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International Conferences on Health Promotion: Evolution, Conceptual Inflections, and Contemporary Challenges for the Global Agenda

Conferências Internacionais sobre Promoção da Saúde: Evolução, Inflexões Conceituais e Desafios Contemporâneos para a Agenda Global

Conferencias Internacionales sobre Promoción de la Salud: Evolución, Inflexiones Conceptuales y Desafíos Contemporáneos para la Agenda Global

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ABSTRACT

Objective: To analyze the evolution of the themes and contributions of the International Conferences on Health Promotion from 1986 to 2021, identifying their major advances, conceptual shifts, and contemporary challenges for the consolidation of Health Promotion worldwide. **Method:** A qualitative narrative review based on the documentary analysis of official declarations, charters, and reports issued by the International Conferences on Health Promotion, complemented by scientific literature indexed in SciELO, LILACS, PubMed, and Google Scholar. Documents published between 1986 and 2023 in Portuguese, English, and Spanish were included. Data were analyzed through thematic categorization, guided by the identification of analytical axes over time. **Results:** Declarations from ten International Conferences and five regional and thematic conferences on Health Promotion were analyzed. The findings revealed a trajectory of progressive expansion in the scope of Health Promotion, marked by a shift from lifestyle-centered approaches toward structural perspectives incorporating social determinants, equity, sustainability, and global governance. Major advances included the institutionalization of the concept, the consolidation of intersectoral action, and the incorporation of the Health in All Policies approach. Nevertheless, significant challenges remain, particularly regarding implementation, structural inequalities, and the influence of economic and commercial determinants of health. **Conclusion:** The conferences represent key normative and political milestones that have contributed substantially to the consolidation of a global Health Promotion agenda. Despite important conceptual and policy advances, their effectiveness depends on the capacity to translate global recommendations into locally grounded practices, requiring stronger institutional frameworks, intersectoral governance, and a sustained commitment to equity.

Descriptors: Health Promotion; Health Conferences; Public Policies; Health Equity; Social Determinants of Health; Global Health.

RESUMO

Objetivo: *Analisar a evolução dos temas e das contribuições das Conferências Internacionais sobre Promoção da Saúde, no período de 1986 a 2021, identificando seus principais avanços, inflexões conceituais e desafios contemporâneos para a consolidação da Promoção da Saúde em âmbito global.* **Método:** *Revisão narrativa de abordagem qualitativa, baseada na análise documental de declarações, cartas e relatórios oficiais das Conferências Internacionais sobre Promoção da Saúde, complementada por literatura científica indexada nas bases SciELO, LILACS, PubMed e Google Scholar. Incluíram-se documentos publicados entre 1986 e 2023, em português, inglês e espanhol. A análise conduziu-se por categorização temática, orientada pela identificação de eixos analíticos ao longo do tempo.* ***Resultados:*** *Analisaram-se as declarações de dez Conferências Internacionais e de cinco conferências regionais e específicas sobre Promoção da Saúde. Observou-se uma trajetória de ampliação progressiva do escopo da Promoção da Saúde, com deslocamento de abordagens centradas em estilos de vida para perspectivas estruturais, incorporando determinantes sociais, equidade, sustentabilidade e governança global. Destacaram-se avanços na institucionalização do conceito, na consolidação da intersetorialidade e na incorporação da abordagem de saúde em todas as políticas. Contudo,*

persistem desafios relacionados à implementação, às desigualdades estruturais e à influência de determinantes econômicos e corporativos. ***Conclusão:*** *As conferências constituem marcos normativos e políticos fundamentais, contribuindo para a consolidação de uma agenda global de Promoção da Saúde. Apesar de avanços conceituais e políticos relevantes, sua efetividade depende da capacidade de tradução das diretrizes globais em práticas territoriais, exigindo fortalecimento institucional, governança intersetorial e compromisso com a equidade.*

Descritores: *Promoção da Saúde; Conferências de Saúde; Políticas Públicas; Equidade em Saúde; Determinantes Sociais da Saúde; Saúde Global.*

RESUMEN

Objetivo: *Analizar la evolución de los temas y las contribuciones de las Conferencias Internacionales sobre Promoción de la Salud en el período de 1986 a 2021, identificando sus principales avances, inflexiones conceptuales y desafíos contemporáneos para la consolidación de la Promoción de la Salud a nivel global.* ***Método:*** *Revisión narrativa con enfoque cualitativo, basada en el análisis documental de declaraciones, cartas e informes oficiales de las Conferencias Internacionales sobre Promoción de la Salud, complementada con literatura científica indexada en las bases SciELO, LILACS, PubMed y Google Scholar. Se incluyeron documentos publicados entre 1986 y 2023, en portugués, inglés y español. El análisis se llevó a cabo mediante categorización temática, orientada por la identificación de ejes analíticos a lo largo del tiempo.* ***Resultados:*** *Se analizaron las declaraciones de diez Conferencias Internacionales y de cinco conferencias regionales y específicas sobre Promoción de la Salud. Se observó una trayectoria de ampliación progresiva del alcance de la Promoción de la Salud, con un desplazamiento desde enfoques centrados en estilos de vida hacia perspectivas estructurales, incorporando determinantes sociales, equidad, sostenibilidad y gobernanza global. Se destacaron avances en la institucionalización del concepto, en la consolidación de la intersectorialidad y en la incorporación del enfoque de salud en todas las políticas. Sin embargo, persisten desafíos relacionados con la implementación, las desigualdades estructurales y la influencia de determinantes económicos y corporativos.* ***Conclusión:*** *Las conferencias constituyen hitos normativos y políticos fundamentales, contribuyendo a la consolidación de una agenda global de Promoción de la Salud. A pesar de los relevantes avances conceptuales y políticos, su efectividad depende de la capacidad de traducir las directrices globales en prácticas territoriales, lo que exige fortalecimiento institucional, gobernanza intersectorial y compromiso con la equidad.*

Descriptores: *Promoción de la Salud; Conferencias de Salud; Políticas Públicas; Equidad en Salud; Determinantes Sociales de la Salud; Salud Global.*

INTRODUCTION

The International Conferences on Health Promotion have served as strategic arenas for normative and policy development in the field of global health, playing a pivotal role in consolidating paradigms, guidelines, and strategies aimed at improving population health and well-being. Since the Ottawa Conference, held in 1986 and widely recognized as the foundational milestone of Health Promotion, through to the most recent conference in Geneva in 2021, these events have significantly influenced the international health agenda by fostering the integration of social determinants of health, equity, and social participation into public policies[1].

Over recent decades, however, the field of Health Promotion has been challenged by a range of structural and emerging issues, including global health crises, widening socioeconomic inequalities, the impacts of climate change, and disruptive technological transformations[2]. Within this context, the International Conferences have assumed a broader role, functioning not only as deliberative forums but also as platforms for redefining priorities and shaping agendas oriented toward social justice and sustainability. By promoting the exchange of experiences across countries and sectors, these conferences have contributed to strengthening intersectoral approaches and fostering the development of more integrated and context-sensitive responses to the complexities of contemporary health challenges[3,4].

Accordingly, the present study aims to critically analyze the evolution of the themes and contributions of the International Conferences on Health Promotion from 1986 to 2021, identifying their major achievements, conceptual shifts, and contemporary challenges to the consolidation of Health Promotion at the global level.

METHOD

This qualitative narrative literature review[5] examined the International Conferences on Health Promotion held between 1986 and 2021. A narrative review approach was chosen because of its capacity to integrate, synthesize, and critically interpret evidence from diverse sources[5], thereby enabling a comprehensive understanding of the historical, political, and thematic development of these conferences.

Data collection was conducted between March and August 2023 and followed a sequential process. Initially, the search strategy was developed using the descriptors “health promotion,” “international conferences,” “public health policies,” and “social determinants of health,” combined through Boolean operators (AND and OR). Subsequently, official conference documents (including declarations, charters, manifestos, and final reports) were identified and retrieved from the institutional websites of the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the Brazilian Ministry of Health. In addition, scientific articles were searched in the SciELO, LILACS, PubMed, and Google Scholar databases.

Documents and studies published between 1986 and 2023 in Portuguese, English, and Spanish were eligible for inclusion if they addressed the themes, impacts, and recommendations of the International Conferences on Health Promotion. Duplicate studies, publications unrelated to the conferences, opinion-based documents lacking analytical grounding, and materials unavailable in full text were excluded.

The identified materials were subsequently screened through title, abstract, and full-text review according to the predefined eligibility criteria. Studies that did not meet the established criteria were systematically excluded. At the end of this process, 19 documents were selected, including ten declarations from International Conferences, five declarations from Regional and Thematic Conferences, and four WHO documents addressing the conferences. These documents were organized and systematized, forming the analytical corpus of the study.

Data analysis was conducted through a critical and interpretative reading of the selected materials, followed by thematic categorization. This process aimed to identify recurring patterns, thematic axes, and transformations across the conferences, as well as their contributions to the development of public health policies and the emergence of new challenges in different historical contexts[6].

RESULTS

Evolution and conceptual shifts in the international conferences on health promotion

Between 1986 and 2021, ten International Conferences and five Regional, Subregional, and Thematic Conferences on Health Promotion were held (Figure 1). In 1986, the First International Conference on Health Promotion took place in Ottawa, Canada, and was marked by the publication of a landmark document globally recognized as the Ottawa Charter[1]. This charter established key principles for Health Promotion, emphasizing community participation, individual empowerment, and coordinated action across multiple sectors[1]. It initially defined Health Promotion as a process of empowering communities to improve their quality of life and health, highlighting the importance of greater involvement in controlling this process. It further emphasized the need for individuals and groups to identify their aspirations, meet their needs, and positively modify their environments in order to achieve physical, mental, and social well-being[7].

Furthermore, the charter stressed that health extends beyond the responsibility of the health sector and beyond the adoption of healthy lifestyles, encompassing a broader vision of overall well-being. In this way, health was incorporated into the global agenda as a fundamental resource for personal, social, and economic development, thereby establishing the concept of equity[1].

Equity was identified as one of the pillars of Health Promotion, aimed at ensuring equal opportunities and access to resources. The charter emphasized that control over health determinants is essential for enabling individuals to achieve their full health potential. In this regard, health professionals, healthcare teams, and social groups were recognized as key actors in reducing health inequalities. Consequently, Health Promotion strategies and programs should be adapted to local needs and the specific characteristics of each country and region considering their social, cultural, and economic differences[1,7].

As outlined in the Ottawa Charter, Health Promotion encompasses five major action areas[3,7,8]: i) building healthy public policy through the integration of legislative measures, fiscal policies, and coordinated approaches to promote equity and social inclusion; ii) creating supportive environments by establishing safe and stimulating living and working conditions that foster health; iii) strengthening community action through community development initiatives that enhance social support and public participation in health-related issues; iv) developing personal skills through continuous education and capacity-building to enable individuals to address health challenges throughout life; and v) reorienting health services by encouraging community participation and intersectoral collaboration to move beyond the traditional biomedical model toward a Health Promotion approach[9].

In 1988, the Second International Conference on Health Promotion was held in Adelaide, Australia[10]. The conference focused on health policies known as “Healthy Public Policy.” These policies were characterized by a

commitment to health and equity. The conference sought to engage and hold governmental and non-governmental sectors accountable for the health consequences of their decisions, aiming to place health concerns on an equal footing with economic considerations[7,8,10].

Consistent with the principles established in Alma-Ata and Ottawa, the Adelaide Conference identified four priority areas for healthy public policy: i) support for women's health, including maternity leave, care for sick children, childbirth options based on maternal preferences, and equal rights in the division of labor; ii) improvement of food security and nutrition to eradicate hunger and enhance nutritional quality; iii) control of tobacco use and alcohol abuse through targets aimed at reducing production and consumption by the year 2000; and iv) creation of healthy environments designed to optimize living and working conditions and promote physical and psychosocial health[7,8,10].

In 1991, the Third International Conference on Health Promotion was held in Sundsvall, Sweden, focusing on the creation of "supportive environments for health" and addressing concerns regarding the millions of people living in extreme poverty and deprivation[11]. The conference acknowledged the challenges involved in achieving the goal of "Health for All by the Year 2000" and highlighted persistent health inequalities across different population groups. The Sundsvall Statement emphasized that supportive environments encompass physical, social, spiritual, economic, and political dimensions, all of which are crucial for access to resources and opportunities. The conference also recognized education as a fundamental right capable of driving political, economic, and social change. Furthermore, it underscored the interconnectedness of health, the environment, and human development, emphasizing the need for integrated approaches[7,8,11]. It was also the first conference to explicitly highlight the direct relationship between health and the environment[9].

In 1997, the Fourth International Conference on Health Promotion was held in Jakarta, Indonesia. It was the first international conference of its kind conducted in a developing country and introduced private-sector participation in Health Promotion initiatives[7]. The Jakarta Declaration reaffirmed health as a fundamental human right and an essential prerequisite for social and economic development, emphasizing its importance for advancing health outcomes. It also identified new challenges related to health determinants, including increasing awareness of changes in the health sector and emerging demographic trends[12].

Poverty was identified as the greatest threat to health, and governments were urged to assume leadership in Health Promotion initiatives. The conference established five priorities for Health Promotion in the twenty-first century: promoting social responsibility for health, increasing investments in Health Promotion, consolidating partnerships, strengthening community capacity and individual participation, and establishing the necessary infrastructure to support Health Promotion efforts[7,8,12].

In 2000, the Fifth International Conference on Health Promotion was held in Mexico City under the theme "Health Promotion: Towards Greater Equity." The Mexico Ministerial Statement recognized the effectiveness of Health Promotion strategies and emphasized the urgency of integrating them into public policies and programs to achieve equity and improve health for all[13]. Although persistent social and economic challenges were acknowledged, the conference stressed the importance of promoting equity in health and well-being. Its objectives included assessing the impact of Health Promotion on vulnerable populations, integrating health into development programs, and establishing partnerships for Health Promotion across different sectors and levels of society[9].

In 2005, the Sixth International Conference on Health Promotion took place in Bangkok, Thailand, resulting in the adoption of the Bangkok Charter for Health Promotion in a Globalized World. Overall, the conference addressed emerging health challenges in an increasingly globalized context[14]. The Bangkok Charter highlighted changes in the health landscape, including the growing burden of communicable and chronic diseases, widening inequalities, rapid urbanization, and environmental degradation. It emphasized the importance of global cooperation in addressing these challenges, leveraging opportunities provided by information technology, and fostering partnerships to empower communities and improve health outcomes[8,14].

Following the conference, the concept of advocacy became more firmly incorporated into the Health Promotion framework, being understood as a set of mobilization and political engagement strategies organized around specific issues to defend rights and influence health-related decision-making processes[14].

In 2009, the Seventh International Conference on Health Promotion was held in Nairobi, Kenya, becoming the first conference of its kind to take place in Africa[15] (Figure 1). The resulting declaration reflected the original vision of Alma-Ata and reaffirmed the values established by the Ottawa Charter. It called for action to narrow the gap between health and development by strengthening leadership, positioning Health Promotion at the center of policy agendas, empowering communities and individuals, expanding and improving participatory processes, and generating and applying knowledge.

The Nairobi Declaration outlined five specific strategies: strengthening Health Promotion capacity, developing intersectoral alliances, empowering communities, promoting health literacy, and addressing health-related behaviors[15].

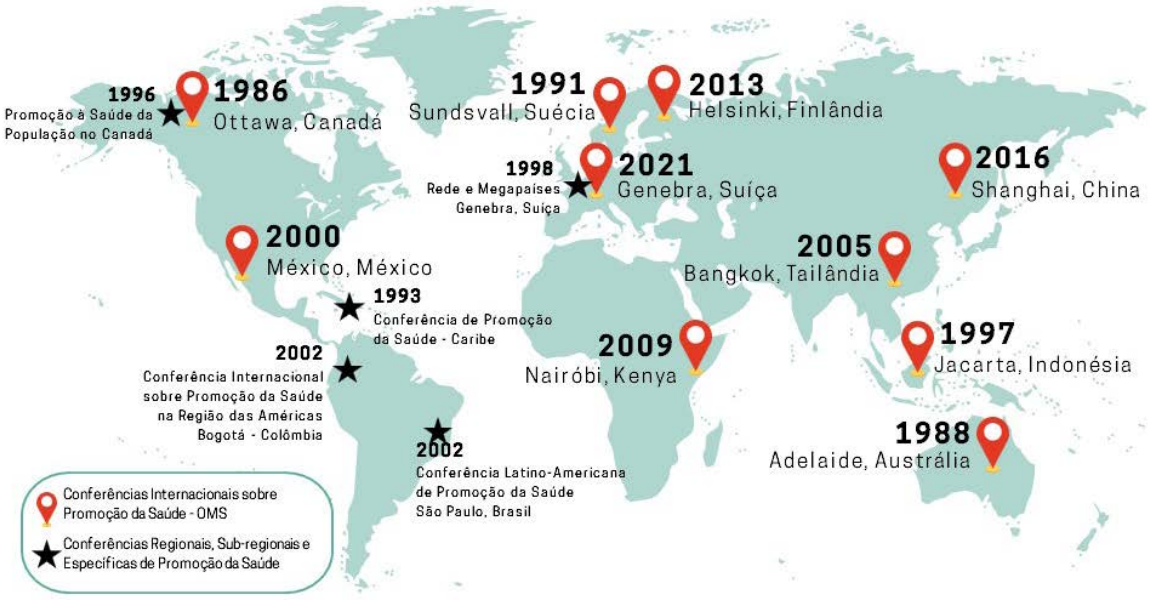

Figure 1. Map of Health Promotion Conferences.
Source: Prepared by the authors (2025).

Subsequently, in 2013, the Eighth International Conference on Health Promotion was held in Helsinki, Finland, under the theme “Health in All Policies,” aiming to integrate health considerations across sectors through intersectoral action[16]. The resulting statement emphasized the need for public policies that protect health across multiple domains in order to address the growing burden of noncommunicable diseases. Guidelines for achieving the “Health in All Policies” approach included establishing strategic rationales and needs for integration; identifying supportive structures and processes; strengthening the engagement of sectors and stakeholders involved in policy implementation; ensuring continuous monitoring and evaluation; developing capacities to address Health Promotion challenges; and defining roles and responsibilities across political institutions, public agencies, civil society, and the private sector[16].

The Ninth International Conference on Health Promotion was held in Shanghai, China, in 2016. Under the theme “Health Promotion in the Sustainable Development Goals,” the conference explicitly aligned Health Promotion with the Sustainable Development Goals (SDGs)[17]. Participants reaffirmed their commitment to Health Promotion in urban settings, highlighting the importance of governmental action to mitigate risks and promote healthier choices. The Shanghai Declaration emphasized the need for intersectoral policy action, good governance, and health education, including legislative and fiscal measures to advance public health, achieve universal health coverage, and address transboundary health issues[17].

The Tenth International Conference on Health Promotion was held virtually in 2021 due to the COVID-19 pandemic and resulted in the adoption of the Geneva Charter for Well-being[18]. The charter emphasized the urgent need to build sustainable “well-being societies” committed to health equity while remaining within ecological limits. It also highlighted the importance of preserving social values and implementing actions aligned with the 2030 Agenda for the SDGs[18].

The conference emphasized five key principles: a holistic vision of health, human rights and social justice principles, sustainable development, new indicators of human and planetary well-being, and a focus on Health Promotion through empowerment, inclusion, and equity[18]. These principles encompass the physical, mental, social, and environmental dimensions of well-being.

Furthermore, the conference underscored the urgent need to address global challenges, particularly those exposed by the recent pandemic, which highlighted a wide range of health determinants, including ecological, political, commercial, digital, and social factors. The Geneva Charter for Well-being stressed the importance of Health Promotion in empowering individuals and communities to lead fulfilling lives in harmony with nature through education and accessible, high-quality health services, particularly for vulnerable populations[18].

Figure 2 summarizes the conceptual shifts that emerged throughout the ten International Conferences on Health Promotion.

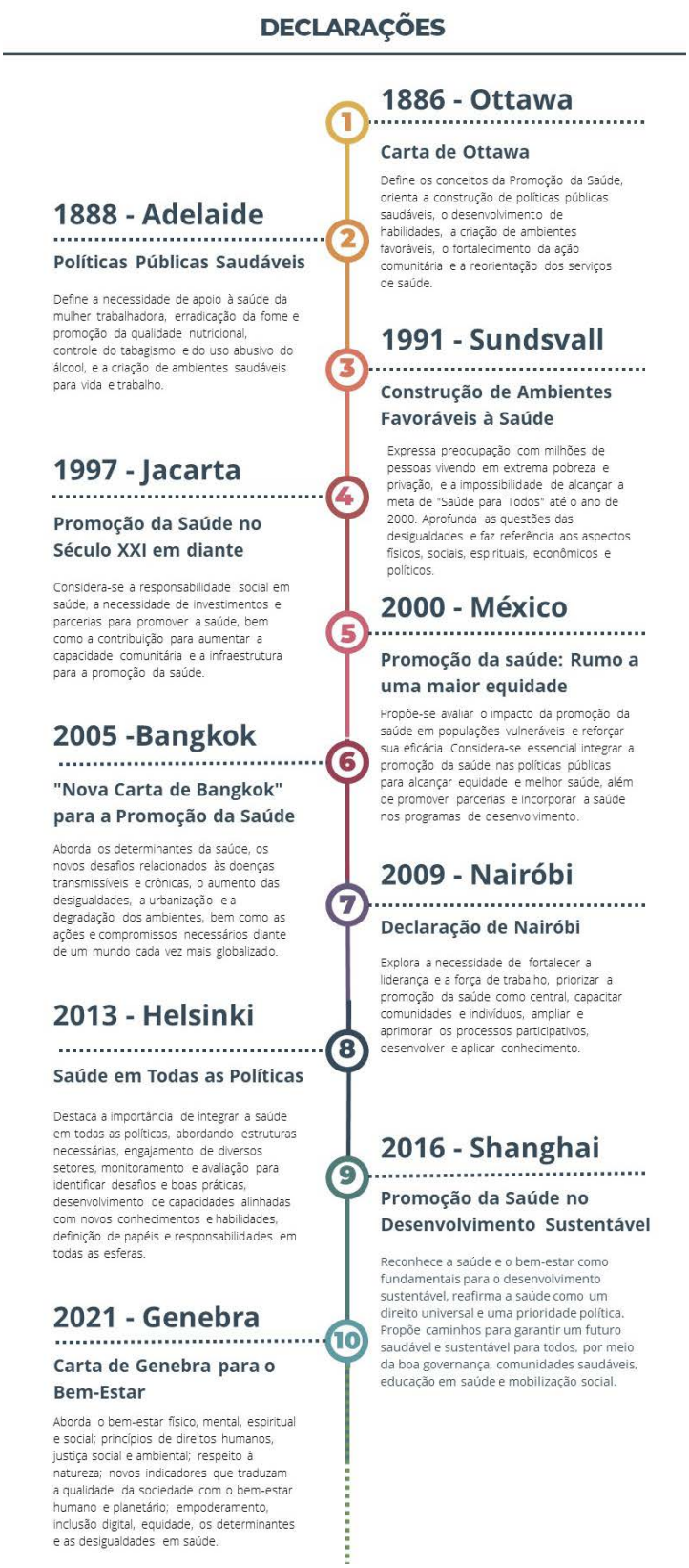

Figure 2. Evolution and conceptual shifts of the International Conferences on Health Promotion.
Source: Prepared by the authors (2025).

In addition to the International Conferences, five other conferences of particular relevance to the field of Health Promotion were held at the regional, subregional, and thematic levels, as illustrated in Figure 1. Their main contributions are summarized in Chart 1.

Chart 1. Regional, subregional, and thematic conferences on Health Promotion.

Event	Location	Year	Main Directions
International Conference on Health Promotion in the Americas Region	Santa Fe de Bogotá, Colombia	1992	The declaration highlighted three central objectives: promoting a culture of health to foster healthy environments and longevity; reforming the health sector with a focus on universal access; and mobilizing social and political commitment. It reaffirmed the rights to life and peace as ethical values and established eleven commitments, including consideration of health determinants, equitable policies, social participation, gender equity, recognition of the cultural dimensions of health, and support for transformative research[19].
Caribbean Health Promotion Conference	Trinidad and Tobago	1993	The conference established that Health Promotion and the development of a more equitable society require six core strategies: healthy public policy, preventive health services, community empowerment, supportive environments, personal skills development, and strategic alliances for communication and resource mobilization[20].
Population Health Promotion in Canada	Canadian Public Health Association (CPHA), Ottawa, Canada	1996	This initiative was marked by the emergence of the concept of *population health*, which proposed a shift from traditional Health Promotion approaches toward a framework emphasizing social, economic, and environmental determinants, thereby guiding public policies and interventions aimed at collective well-being[20].
Mega Country Health Promotion Network	Geneva, Switzerland	1998	This initiative emerged from the World Health Organization's (WHO) need to coordinate highly populated countries facing common health challenges. Representatives from ten megacountries established five goals: strengthening information exchange; promoting healthy lifestyles, life-course approaches, and sustainable environments; mobilizing resources; expanding intersectoral collaboration; and fostering health education[7].
Latin American Conference on Health Promotion and Health Education	São Paulo, Brazil	2002	Held under the theme *A Critical Perspective on Health Promotion and Health Education*, the conference sought to develop strategies to improve quality of life and health education throughout Latin America, emphasizing universality, equity, and strengthened regional collaboration in addressing public health challenges[21].

Source: Prepared by the authors (2025).

DISCUSSION

The trajectory of the International Conferences on Health Promotion demonstrates a progressive expansion of the health field beyond its biomedical foundations, representing a paradigm shift of a political and institutional nature[3,4]. The debates and tensions generated within these forums have consolidated a normative framework grounded in equity, intersectorality, and social participation, while simultaneously driving changes in public policy agendas. At the macro-political level, the conferences contributed to the incorporation of an expanded conception of health into policy-making processes by integrating social, economic, environmental, and cultural dimensions and by legitimizing Health Promotion as a structural strategy within health systems[6].

In Latin America, this movement has been closely aligned with health reform processes and the recognition of health as a social right, fostering policies aimed at reducing inequities, expanding social protection, and strengthening health governance. A notable example is the institutionalization of the Brazilian National Health Promotion Policy (PNHP) in 2006, which emerged in response to the challenges posed by a complex and constantly changing social context[22]. The PNHP was conceived as a cross-cutting, integrated, and intersectoral policy designed to establish networks of commitment and shared responsibility among different sectors and social actors, with the goal of improving population health and living conditions at both individual and collective levels[22].

At the micro-political level, these developments have reverberated in the reconfiguration of everyday health practices through greater appreciation of territorial contexts, community participation, and the co-construction of

care[4]. Health Promotion has thus increasingly materialized through more dialogical practices centered on relationship-building, welcoming approaches, and the integration of technical and lay knowledge, thereby enhancing the capacity of health systems to respond to the concrete needs of populations.

Within this context, the conferences have acted as catalysts for change by promoting the circulation of concepts, experiences, and global consensus while simultaneously revealing persistent challenges to the implementation of these principles, particularly regarding their translation into sustainable, intersectoral, and equity-oriented practices across diverse sociopolitical settings.

Contemporary challenges in Health Promotion: emerging perspectives from the international conferences

The evolution of these conferences demonstrates a gradual expansion of the scope of Health Promotion, incorporating dimensions such as equity, globalization, sustainable development, and digital transformation. However, this expansion has also exposed tensions between normative frameworks and implementation capacity across different national contexts[6,20].

The early conferences emphasized the creation of supportive environments for health, an ambitious goal that remains central, particularly in light of persistent health inequities. The inclusion of the private sector at the Jakarta Conference introduced new opportunities for financing and governance but also raised concerns regarding the influence of corporate interests, reinforcing the need for regulatory frameworks guided by equity and the protection of the public interest[12]. Subsequent developments, such as the emphasis on equity at the Mexico Conference[13] and the recognition of globalization-related challenges in Bangkok[14], broadened awareness of the structural determinants of health. Meanwhile, the conferences in Nairobi, Helsinki, and Shanghai[15-17] consolidated the importance of workforce development, monitoring and evaluation, and alignment with the sustainable development agenda[23].

By linking health and sustainable development through the integration of environmental and social agendas, the Shanghai Declaration expanded the scope of Health Promotion. Nevertheless, this shift requires a critical reassessment of the centrality of economic growth and the persistent marginalization of environmental concerns in public policies, both of which continue to sustain inequities and processes of socioenvironmental degradation[23]. Within this framework, Health Promotion calls upon its stakeholders to assume a more active political role, characterized by intersectoral engagement and advocacy for a healthy, equitable, and sustainable planet[17].

Climate change and environmental degradation are now globally recognized as key determinants of human health. Extreme climate events, including heatwaves, cold spells, floods, and droughts, directly affect health and may trigger or exacerbate a wide range of health conditions. These events can overwhelm health services and infrastructure, compromising their capacity to respond effectively to increasing healthcare demands[24]. Associated health impacts include cardiovascular and respiratory diseases, dengue, malaria, and other arboviral infections transmitted through vectors, water, and food, as a consequence of changes in the distribution and behavior of pathogens and disease vectors[24]. This reality is intrinsically linked to unsustainable production models characterized by intensive natural resource exploitation, pollution, and the indiscriminate use of chemical inputs[24]. Furthermore, the mental health consequences arising from social instability and forced displacement highlight the complexity and systemic nature of environmental impacts on health.

Within this context, mental health has emerged as a global priority addressed throughout the conferences, requiring care systems capable of moving beyond coercive practices while promoting autonomy, human rights, and community participation[25]. The WHO Comprehensive Mental Health Action Plan 2013-2030 guides this agenda by advocating a person-centered approach grounded in rights protection and quality of care. The integration of best practices in mental healthcare with adequate housing, education, employment, and social protection enables individuals to lead meaningful and socially integrated lives within their communities[25].

Simultaneously, the digital inclusion agenda highlighted in Geneva has expanded opportunities for access to information and services while also exposing inequalities in access and digital literacy, thereby emerging as a new social determinant of health[26]. In this regard, strengthening health literacy and ensuring equitable access to information have become strategic priorities for Health Promotion. The Tenth Conference emphasized that low levels of health literacy increase inequalities and negatively affect health outcomes, as illustrated by a study conducted in England showing that 61% of adults experience difficulties understanding health-related information[26]. By enhancing critical capacity, health literacy promotes more effective use of health services, strengthens citizenship, and fosters collective engagement. Furthermore, educating political leaders and investors in this field contributes to greater commitment

to health and its determinants[26]. Consequently, health awareness and health literacy are essential and should be incorporated into school curricula from an early age as fundamental lifelong skills and competencies[2].

The Geneva Conference, held during the COVID-19 pandemic, exposed the structural vulnerabilities of health systems and their limitations in responding to public health emergencies. Inequities in access to healthcare emerged as major determinants of elevated mortality rates among vulnerable populations, while responses that neglected structural determinants contributed to adverse outcomes and perpetuated exclusionary practices[27]. In Latin America, these challenges were intensified by longstanding inequalities, resulting in severe health and economic crises[27]. Addressing such inequities requires equity-oriented policies and interventions, including territorially tailored strategies responsive to population needs, which are essential for reducing disparities and strengthening coordinated and sustainable responses to future global emergencies[27].

Similarly, health inequalities among ethnic, socioeconomic, and territorial groups remain a major challenge highlighted throughout the conferences. These inequalities arise from adverse living and working conditions, inadequate access to healthcare services, and discriminatory practices[28]. Addressing them requires public policies that explicitly consider the social determinants of health, focusing on distributive equity and the mitigation of their impacts on populations[6,27,28]. Within this framework, Health Promotion, grounded in social justice, operates through individual and collective empowerment aimed at reducing structural inequities[29]. This approach requires understanding how social inequalities are reflected in health profiles and recognizing them as products of unequal social relations rather than mere differences[28].

Other recurring challenges identified throughout the conferences include overcoming intersectoral barriers and implementing legislative and fiscal measures oriented toward Health Promotion. The effectiveness of Health Promotion strategies depends on the implementation of intersectoral policies capable of addressing both structural and intermediary determinants of health[29]. In this regard, upstream interventions assume a central role by targeting political, economic, and environmental determinants, promoting equity and influencing areas such as education, housing, and access to essential resources, thereby generating broader population-level effects[30]. This perspective recognizes that inequities produced by unequal structural and contextual conditions constitute fundamental determinants of the health–disease process[28,30].

In Brazil, Health Promotion initiatives have been characterized by the incorporation of intersectoral approaches and the articulation of public policies guided by the principles of equity and social participation, in line with the recommendations of the International Health Promotion Conference declarations. This movement is structurally reflected in the PNHP[22], which integrates Health Promotion into Primary Health Care and strengthens initiatives aimed at reducing social and territorial inequalities. Based on the expanded concept of health, the PNHP is guided by values such as solidarity, happiness, ethics, respect for diversity, humanization, shared responsibility, justice, and social inclusion. Its implementation is grounded in principles including territorialization, intersectoral articulation, strengthening healthcare networks, and social participation, while recognizing collaborative governance, health literacy, and social mobilization as strategic mechanisms for the implementation of sustainable actions. In this sense, Health Promotion is reaffirmed as a structural axis of public policy and as a driver of social transformation in Brazil.

Structuring strategies for addressing contemporary Health Promotion challenges

The International Conferences on Health Promotion play a vital role in identifying challenges and, most importantly, in proposing future directions for addressing public health issues on a global scale. Confronting these challenges requires sustained and collaborative commitment from all sectors of society to achieve lasting advances in Health Promotion worldwide[2]. In this regard, we propose an illustration summarizing the main structuring strategies identified throughout the conferences (Figure 3).

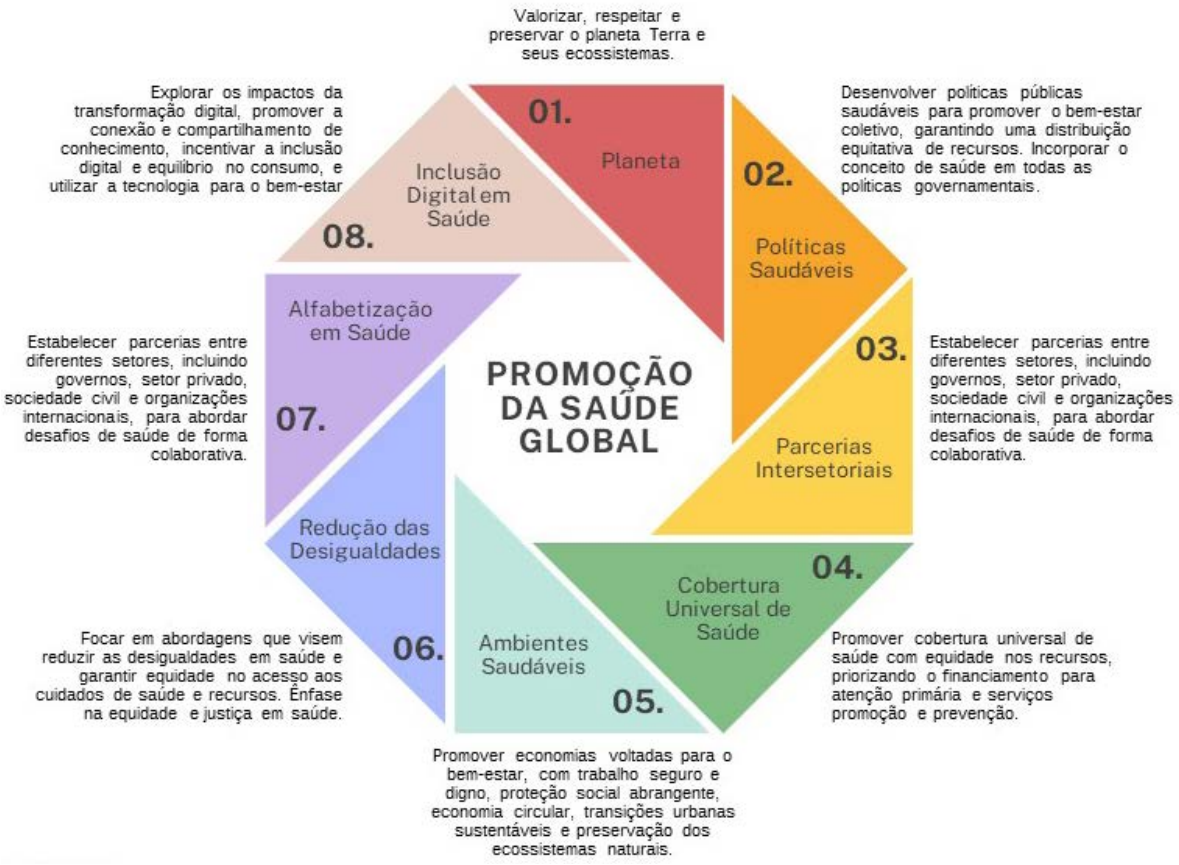

Figure 3. Structuring strategies for addressing contemporary Health Promotion challenges.
Source: Prepared by the authors (2025).

Figure 3 organizes a set of strategic directions that should be understood not merely as normative guidelines but also as operational mechanisms for addressing contemporary Health Promotion challenges. By challenging the longstanding gap between policy formulation and implementation, one of the main obstacles identified throughout the International Conferences on Health Promotion, these strategies establish a pragmatic framework for action. Their transformative potential lies in their capacity to be appropriated as instruments of structural intervention aimed at overcoming the institutional, political, and economic constraints that have historically limited the field.

"Planet" (01) functions as a response strategy by integrating Health Promotion with the planetary health agenda in the face of accelerating climate change and environmental degradation. This axis requires the incorporation of socio-environmental criteria into public policies, as well as the promotion of transitions in development, production, and consumption models. As such, it operates not only through risk mitigation but also by reshaping the material conditions that generate large-scale patterns of illness[24].

"Healthy Public Policies" (02) constitute a structural strategy for addressing institutional fragmentation by promoting the integration of health considerations across governmental agendas. In response to the historical limitations of Health Promotion institutionalization, advancing binding intersectoral governance mechanisms capable of influencing macroeconomic, fiscal, and social policies has become imperative[29]. Within this framework, Health Promotion moves beyond a peripheral role and assumes a position as an organizing principle for equity-oriented public policies.

"Intersectoral Partnerships" (03) serve as the operational vehicle of this cross-sectoral approach, functioning as a strategy for overcoming fragmented sectoral dynamics. Their effectiveness, however, requires more than formal cooperation. It demands the establishment of robust, transparent, and regulated institutional arrangements capable of mediating conflicts of interest and reducing power asymmetries among public and private stakeholders[23]. Consequently, a contemporary challenge lies in expanding partnerships and consolidating collaborative governance models guided by social justice and public accountability.

"Universal Health Coverage" (04) directly addresses the worsening inequalities in access to healthcare services, dramatically exposed during the COVID-19 pandemic. As a response strategy, it requires strengthening universal public health systems through adequate financing, strong territorial organization, and a central role for Primary Health

Care[18,27]. In doing so, it not only expands coverage but also promotes comprehensiveness, quality, and problem-solving capacity, thereby reducing inequalities and strengthening social protection in health.

"Healthy Environments" (05) and "Reducing Inequalities" (06) are inseparably linked to structural strategies aimed at addressing the social determinants of health. By targeting housing, employment, education, and income conditions, these approaches shift Health Promotion away from individual-centered interventions toward structural action[28,29]. Their effectiveness, however, depends on the implementation of consistent and sustainable redistributive policies capable of transforming the material foundations of inequality and addressing longstanding processes of social exclusion.

"Health Literacy" (07) emerges as a fundamental strategy for addressing informational inequalities while strengthening individual autonomy and social participation. From a critical perspective, health literacy contributes to expanding social control and collective capacity to influence public policies[2,26]. Therefore, it extends beyond the mere transmission of information, constituting an instrument of empowerment and democratization of power in health.

Finally, "Digital Inclusion in Health" (08) has become an indispensable contemporary strategy in response to the increasing digitalization of health systems. However, its transformative potential depends on overcoming digital inequalities through investments in infrastructure, regulation, and capacity-building initiatives[18,26]. Without these conditions, digital transformation may reproduce or even exacerbate existing inequities, reinforcing the need for digital policies guided by equity, universal access, and technological sovereignty[18].

Taken together, these strategies constitute an interdependent set of actions capable of responding to the complexity of contemporary Health Promotion challenges. Nevertheless, their effectiveness depends on the capacity to address structural determinants, influence political agendas, and strengthen public systems committed to equity[29]. Without such a strategic shift, these priorities risk remaining at the level of discourse, with limited potential to contribute to meaningful improvements in population health and living conditions.

A limitation of this study is that the analysis was based predominantly on international normative documents and a theoretical approach. Future research should include comparative investigations across different countries and regions to examine how conference recommendations have been implemented in local contexts, taking into account sociopolitical, institutional, and cultural factors.

CONCLUSION

The International Conferences on Health Promotion have consolidated a global agenda that guides public policies, intersectoral actions, and programs grounded in an expanded conception of health. By promoting principles centered on equity, social justice, sustainability, and the integration of knowledge and sectors, these conferences provide a valuable framework for governments, institutions, and social movements.

The findings of this study demonstrate that, although there is broad international consensus regarding the guiding principles of Health Promotion, significant challenges remain in translating these principles into effective action at the local level. This finding underscores the importance of strategies that consider local specificities, strengthen institutional capacities, and foster community engagement in order to transform guidelines into concrete actions.

For academia, these findings provide a foundation for further research on the mechanisms through which global recommendations are translated into national and local policies, as well as on the factors that facilitate or hinder this process. Moreover, this study contributes to critical discussions regarding the structural and contextual challenges facing Health Promotion in settings marked by inequality and socio-environmental crises.

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APPENDIX – EDITORIAL GUIDELINES

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Izaltina Adão contributed to the study conception and design, data acquisition, analysis and interpretation as well as manuscript drafting and revision. **Claudia Flemming Colussi** and **Dais Gonçalvez Rocha** contributed to manuscript drafting and revision.

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