

## APACPH Secretary General's Report: 2018

Prepared by: Secretary General, Professor Bruce Maycock, PhD

This report details activity that has occurred since the Korean AGM August 2017. Over the last 12 months the Secretary General has represented APACPH and participated in several international events. Key projects include the Global Challenges Research Fund, the Seas and Oceans and Public Health in Europe project, the regional Collaborating Centres for Health Promotion, and activity to build student capacity. Appendix A contains the paper Health Promotion in the Asia Pacific region: an Ongoing Challenge, Colin Binns, and Wah-Yun Low; appendix B summary of the Blue Communities project; Appendix C the translated Taipei statement and original.

### Global Challenges Research Fund (Blue Communities Project).

APACPH via the Secretary General sits on the Advisory Board of the Blue Communities project [www.blue-communities.org](http://www.blue-communities.org). Blue Communities is a 4 year research capacity-building programme for marine planning in East and South-East (E/SE) Asia, funded by UK Research and Innovation's £225 million [Global Challenges Research Fund \(GCRF\)](#). The programme has [12 interconnected research projects](#), which will be actively integrated to support marine planning, and 10 cross-cutting capacity building activities.



As the Blue Communities web site states “Millions of people across the globe rely on marine and coastal ecosystems for their livelihoods: food, employment and their general well-being. However, the marine environment is under immense pressure from the multiple, and often conflicting, needs of the people that use it. In E/SE Asia, where marine activities are important contributors to Gross Domestic Product (GDP), marine spatial planning involving coordinated decision-making has been highlighted as a key requirement for a sustainable future.

Through academic-stakeholder collaborations, community co-creation and co-delivery, *Blue Communities* will support the development, implementation and ongoing management of initiatives that promote the sustainable use of marine resources by multiple users, whilst protecting the fragile marine ecosystems and supporting the livelihoods, food security, health and well-being of the people in these coastal communities”.

### Vision

The vision of the *Blue Communities* Programme is to develop interdisciplinary research capability and lasting collaborations that:

- Facilitate innovative application of integrated planning in the marine environment within the [UNESCO Man and the Biosphere Programme](#), and other marine parks and their communities, in East and Southeast Asia.
- Respond to the [UN Sustainable Development Goals](#) of no poverty, zero hunger and good health and well-being for coastal communities through the sustainable use of marine resources.”

#### **APACPH involvement with the Blue Communities project.**

During 15-19 January 2018, I attended the Global Challenges Research Fund inaugural launch of the Blue Communities project in Kuala Lumpur Malaysia hosted by the University of Malaya. This meeting was the first time that all research partners and community partners had come together. I think this project offers a great opportunity for APACPH to be involved in the 'new' area of planetary health and is an excellent example of a complex multinational, multidisciplinary project (Appendix B provides a brief summary of the project).

During the meeting I made representation to Dato' Prof Dr Awg Bulgiba Awg Mahmud (then) Deputy Vice-Chancellor (Academic & International) / Provost to provide some additional support to the project and I met with the UM staff to discuss expanding the group of researchers involved. I have had recent correspondence that they are identifying a co-researcher from Department of Social and Preventive Medicine and recruiting a post doc candidate working on public health related aspect of community well-being. I also had discussions with the researchers from Indonesia and suggested they involve the School of public Health from the University of Indonesia.

#### **Seas and Oceans and Public Health in Europe (SOPHIE).**

As a consequence of engagement in The Blue Communities project I was invited to sit on the advisory board and expert panel of the Seas and Oceans at Public Health in Europe. This was a unique invitation as APACPH is the only non-European organisation sitting on either of these two groups. The SOPHIE project is a large multi partner project (2017-2020) funded for 2 million Euros with the aim to advance significantly the coordination of multidisciplinary research and training in Europe to better manage the risks and opportunities presented by the complex interactions between the marine environment and human health and wellbeing. SOPHIE brings together researchers and practitioners from across two largely disparate communities: (i) the marine and maritime community; and (ii) the medical and public health community. SOPHIE partners will work together to understand both the potential threats to human health from degraded marine environments and the opportunities for human health promotion from sustainable interactions with coastal or 'blue' environments. In doing so, SOPHIE will build in Europe a coordinated community of researchers and practitioners within the relatively new and integrated meta-discipline of 'Oceans and Human Health' (OHH).

#### **Taipei Asia-Pacific Health Promotion Capacity Building Forum.**

As Secretary General and Director of the CERIPH research centre I attended a regional meeting in Taipei for the Asia-Pacific Health Promotion Capacity Building Forum. Present were Dr Ying-Wei Wang (Director General Health Promotion Administration), the Deans of: Singapore National University; University of Indonesia; University of Malaya, University of Colombo; Deputy Dean Mahidol University Thailand, Head of Community Education University of Tokyo, the Director General of Health Taiwan, Deputy Director General education and Health Sri Lanka, and senior government staff from Malaysia, Deputy Minister for Health Taiwan and numerous government reps from Taiwan.



**Outcomes:**

- Secretary General presented one plenary presentation titled: Health Promotion Capacity Building: International Cooperation Experience in Australia - from Academic and Government standpoint.
- Was a signatory of the Taipei statement for Capacity building in health promotion.
- CERIPH has been invited to join a regional collaborating Centres for Health Promotion Research sponsored by Taiwan Department of Health and Taipei Medical University.

**Student Capacity Building Activity University of Indonesia**

On the 17-21<sup>st</sup> of September I attended and presented at the 3rd International Meeting of Public Health for postgraduate students and The 1st Young Scholar Symposium on Public Health for undergraduate students coordinated by the University of Indonesia. This capacity building activity for young scholars was a well-attended event with regional delegates from APACPH members from UNSW, Mahidol, Chinese Hong Kong University, Universities from Japan) and international delegates from, WHO, South Africa, the Director General of Health, and Government officials, the Rector of UI and senior staff attended and government officials from Taiwan.

Additional to my plenary presentation (**Challenges and Future Directions for Public Health Education**) I had several discussions with UI staff regarding potential research, met with potential students and reviewed current student's work and met with their supervisors. I attended a meeting with regional representatives, the Director of health research at UI and her staff and representatives from two other Indonesian Universities.

The government of Indonesia has passed regulation requiring academics to publish two papers per year (in Scopus indexed journals), so this is a capacity building area APACPH could assist in.

**Meeting attendance and correspondence:**

- APACPH Executive meeting, Tokyo, 30<sup>th</sup> – 31<sup>st</sup> March 2018

- SOPHIE Advisory Boards and Expert panel meeting, Dublin, 20-26 April
- APACPH Executive meeting, 21<sup>st</sup> May 2018
- Blue Communities Advisory Board meeting, Malaysia, 19th June
- APACPH Executive meeting, 19th July.

Correspondence to:

- University of Malaysia: Letter of recommendation Camelina Chan.
- University of Queensland: Letters to DVC International, PVC Health Science, Head of School Public Health with details of the changes to APACPH and opportunities for member Universities.

**Future Activities:**

**Membership recruitment:**

There is a reduction in the number of Australian Universities with membership in APACPH. Changes in local leadership and structural and organisational changes in Australian Universities has meant there is less support for institutions to join external organisations unless there are outcomes that align with University priorities (joint research, publications, student recruitment). There is a need to inform Australian Universities of the recent changes in APACPH and the benefits of membership and opportunities for members. Letters will be sent to Heads of School, and PVC's and Deans of DVC International.

**Meeting attendance, plenary of keynote presentations and capacity building workshops:**

- Asia Health Literacy Conference. Taiwan. October 2018. Creating a health literate society to prevent disease and illness– lessons from Australia.
- Global Health Forum, Taiwan, October 2018, Health Promotion Strategies for Non-communicable Diseases - Experience from Australia, for your talk in the Global Health Forum.
- Asia Pacific Health Promotion Capacity Building Workshop on October 30th to November 3rd, 2018 Taipei
- The GCRF Blue Communities First Annual Progress Meeting on November 21 - 23, 2018 Palawan, Philippines
- The SOPHIE Advisory Board meeting Monday 28 January - Friday 1 February 2019. Ostend, Belgium.

## Appendix A

### Health Promotion in the Asia Pacific region: an Ongoing Challenge

Colin Binns, MBBS, PhD<sup>1</sup>, and Wah-Yun Low, PhD<sup>2</sup>

<sup>1</sup>School of Public Health, Curtin University, Perth, WA, Australia

<sup>2</sup>Research Management Centre, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia **Corresponding Author:** Colin Binns, School of Public Health, Faculty of Health Sciences, Curtin University, Perth, Western Australia 6102, Australia. Email: [c.binns@curtin.edu.au](mailto:c.binns@curtin.edu.au)

Health promotion has always been central to the mission of Asia Pacific Academic Consortium for Public Health (APACPH) and featured in the first issue of this journal<sup>1</sup>. Since that time, several of our conferences have been devoted to health promotion and related themes. Prof Walter Patrick from the International Center for Health Promotion and Disease Prevention at the University of Hawaii, gave some simple and yet profound advice on what the aim of health promotion which empowers communities should be “when the experts leave, the programs continue”<sup>2</sup>. At the 32<sup>th</sup> Board meeting held at the Chinese University of Hong Kong, in 2000, APACPH members noted the emerging chronic diseases epidemic and stated: “the cost of treatment for these diseases will be massive, but APACPH believes that concerted action by government and multinational organisations, may make it possible to prevent much of this disease. Appropriate health promotion and public health programs are needed now.”<sup>3</sup>

The origins of health promotion go back to ancient times and several times in the journal we have discussed the tension between Aesculapius and Hygeia, the ancient Greek gods of prevention and healing<sup>4</sup>. The transition of health promotion from the realm of the supernatural to a human dimension and early science occurred with Hippocrates and the other ancient physicians<sup>5</sup>.

Health promotion came of age in the modern era in the second half of the 20<sup>th</sup> century as the conquest of infections and to a certain extent, the reduction in the diseases of poverty, led to a need to address the emerging chronic disease epidemic. In 1974, the Canadian Government published “A New Perspective on the Health of Canadians” written by the then Health Minister, Marc LaLonde<sup>6,7</sup>. This was a turning point for western governments as it “was the first significant government report to suggest that health care services were not the most important determinant of health. After reviewing the evidence, the report suggested that there were four “health fields”—lifestyle, environment, health care organization, human biology—and that major improvements in health would result primarily from improvements in lifestyle, environment and our knowledge of human biology”<sup>7</sup>. Academic departments of health promotion were established to be soon followed by health promotion services in Ministries of Health, many based on older health education services.

As health promotion became an established academic discipline and service departments were established in most countries, following the example of the Alma Ata conference, a series of major conferences were held to provide guidelines and delineate boundaries<sup>8,9</sup>. The first and most notable conference to produce a major statement was held in Ottawa in 1986 which resulted in the landmark Ottawa Charter for Health Promotion. Further conferences resulting in important declarations followed in Adelaide (1988), Sundsvall (1988), Jakarta (1997) and Bangkok in 2005. Each declaration had its own particular emphasis on communications, the total human environment, public policy and globalisation. The Ottawa declaration was a milestone in public health and to mark its 30<sup>th</sup> anniversary,

further conferences were held in Shanghai and Vienna in 2016 with each one publishing a declaration on health promotion<sup>10</sup>. Ottawa is probably remembered most for its emphasis on a holistic integrated approach to health promotion that involved multiple strategies and many sectors of society. An excellent example of this approach has been the campaign against smoking which involved education, economic incentives (taxation), market place intervention (restricting advertising), environment modification (point of sale restrictions) and treatment.

Integrated programs work, for example the Quit Smoking Program in Australia. Where only partial action is taken, it is less successful. At the APACPH Conference in Bandung Indonesia in 2016, many speakers discussed smoking in our region where Indonesia has the highest rates. While we discussed integrated programs to encourage people to quit, a major Indonesian tobacco company was using large outdoor signs emblazoned with the words “Don’t Quit” superimposed on the picture of a prominent athlete. A health promotion budget of less than one percent of the advertising budget of big tobacco companies, if it is not integrated with other measures (increased taxation and bans on promotion, advertising and labelling) has little hope of success.

After tobacco, dietary changes contributing to increases in chronic disease are an important health promotion priority. Education campaigns have had limited success. However, no member country of APACPH has been able to implement sugar taxes and fat taxes as a component of an overall program. Infant formula is still promoted in violation of WHO Codes. Tobacco advertising still occurs in many countries.

We have had several conferences on Health Promotion in Asia and they have been important in developing principles for program development and in communicating successful strategies. In September 2017, the Asia Pacific Health Promotion Capacity Building Forum was held in Taipei, Taiwan with participation from APACPH members, and the Taipei Statement on Capacity Building on Health Promotion was issued at the end of the Forum. A translation of the Taipei statement is attached to this editorial <sup>11</sup>. This conference re-affirmed the importance of integration across sectors to achieve better health for all.

Health promotion is being challenged in a number of ways. There is a tendency for the medical professions to modify health promotion to fit their own treatment model and to claim that the “distribution of pills” is really health promotion<sup>12</sup>. APACPH members need to renew efforts to provide education in health promotion principles, planning and program implementation for all of our students and should continue to provide graduates with specialised health promotion skills. This should include encouraging all students to adopt a healthy lifestyle and to assume an exemplar role<sup>13</sup>.

#### **References:**

1. Armstrong BK. Individual and corporate responsibility in health promotion: a personal view. *Asia-Pacific journal of public health / Asia-Pacific Academic Consortium for Public Health*. 1987;1(1):86-90.
2. Raymond JS, Patrick W. Empowerment for Primary Health Care and Child Survival: escalating community participation, community competence, and self-reliance in the Pacific. *Asia-Pacific journal of public health / Asia-Pacific Academic Consortium for Public Health*. 1988;2(2):90-95.
3. Asia Pacific Academic Consortium for Public H. A statement on the importance of Public Health by the Asia Pacific Academic Consortium of Schools of Public Health meeting in Hong Kong, March 21, 2000. *Minutes of the 32nd Board Meeting*. 2000.

4. Binns C, Low WY. Can Hospitals Contribute to the Public's Health? *Asia-Pacific journal of public health / Asia-Pacific Academic Consortium for Public Health*. 2017;26(8):1-3.
5. Tountas Y. The historical origins of the basic concepts of health promotion and education: the role of ancient Greek philosophy and medicine. *Health Promot Int*. 2009;24(2):185-192.
6. Buck C. BEYOND LALONDE-CREATING HEALTH. *Canadian Journal of Public Health-Revue Canadienne De Sante Publique*. 1985;76:19-24.
7. Hancock T. Lalonde and beyond: Looking back at "A New Perspective on the Health of Canadians". *Health Promotion International*. 1986;1(1):93-100.
8. World Health Organization. *Milestones in Health Promotion: Statements from Global Conferences WHO/NMH/CHP/09.01*. Geneva: WHO; 2009.
9. Levin LS. Health for today's youth, hope for tomorrow's world. *World Health Forum*. 1989;10(2):151-157; discussion 157-168.
10. Tilford S. From the Ottawa Charter 1986 to the Vienna Declaration 2016. *International Journal of Health Promotion and Education*. 2017;55(3):173-174.
11. Taipei Statement on Capacity Building for Health Promotion Asia Pacific Health Promotion Capacity Building Forum, Sept 7-9th, 2017 2017
12. Binns C, Howat P, Jancey J, Smith J. The medicalisation of prevention: health promotion is more than a pill a day. *Health promotion journal of Australia : official journal of Australian Association of Health Promotion Professionals*. 2016;27(2):91-93.
13. Gewurtz RE, Moll SE, Letts LJ, Lariviere N, Levasseur M, Krupa TM. What you do every day matters: A new direction for health promotion. *Canadian Journal of Public Health-Revue Canadienne De Sante Publique*. 2016;107(2):E205-E208.

## **Appendix B.**

### **Blue Communities Project**

GCRF Building capacity for planning for sustainable interactions with marine ecosystems for health, wellbeing, food and livelihoods of coastal communities.

Led by Professor Melanie C Austen at Plymouth Marine Laboratory, and Professor Lora Fleming at the European Centre for Environment and Human Health at Exeter University

UK Partners: Plymouth Marine Laboratory; Exeter University; Plymouth University; North Devon Biosphere Reserve Foundation

SE Asia Co Investigators: Hanoi University, Vietnam; Western Philippines University and Palawan State University, Philippines; University of Malaya, Malaysia

Partner: UNESCO Man and Biosphere Programme National Committee in China (to be confirmed)

Supporting agency: Asia-Pacific Academic Consortium of Public Health.

Vision: To develop interdisciplinary research capacity that informs and facilitates novel and innovative application of planning in the marine environment to improve economic growth, food security, and health and wellbeing for coastal communities through the sustainable use of marine resources

#### **Objectives**

1. To bring together an interdisciplinary, international team of researchers, businesses and communities to provide a research base to support spatial planning in the marine environment (marine planning) through a novel integration of ecosystem services, ecosystem valuation (monetary and non-monetary), ecological public health and governance approaches.
2. To co-develop research capability of the team by addressing actual marine resource management, economic, health and wellbeing and conservation challenges using case studies of the UNESCO Biosphere Reserves (BRs) and marine protected areas in South East and East Asia.
3. To co-develop through research appropriate stakeholder engagement, knowledge and tools towards optimising regional and local food security, economic growth, social outcomes, and health and well-being outcomes for coastal communities, whilst being environmentally sustainable.
4. To use research to identify 'what works' in fostering wellbeing, protecting human and ecosystem health, and achieving sustainable development.
5. To use the lessons learned to further co-develop and apply methods and tools to support decision making and marine planning at local, national and regional scales.

Marine and coastal ecosystems support local economies, and health and well-being of coastal communities through the provision and exploitation of marine ecosystem services (e.g. farmed and wild capture protein-rich seafood for local consumption and sale, coastal flood and storm defences, tourism, leisure, marine renewable energy, and climate regulation,). As demographics drive rapid urban and coastal population growth, the ability of coastal and marine ecosystems globally to continue sustaining food security, and human health and wellbeing is in doubt, while at the same time there is a drive to achieve economic growth. Multiple and interacting pressures are being exerted on the marine environment and its ecosystems, which further interact with the simultaneous impacts of environmental changes brought about by climate change, such as increasing sea temperatures, extreme weather events, ocean acidification and reduced oxygen levels. The pressures act directly and indirectly, causing many



possible changes in marine life, altering ecosystem functioning and processes, which can in turn affect the provision of the ecosystem services on which coastal communities depend. Coastal areas are therefore a crucible of environmental and social risks, exacerbated by the growing challenges of climate and other environmental change. Spatial planning of the uses of coastal and marine space and resources (known as marine planning) is increasingly being seen as a way to better manage areas where the demands are rapidly increasing, in the same way that planning is routinely used terrestrially. Planning involves first understanding the policies and requirements (economic, social, health, wellbeing) associated with different uses of marine resources and services; the interactions and conflicts of different uses and users; the potential and realised benefits of different marine ecosystem services; the carrying capacity of the ecosystem and the degradation and harm that different uses can create and Thus far, in most DAC countries, marine planning is an aspiration that has not been implemented, largely due to lack of know-how.

By focussing around existing governance structures at the coast of Biosphere Reserves (Vietnam, Philippines, China) and marine protected areas (Malaysia) the project already taps into existing networks, with some associated research expertise and local infrastructure (as well as identifiable sustainable development challenges) where a need and application for an increase in research capacity can readily be identified. These can also be used as learning systems within wider networks to which the acquired knowledge and approaches can be further spread both regionally within South-East and East Asia research but also internationally through the larger UNESCO Man and Biosphere Programme. The UK team has extensive and deep experience in applying integrated, interdisciplinary research in marine systems, including in DAC countries, spanning governance, stakeholder engagement, public health and wellbeing, natural and social science including spatial modelling. A programme of interactions between the UK and overseas partners will be developed to ensure transfer of research skills and co-development of research and hence an increase in research capacity for all partners. This will start with face to face meetings, will include formal training in both the UK, overseas, and via virtual media, exchange visits and secondments for intense training and collaboration, and mentoring, accompanied by regular project meetings both virtually and physically in the region.

The interdisciplinary research will focus on studies, data gathering, analyses and policy recommendations for a mix of Sustainable Development Goals (SDGs) for each of the Biosphere Reserves (BRs) and Marine Protected Areas (MPAs) in the proposal. We will use the BRs as learning laboratories. The research methodology will be designed to allow comparisons of results deriving from the different sites. Our proposal already links to SDG 14 (Life below water), SDG3 (good health and wellbeing), SDG 17 (partnerships for SDGs), SDG 15 (life on Land) and SDG 13 (climate action). We anticipate that at some sites research will specifically link to SDG 6 (clean water and sanitation), SDG7 (alternative energy), SDG 11 (sustainable cities and communities), SDGs 1 (no poverty), 2 (zero hunger).

## APPENDIX C

### Taipei Statement on Capacity Building for Health Promotion (translation)

Asia Pacific Health Promotion Capacity Building Forum, Sept 7-9th, 2017

We, the participants, on 8 September, 2017 gathered in Taipei, Taiwan for the Asia-Pacific Health Promotion Capacity Building Forum collectively recognize that sustaining a healthy society requires strong leadership and commitment of resources from governments, communities, NGOs and educational institutions. It is important to build and sustain strong human capacity with core competencies in health promotion and related disciplines. With this level of national commitment we can effectively implement and institutionalize health promotion with intersectoral collaboration to provide “health for all”. To make healthy choices, an enabling environment is essential for growth and development, ensuring that no one is left behind. We believe initiatives founded upon population-based health promotion play a pivotal role in the success of achieving the Sustainable Development Goals. We believe that countries, cities, communities, and corporations with higher levels of health promotion capacity will achieve higher levels of human health and social development. Therefore, the institutions represented here will establish a mutual learning platform and continue education programs to address capacity building issues in health promotion.

We commit to identifying areas to build human capacity in the core competencies of health promotion and global public health, as well as developing and sharing curriculum for training. The core competencies include the following:

- **Leadership and governance** ability to lead the establishment and maintain sustainability of health promotion programs in community and institutional settings
- **Health promotion program planning, implementation and evaluation**
- Understanding the **interconnectedness and interrelationship of health** issues that require strategic inter-sectoral cooperation with the aim of promoting optimal health and appropriate levels of fitness for all
- Embracing **cultural sensitivity** in health promotion program planning and implementation
- **Advocacy, communication and social marketing** skills to advocate for systemic change in social norms and infrastructure needed to build supporting environments for overall health
- Demonstrating **organizational engagement** in planning health promotion programs and their implementation.

Countries, cities, communities and corporations differ widely in their capacity for health promotion. We acknowledge the importance for the health sector to build partnerships based on common objectives and joint ownership with other sectors to promote public policies that enable healthy behavior. We advocate strategic and operational discussions on health promotion issues at the national, city, community and corporate levels.

With this Taipei Statement, we, the Forum participants, pledge to institutionalize health promotion policies and practices in all sectors through sustainable action and to continue investment in developing the workforce and building human capacity with core health promotion competencies.

**Taipei Statement on Capacity Building for Health Promotion**  
Asia Pacific Health Promotion Capacity Building Forum, Sept 7-9th, 2017

**《臺北宣言》：健康促進人力建構**

**亞太健康促進人力建構論壇 · 2017/9/7~9/9**

我們，2017年9月8日於台灣台北舉行之亞太健康促進人力建構論壇的與會者，一致認同：維持健康的社會，必須建構具備核心能力的強大力量能。藉此，我們可將健康促進有效的推展、內化至各部門。我們相信，以群體健康促進為基礎的倡議，對達成聯合國「永續發展目標」(SDGs)扮演關鍵角色。我們了解，健康促進量能較高的國家、城市、社區和企業，會達到更好的人力和社會發展。因此，我們建置一個共同學習平台，以因應健康促進量能建構的議題。

我們將致力確認，基於健康促進和全球公共衛生之需，有必要建構具備核心能力之力量能的領域，開發並分享相關培訓課程。核心能力包括但不限於下列範圍：

- 主導落實健康促進於不同部門所需之領導和治理能力
- 對達成全員最佳健康及體適能，需要各層級策略性跨域合作之健康議題，其連結性與相關性之理解力
- 具備規劃及執行健康促進計畫所需之文化敏感性
- 健康促進計畫之策劃、執行與評價必要之知能
- 系統化地改變社會常模與基礎結構，以建構整體健康支持環境必要之倡議、溝通與社會行銷技能
- 打造組織內部知能與策略規劃能力之各種專業技術，以促成組織投入健康促進計畫之規劃與執行。

由於不同國家、城市、社區和企業間，推動健康促進工作之量能，具有很大的差異，我們了解，衛生部門基於與其他部門之共同目標與權責，彼此建立夥伴關係，以推動可增進健康行為之公共政策的重要性；我們也主張，在企業，社區，城市和國家層面，都必須針對健康促進議題，進行策略面與運作面的討論。

基於此一臺北宣言，本論壇的與會者承諾，將以持續行動，投資於開發、建構具備核心能力之人力團隊與量能，使制度化的健康政策，得以落實於所有部門。基於全人類健康及人類社會成長、發展的目標，必須建構健康支持環境，使人人選擇邁向健康。