised. Some issues of concern are related to the instability of national HP policies; the lack of allocation of fiscal resources for the HP field; the fragility of actions based on the intersectoral work culture; and the considerations of the lack of visibility and understanding of the scope of HP. Table IV<sup>23-27</sup> presents a list of critical issues, priorities, and challenges in HP from the perspective of a sample of global and regional organizations and initiatives.

Health promotion deserves greater recognition from government, institutional, private and community authorities. Governments must politically reposition HP as a proposal for social and human development. We must prominently acknowledge the work of community-based non-governmental organizations and civil society in general that have greatly contributed to the field of HP. Higher Education Institutions must continue exercising academic-professional leadership to promote training, research, and social-community links in the field of HP. Empowering the sustained efforts of the regional networks of HP and maintaining a focus on healthy settings approach are the cornerstones to foster participation along with political, social and community mobilization for health, equity, sustainable development.

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