

Policy brief 3: Social mobilization

Definitions and mandate

The Sustainable Development Goals were developed with input from an unprecedented global conversation involving young people, women, people living with disabilities, civil society leaders and activists. This open and inclusive process was undertaken in part because of growing recognition that ownership of Agenda 2030 by civil society is critical to its success. To shift our planet onto a sustainable development path, SDG 17 includes an explicit target to: *“encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.”*

Social mobilization is an important means to advance sustainable development policy by making it more reflective of and accountable to people’s needs and demands. Social movements often emerge from a sense of shared grievance and injustice, and “make visible alternative ideas and concepts about the forms that society (and development) should take.”ⁱ Spurred in part by the proliferation of social media and new information technology, civil society has gained momentum in advocating change on a range of topics, from climate change to women’s empowerment, from social justice to transparent governance.

The potential to harness the growing power of social mobilization for health promotion is tremendous, and much has been written about the role of civil society to advance health and well-being.ⁱⁱ Because health touches the lives of everyone, everywhere, and since health inequities stem from and contribute to other inequities, integrating health promotion into various efforts for change can push the SDGs forward. The universal and indivisible Agenda 2030 offers a powerful stimulus to form alliances across constituencies that have traditionally worked in parallel, and to expand the space for all people to participate in meaningful decision-making.

FROM OTTAWA TO SHANGHAI & THE SUSTAINABLE DEVELOPMENT

Thirty years ago, the Ottawa Charter for Health Promotion recognized the need to enable people to increase control over and to improve their health and well-being by ensuring healthier, sustainable environments where people live, work, study and play. Social justice and equity were highlighted as core foundations for health, and there was agreement that health promotion is not simply the responsibility of the health sector. Subsequent WHO global health promotion conferences have reiterated these elements as key for health promotion.

The 2030 Agenda for Sustainable Development, the world’s ambitious and universal “plan of action for people, planet and prosperity”, includes 17 Goals, 169 targets and 231 initial indicators. The Agenda offers a new opportunity to involve multiple stakeholders to ensure that all people can fulfil their potential – to live in health and with dignity and equality. With this in mind, the theme of the 9th Global Conference on Health Promotion, “Health Promotion in the Sustainable Development Goals” is both timely and necessary to ensure policy coherence and alignment of agendas for action. The slogan: “Health for All and All for Health” captures the commitment to leave no one behind and to involve all actors in a new global partnership to achieve this transformative Agenda.

Table 1. Links to key SDGs

Social mobilization and the SDGs	
	<p>Health promotion and gender equality go hand-in-hand. Where women and girls are held back or denied equality, their health suffers, and so too does that of their families and communities. Likewise, where women and girls endure inequities in health, neither they nor their families and communities are able to realize their full potential. This relationship underscores why greater alignment between ‘Health for All’ activism and social movements for gender equality can be a major catalyst for action on women’s unpaid care work, ending gender-based violence, protecting women’s sexual and reproductive rights, promoting women’s well-being, and other key areas across SDG 3, 5 and beyond.</p>
	<p>The priorities of health promotion efforts and the labour movement overlap significantly, such that greater alignment would strengthen the ambitions of Goals 3 and 8 simultaneously. Inclusive economic growth, decent work for all, safer working conditions, equal wages for work of equal value, and labour protection – not exploitation – all are critical for health. The promotion of tobacco control alone would strengthen the argument for alternative economic livelihoods, diversified economies (that do not overly rely on tobacco), and ending child labour. Viewing SDG 8 through a health promotion lens would also call greater attention to the public health risks associated with cross-border migration.</p>
	<p>Social activists help to reduce inequities. Black Lives Matter and the Occupy Movement, for example, have recently shined a spotlight on growing inequalities within and among countries. Because health inequities stem from and contribute to other inequities, whether in outcome or opportunity, whether based on class, sex, race or sexual orientation (to name a few), stronger alignment between health promotion efforts and civil society efforts for social justice would enhance action on inequalities. HIV is an example. Overlapping inequalities, marginalization and discrimination all create vulnerability to, and increased risk for, HIV. Activism to end AIDS calls for pro-poor and gender-transformative economic measures, the elimination of discriminatory laws, policies and practices, and coherence between access to medicines and human rights, for example.</p>
	<p>Climate change action has made belated but encouraging progress in recent years, spurred largely by relentless and better organized social mobilization efforts. Yet, in many settings, the momentum for climate change action remains inhibited. Where purely environmental arguments may fall short on their own, framing climate change action as a public health priority (and an issue of government accountability) can generate the additional support needed to push climate change measures over the political hump. By mobilizing people to consider that a sick and unsustainable planet poses <i>immediate</i> threats to <i>their health</i>, applying a health lens to climate change action can accelerate commitments, for example the Paris Agreement of December 2015.</p>



Community empowerment, at its core, is about addressing inequities in the distribution of resources and opportunities, and combatting the ingrained power structures which allow these inequities to persist. Central to health promotion is an understanding of the ‘social determination’ of health. Universal health coverage, for example, is not just about expanding access to essential health and medical services – it is about holding governments accountable for people’s right to health. This aligns with a core goal of civil rights and peace activists, namely pushing governments to be more accountable, transparent and effective.ⁱⁱⁱ Forging alliances across powerful health and other constituencies, to advocate for interlinked priorities, will create stronger institutions that can in turn support more peaceful, more inclusive and healthier societies.

As Table 1 demonstrates conceptually, the diffusion of ideas and approaches across civil society and action groups can help advance multiple agendas simultaneously. A major enabler is the interlinking of various CSOs who combat overlapping injustices, harnessing available platforms, competencies, lessons and experiences to strengthen constituencies and generate new ones. Critical to success will be maximally mobilizing the unique enthusiasm, spirit, and social media know-how of youth, ensuring that they are fully engaged in social action and political processes. For both of these approaches, enhancing outreach through digital technologies and ensuring universal access to the internet will be essential, especially to provide people with information to hold governments accountable. The next section presents examples on how synergies between and across various change efforts can deliver multiplier effects for several SDGs.

Health promotion and gender equality synergies

A society that doesn’t help to empower its women and girls will see its health-related goals and targets remain stubbornly out of reach. In turn, where inequities in health exist for women and girls, societies will be held back from achieving their full social and economic potential. This makes health promotion and gender equality synergies critical to achieve.

There has been increased discussion in recent years on how gender-transformative achievements in sexual and reproductive health can serve as a springboard for larger and broader efforts to help to empower women and girls in all facets of life.^{iv} This is particularly the case where women themselves are directly involved in health promotion through empowerment.^v The unique ways in which women are affected by and at risk for noncommunicable diseases (NCDs), a health issue that has gained significant political momentum in recent years, have helped widen the discussion of women’s health inequities. More attention is now being given to, for example, women’s unpaid care/home work/time poverty, indoor air pollutants from cooking stoves, women’s exposure to second-hand smoke and the gender norms associated with smoking. Women’s unique role in the NCD response was recognized explicitly in the WHO Global NCD Action Plan 2013-2020, which notes their powerful potential as change agents for health and NCDs.^{vi} At the same time, the push for women’s equal rights in other spheres has been shown to have a direct bearing upon health.

Women's land rights and child health synergies in Nepal

Rights to control land are amongst the range of resources, services and opportunities to which women are often denied. At the same time, it is increasingly recognized that women's land rights are central to "promote development by empowering women and increasing productivity and welfare."^{vii}

Nepal is a predominantly rural country, with the vast majority of its population dependent on agriculture and land. But although women are often tasked with a disproportionate amount of laborious roles and responsibilities in agricultural activities, their access to land rights has historically fallen short of that of men. With social mobilization efforts leading the way, dedicated NGOs, lawyers and women's groups were able to help push the government to address this imbalance in the late 1990s, including by generating support from international organizations such as the Asian Development Bank. This push has been shown to address multiple and overlapping inequities across empowerment, such as control over household decision-making and welfare. It has also been shown to promote health. Indeed, a 2005 analysis of Nepal's Demographic and Health Survey demonstrated that increasing women's land rights can have direct benefits for young children's health. Specifically, the young children of mothers who own land were found to be significantly less likely to be severely underweight or stunted. Such results demonstrate how something integral but discrete like equal land rights for women can advance multiple SDGs at the same time, underscoring the need for social movements to talk to each other and to link constituencies.

Health promotion and climate change action synergies

The successful mobilization in recent years for climate change action has recently culminated with the historic Paris Agreement of December 2015 and the unprecedented time-bound commitments which governments have made to protect the health of the planet and its people. Despite such successes, climate change action remains restricted and an analysis of public opinion reveals that this may result from how the issue has been historically framed. Specifically, the framing of climate change action as necessary to protect the environment, or to preserve wildlife or endangered species for future generations, has not fully resonated with people and governments. In fact, research has shown the opposite – that this framing "can come across as alarmist, make people feel impotent in the face of a seemingly intractable problem, or arouse negative emotions about the issue that can block engagement with the issue."^{viii-ix}

The associated notions of public health and accountability have emerged as an especially promising way to strengthen advocacy for climate change action by framing it as an issue that matters enormously for people's health, placing government accountability at the centre, particularly in terms of allowing industry practices that prioritize economic gain at the expense of public health, to continue.

Health and climate links

Evidence continues to mount that human health, survival and prosperity are intertwined with the planet's air, water, land and natural systems.^x The impacts of air pollution and weak environmental standards on health are well-known. Beyond air pollution, there are multiple other pathways through which climate change leads to poor health and increases health inequities. These include injuries from extreme weather events, disruption of food production and supply chains, the spread of water and vector-borne illness, and climate-related displacement and migration. Zika is just the latest wake-up call on how environmental degradation and climate change matters for health, particularly when combined with powerful, cross-cutting accelerators of health inequities like poverty and gender inequity.^{xi} In short, there are a range of entry points for promoting health and advocating for climate change action simultaneously.

Mobilizing a response: social accountability using mobile technology

The 2030 Agenda sits against a backdrop in which there are almost as many mobile phone subscriptions in the world as there are people. The ubiquity of mobile technology offers significant opportunities for health. A recent affirmation of this is the Ebola response in West Africa, where mobile technology served multiple and critical functions, including community mobilization, rapid deployment of life-saving information to affected populations, response coordination, and payment disbursement to response workers.^{xii-xiii} But the benefits can also extend in the other direction to strengthen health systems, by increasing access to population opinions and generating data on health service accessibility, affordability and quality.

In the broader context, mobile technology is showing potential for health promotion as an interface between civil society and public health experts by promoting collaborative research and solutions to leading health challenges, as well as highlighting population needs and demand for specific tools. UNICEF's U-Report is one example of citizen-led reporting which avoids a top-down approach by providing an open-source platform where citizens are able to choose both the technology reporting format and the topic in which they are most interested.^{xiv} U-Report is being used not just for health but for a range of issues that span the SDGs. Meanwhile, a more horizontal use of technology can promote peer-to-peer models of disease support. In mental health, crowdsourcing has been used to create online support communities for individuals suffering from various mental health issues by helping link them to people with similar conditions or experts who can answer specific queries.^{xv}

Be He@lthy Be Mobile

An initiative being run by WHO and the International Telecommunications Union, *Be He@lthy Be Mobile*, is using mobile technology to strengthen chronic disease prevention by providing people with mobile programmes that are tailored to their specific user needs and preferences, for example tobacco cessation support, diabetes management and guidance on healthy eating. The example of tobacco control shows how mobile technology can promote citizen engagement in public health programme design, strengthen global tobacco control (SDG target 3.a) by increasing access to cessation support, and move health responses away from vertical disease models by using a technology platform that can be adapted for any disease area, and to integrate responses to interconnected disease issues, such as tobacco and tuberculosis.^{xvi} A number of countries are under the initiative and have either already implemented or are about to implement this programme at scale, including Costa Rica, Senegal, Zambia, Norway, the UK, Tunisia, the Philippines, India and Egypt.

Moving forward: A plan for the next fifteen years

The 2030 Agenda will require a new way of working, harnessing the considerable synergies across goals. Moreover, taking into account the ambition and broad scope of Agenda 2030, progress will only be achieved through a ***new global partnership*** bringing together a range of stakeholders, as envisioned in Goal 17. Social mobilization is the backbone for strengthening this global partnership, and ensuring that it remains accountable to people's overlapping needs and demands, whether in health, gender equality, labour or otherwise. Examples of roles for stakeholders in ensuring that strategic alliances are formed to advance the SDGs, by leveraging health promotion, include:

- **Government** – Expand space for civil society engagement in decision-making, taking necessary precautions to protect against the efforts of industry-backed front groups to interfere with public policymaking.
- **Civil society** – Explore opportunities and innovative means to build cross-constituency partnerships for overlapping injustices and common causes, with an emphasis on south-south and triangular cooperation amongst CSOs.
- **Media (including social media)** – Work with civil society to ensure that governments are committed to do as they have stated. Media platforms both new and old can be used to engage a wide population on decision-making processes related to sustainable development.
- **Organizations of the UN system** – Support the development of win-win policies and programmes to scale up advocacy and community mobilization for health and the SDGs, engaging as appropriate with media and civil society.
- **Community leaders** – Mobilize affected communities and constituencies to respond to health and development injustices, supporting their capacity to push back and organize, and build cross-cutting capacities within change agents.
- **Research and academic institutions** – Develop and improve methods to evaluate social mobilization using an evidence-based approach as both a process and an outcome. Valid and reliable tools are

especially needed to measure the (often complex) social and organizational aspects of social mobilization as these pertain to a range of SDGs.

Underpinning these examples are key approaches and mechanisms for stakeholders to harness, such that win-wins between social mobilization for health and that for the other SDGs can be achieved. For example, the WHO Innov8 Approach for reviewing national health programmes aims to ensure that “no one is left behind” by enabling multiple actors to strengthen action on equity, gender, human rights and the social determinants of health in eight simple steps.^{xvii} The approach identifies gaps, barriers and causes of these to introduce the type of transformative changes needed to make national health programmes work for all subpopulations, especially the most vulnerable and marginalized in society.

As we scale up efforts to implement Agenda 2030, we are by no means starting from scratch. However, the historic SDGs are a major opportunity to bring together and build upon the range of experiences and successes that have already accrued – whether in access to medicines, climate change action, tearing down discriminatory laws or addressing inequities more broadly. The potential for health promotion to amplify the power of social mobilization and bring together different stakeholders in pursuit of sustainable health and well-being is enormous. For this potential to be realized in full, governments must ensure that community-centred approaches are always equally included alongside top-down interventions, and societies must empower their citizens, through a **new partnership**, to actively achieve the SDGs.

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