



The Closing Keynote Speech
**“Healthy Public Policy Revisited:
People Powered Health and Wellbeing”**

by

Prof. Ilona Kickbusch

At the 10th National Health Assembly of Thailand
Friday, 22nd December 2017

Sawadee kha

Excellency, ladies and gentlemen, dear friends and dear colleagues, I am delighted to be here at the National Health Assembly. So far I have visited the World Health Assembly. And I must say this is exciting. This is lively. This is a very special event and I will take back messages from here to Geneva, so even more colleagues know your excellent work.

I have been asked to speak about health in the public policies especially people power and wellbeing in the context of the Sustainable Development Goals.

One thing is very clear at this point in time and it has also emerged from many points you have raised in your discussion here during the last few days that we are facing the significant challenges in public health that we need to find new solutions. And those solutions need to come from the community and need to come from people. And it needs to be developed in the democratic process.

This is why it is so important for the new Director General of World Health Organization has also said. He said “Health is a political choice”.

No more business as usual

- The challenges facing public health, and the broader world context in which we struggle, have become too numerous and too complex for a business as usual approach.
- Margaret Chan, former DG WHO
- Health is a political choice
- Dr. Tedros, DG WHO



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But when he said health is a political choice, it is not only the choice of the government. Politics is happened everywhere in the society. Each and every one of us contributes and much contributes. And many of you express that how you do and how you want to be a part of decision making at all levels of governance and at all levels of the society.

So, I would like you to take this **an understanding of health is a political choice of being able to participate democratically in your health** as very important to continue along the line as you have been already moving.

That is even more important as we said in the Ottawa Charter that health is created where people live. It is created in the context of every day's life. In the Charter, we said very proactively where we live love work and play. Having read some of your materials, I wish more Thai people had been to the Ottawa Charter meeting. Then, we would have had even some expressions and words in that Charter that you have developed here and that is so important to you.

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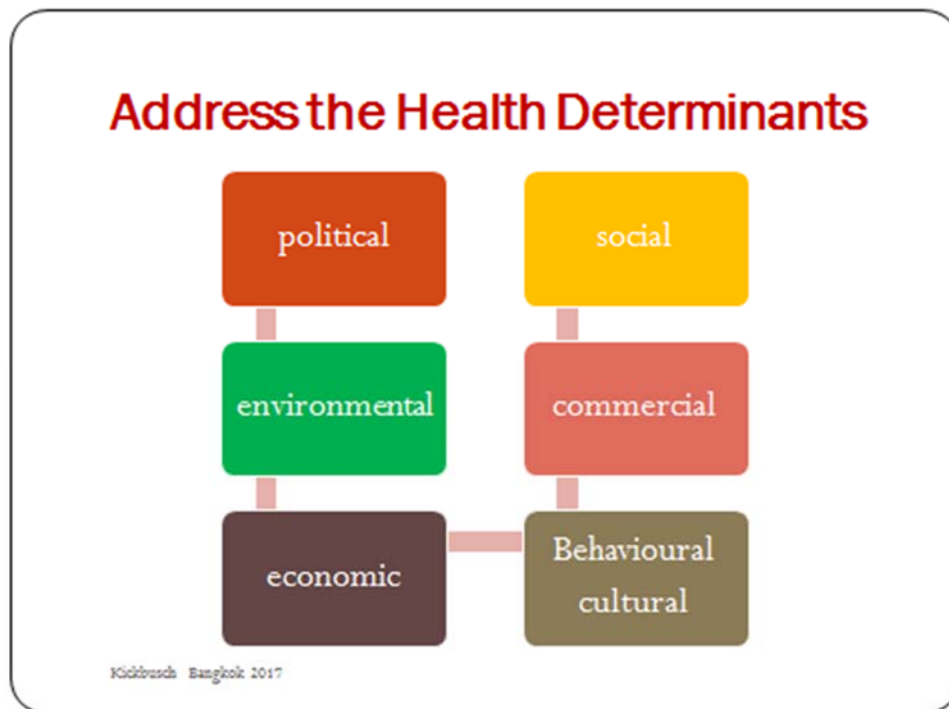
Start where health is created

- Health is created in the context of everyday life, where people live love work and play – travel, shop and google... *in a global world*
- *Remember Ottawa Charter 1986*



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Since the Ottawa, we have seen the globalized world that other issues become part of our every day's life. And it is important how we travel, how we shop, how we use the internet, how we communicate with each other. This is a new element of the context of health promotion. And they were mentioned by some of the speakers here what is the element that the facebook, for example, brings to our life, where it is positive, where it is negative. What is a mental health issue related to our new way of life. That is why over the last years we have said we really need to look at the various determinants of health.



And you of course have been familiar with the discussion of World Health Organization over the last ten years on social determinants of health. But we have found particularly in the last few years that we need to increase our work on the other determinants of health.

And I would like to express the wish as you move forward with your discussion at the wonderful National Health Assembly. You have already pay consideration to these determinants particularly if you do so in the context of Sustainable Development Goals. Some of your resolutions have already referred to some determinants particularly the environmental determinants. You have spoken equity and social determinants which are linked to the economic determinants. Many issues are related to the behavioral determinants.

There are two determinants that the international world is looking like now. One is **the commercial determinants that is how global business and co-operations' impact on our health in our every day's life**. That is partly reflected in the resolutions which you adopted in relation to food. You will know that a number of countries, activities started in relation to taxation of sugary we drink for example.

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This kind of commercial determinants needs to be addressed. Even more so, I have heard from your deliberation what we call **the political determinants of health**. What are the political processes we have in place to democratically decide on priority for our health, to democratically decide on our culture of health and how we want to live happily in our world?

Therefore there is something become increasingly important and I personally believe much more part of the World Health Assembly that health is people's business. And if health is people's business, health is not only the lifestyle or how people behave, but it is how people can participate in decisions. And from the slide, there is many ways to participate, for example, your National Health Assembly.



It is done through advocacy that people draw attention to the issues like water, human rights. It is about organizing and creating an advocacy mechanism and it is about influencing the legislation. And for me one of the very exciting forms of this was one of the United

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States cities are really fighting for the soda tax against the interest of the big co-operations.

When we participate democratically in health, we will stride for the consensus. But we see that consensus is not always possible because of the conflict of interest. For that, we need adequate political processes and a very courageous politician who is willing to take some of this issue forward.

Therefore if we say, what is the world that we want to live in? There are a number of suggestions. We need to obviously measure of our progress in terms not only of health, not in terms of the economy, but much more broadly in terms of wellbeing. And this is the terms that frequently used here at this Assembly.

And I personally find one of the exciting of the proposals that we put forward recently is the idea of wellbeing economy that we start to define the economy that are empowering people, that allows people to take control and not seeing them as consumers. The economy, that is integrated and brings people together in terms of production and consumption. I will come back to that. And one has a different type of an adaptable economy that is more sustainable.

Build a Wellbeing Economy

- An economy designed to promote wellbeing needs to be adaptable, integrative, and empowering.
- **Adaptable**, because the new economy must operate like a network, abandoning the conventional vertical structure to expand horizontally, and to build resilience against external shocks through a system of nodes;
- **integrative**, because it locates systems of production and consumption within the broader biosphere; and
- **empowering**, because its users will take control, rather than performing the passive role of mere 'consumers.'

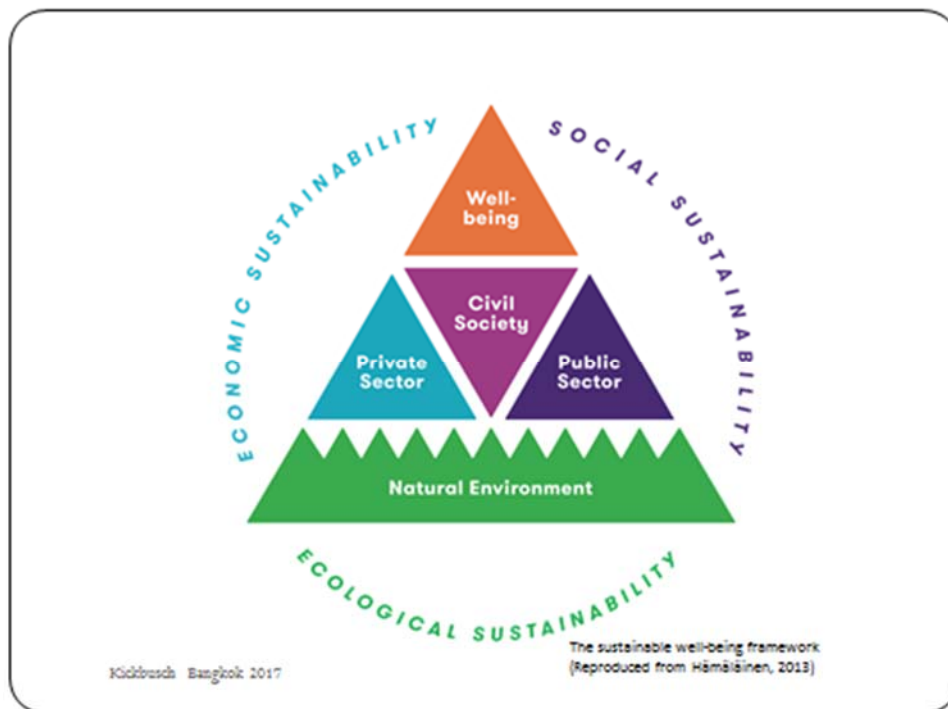
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You have been frequently talking about the triangle that moves the mountain. Here is also the triangle of the wellbeing economy that links to the Sustainable Development Goals. And you will see here right in the centre is the civil society.

It is a clear recognition that not only the public sector but also the private sector to act responsibly for wellbeing. You will see that the goal is wellbeing, not only health but health and wellbeing, as it is said in the Constitution of World Health Organization.

You will see only one of the additional factor, that is very critical is natural environment that you have also reflected in some of the exhibition outside and in some of resolutions that you put forward.



In this day of age, only think of wellbeing if we include responsibility of natural environment. We cannot think of environment and wellbeing separately anymore. I think this is really big challenge for health activists and for everybody who wants to move the health agenda forward. And you will see the triangle that I am suggesting here is linked to social economic and ecological sustainability, things that are also closed to your heart.

Now that I have already indicated I believed many issues that you have discussed here and that are pressingly challenges at the global stage, built on and much make use of the new transformative United Nations agenda, the Sustainable Development Goals that were adopted a few years ago.

Civil society and people all over the world have the opportunity to influence these 17 goals. For me, it would be fascinating if the next Assembly started to relate the issues that you are discussion to this transformative United Nations agenda because many issues of these agenda are interlinked and come together.

Implement the transformative UN agenda

- In 2015, countries adopted the **2030 Agenda for Sustainable Development** and its 17 Sustainable Development Goals.
- **Governments, businesses and civil society** together with the United Nations have started to mobilize efforts to achieve the Sustainable Development Agenda by 2030. **Universal, inclusive and indivisible**, the Agenda calls for action by all countries to improve the lives of people everywhere.



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This is the model that World Health Organization developed putting Goal number 3 that health is the centre and show how it relates to all other goals in the sense of Health in All Policies. In order to read this, you can go to WHO website and explore it further.

I am really intrigued that my host took me yesterday to the royal crematorium of the late King, and I went to the exhibition which it shows his life and right in the last part of the exhibition, there is the session about the Sustainable Development Goals. I am intrigued in the notion that the Sustainable Development Goals are putting forward to link with a mindset which has been put forward by His Majesty on sufficiency economy philosophy.

We can see the range of these issues that are developed here in Thailand and you really put it forward during the G77 Presidency reflected in the Sustainable Development Goals and its approach, particularly Goal 12.

Sustainable development goals - HiAP



I often say to people, if you want to look at the determinants of health, if you want me to say what the important goal for health is, obviously the equality goal that is critical.

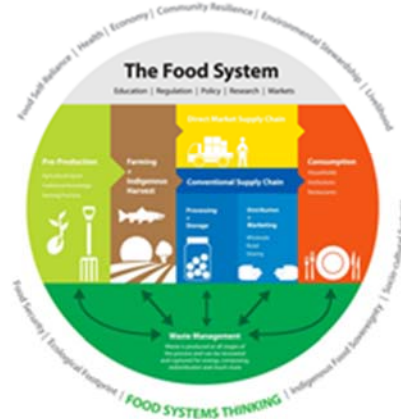
But in terms of our way of life and in terms of what influences health, I believe **the SDG 12 sustainable production and consumption is absolutely critical goal**. I will urge you to look more carefully at this goal because it is related to a number of the issues that put forward to the idea of sufficiency economy.

The SDG 12 deals with the food issue, waste issue, etc, how we produce and how we leave. You will see the subject here is linked to your concern particularly in the area of agricultural area in Thailand and at the village level.

SDG 12: Sustainable production and consumption



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At the same time, if we look at the commercial determinants of health and look at the policy science, we will see two things. On the one hand, the fiscal policy is becoming more and more important. You have spearheaded this approach using the fiscal policy for health here in Thailand. And we hope very much that your example is motivated more middle income and developing countries to go down this road.

We can see now why some countries have moved forward to tobacco and alcohol taxation. They are now increasingly taxing sugar and sugary sweet beverages. We are having the strong movement right now, even supported by the World Bank to move forward on the fiscal policy and create the fiscal space to invest in health promotion and health services. So, we are seeing the strong global movement.



I believe again that Thailand can contribute to the world especially the model of Thai Health Promotion Foundation to really influence this approach. The only thing that globally is a bit hesitant to call the sin tax. We do see the necessity to attack those products that are not conducive to health.

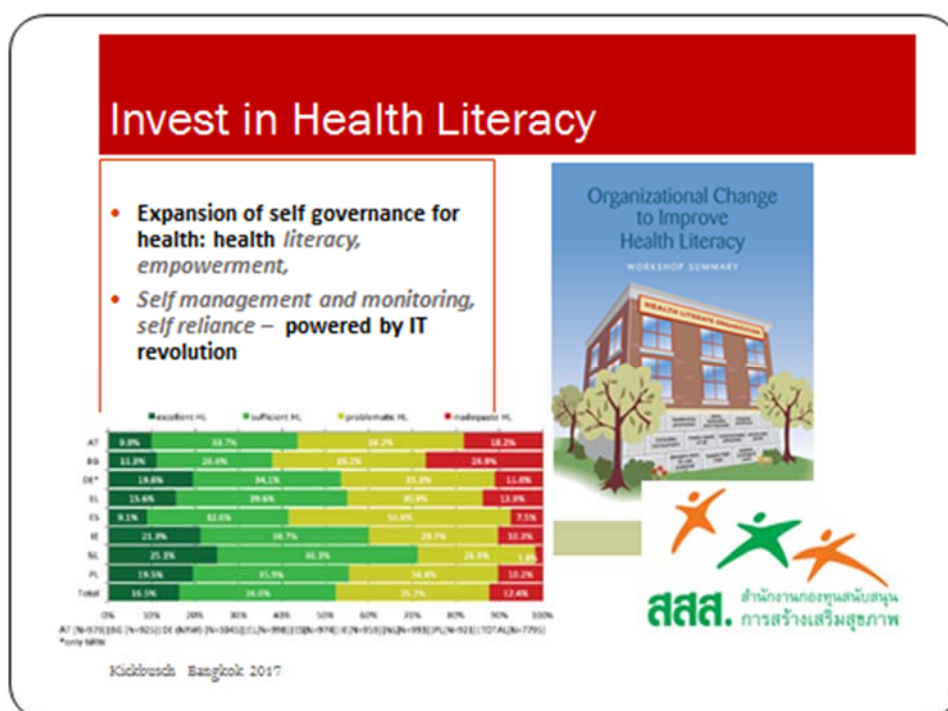
There is other strong movement that is starting and I want to draw your attention to that **“Health is not only the political choice but health is an investment choice”**. And if we want the private sector to contribute more the health and global health, then we have to question the investment that is made. There is one movement in the environmental area to not to invest in the fossil fuel that is gaining ground for the importance for environment and health.

We are increasingly seeing now the divestment from tobacco investment and also a push to divest in other health damaging products. It is the fact that the global capital is involved its influencing a lot our lives. The divestment strategy is also sovereign wealth fund and pension fund can become very important. Looking at this kind of

investment it is critical and it is related to each and every single of investor.

Finally, it is critical to invest in health literacy. If we want a very strong participation of people in health, if we want a democracy for health, then we need to empower people with knowledge that is one key area in your triangle that moves the mountain.

Therefore, the push for health literacy is the measurement of health literacy as an outcome measure of success can be very important. We spoke another day that the number of European countries measures the health literacy in a comparative way. You can see some of the figure here. A few countries in the most developed countries in the world, how bad their health literacy still is, only one third of the population are health literate.



So maybe there is something from here that you can take also in terms of measurement of the health literacy of the Thai population and reflect that and maybe compare the health literacy of people who participate in the National Health Assembly with people who don't

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participate in the Assembly. And you may have a measurement of success. I am sure that people here are much more health literate than people are not involved in the democratic process.

To end, I want to draw your attention to the need to work together. You have indicated in many ways and we are using the terms now to push us forward to do that.

First of all, to really see health as a co-production and not to govern health in the way we used to in the medical paradigm. We can't be too sectoral, hierarchical and curative refocus as we have been so far. And we can take a lot from the work we have done in Health in All Policies. And this has been just one of the documents we have produced recently to show Health in All Policies in relation to the Sustainable Development Goals. And you can see that Thailand's National Health Assembly is one of the examples in this book.



Health co-benefits, you also mentioned it. One of examples is an active urban transport policy that is co beneficial for different policy arena, environmental policy and health policy in this case. And co-benefit

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into the larger agenda which we are now called planetary health. And the traffic policy that we experienced in Bangkok yesterday is absolutely critical and need to move it forward.

Health **CO** benefits

- ◉ **Active Urban transport:**
- ◉ Active travel, such as cycling and walking, and lower-emission motor vehicles could lead to substantial reductions in greenhouse gas emissions and the burden of chronic diseases.
- ◉ In London, the strategies could reduce the disease burden from heart disease and stroke by 10-20%, breast cancer by 12-13%, dementia by 8% and depression by 5%.



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Co benefits: Planetary health

- The health of people can no longer be seen separate from the health of the planet and wealth measured along with parameters of growth will no longer ensure health.



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We are talking about the new type of the connected health ecosystem. Not about the institution but the much more flexible way

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of the network that is working together and that is powered by people through shifting the balance of power.



Health is really our wealth but not only in the economic terms, but in terms of wellbeing. We must see health in its many dimensions. It is a precondition. It is an outcome. And it is an indicator of the sustainable society.

It should be a universal value and a share of social goal like the Sustainable Development Goals say we cannot leave no one behind. As I have said it must be a political objective for all of us. So, health becomes truly democratic and truly people powered. And I would like to thank you very much for your contribution to that. Thank you very much.

Health



*"Health is a precondition, outcome, and indicator of a sustainable society, and should be adopted as a universal value and **shared social goal and political objective** for all"*

Oslo Lancet Report 2014

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