



Promoting Health and Wellbeing: Key to Building Citizenship

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Editorial

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Editorial

The health of a community is fundamental to its prosperity and overall quality of life. In an era where health is increasingly recognised as a whole concept encompassing physical, mental, economic, commercial and political dimensions, communities are looking for innovative ways to promote holistic wellbeing among their residents. The approach to fostering a salutogenic model is multifaceted and involves a variety of strategies.

As early as 1986, the WHO Ottawa Charter underlined the central importance of civic participation and involvement as a basic approach in implementing concrete and effective programmes, policies and activities to set priorities, make decisions, plan strategies relevant to the needs of the community, in order to achieve better health and well-being, [1]. This process is fundamentally about empowering people, both individually and collectively, to build competencies and thus take greater control over the social determinants that affect large populations with their contextual characteristics, thereby optimising their overall health outcomes [2,3].

Recently, the World Health Organization approved a document urging member countries to facilitate the strengthening of civil society capacity to enable meaningful, equitable and inclusive social participation, with the aim of influencing transparent decision-making for health throughout the policy cycle, at all levels [4]. The aim is to improve the conditions for the long-term survival and well-being of the population; this implies the adoption of measures to achieve a more equitable distribution of the social preconditions of health that go far beyond the sector

and into the realm of creating positive and sustainable social change [5].

Over nearly half a century, governments around the world have made numerous international commitments to promote health and wellbeing through a vast knowledge base, practical tools and relevant experiences that are rarely tapped [6,7]; In addition, in many countries the focus remains primarily on 'specialised care' for complex and multifactorial health and wellbeing problems, and there has been a lack of long-term investment in health promotion. To make progress in this area, political commitment and sustained funding is urgently needed to harness individual resources, mobilise networks and motivate people to respond in ways that are relevant to harmful problems and are more likely to be implemented by a wide range of stakeholders [8,9].

Understanding the nature of this engagement within a broader policy framework that seeks to expand and deepen civil society's contribution to health and well-being has implications for health promotion practice. Potential benefits include increased research capacity, the incorporation of collective perspectives on problems and solutions, and improved public awareness and acceptance of actions to improve living conditions. To support this, there is a need to democratise as many methods and resources as possible that build community competencies related to a comprehensive understanding of feasibility, impacts and potential constraints in policy and practice contexts; increase familiarity, confidence and skills to implement this knowledge among stakeholders; and organisational infrastructure that fosters partnerships for society-wide and whole-of-government sharing of experience and knowledge [10-13].

This is a dynamic and multifaceted process that requires the collective effort of the whole community and should be supported by governments through training programmes

with the potential to empower individuals and communities to assert their rights and entitlements in everyday life in relation to the ethical principles of access, equity and accountability to the need to solve social problems and improve their health and well-being. These programmes, by amalgamating problem-based learning with competency-based models, can produce social leaders who are deeply familiar with the specific health challenges and needs of their community [14-16].

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