Milestones in Health Promotion

Statements from Global Conferences

health
PROMOTION

World Health Organization

WHO/NMH/CHP/09.01

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Design and layout by Zando Escultura

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The Ottawa Charter for Health Promotion

First International Conference on Health Promotion
Ottawa, 17-21 November 1986

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and equity.

Improvement in health requires a secure foundation in these basic prerequisites.

ADVOCATE

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

ENABLE

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

MEDIATE

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion Action Means:

Build Healthy Public Policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create Supportive Environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socioecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen Community Actions

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments.

They must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

Moving into the Future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Commitment to Health Promotion

The participants in this Conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between

societies, and to tackle the inequities in health produced by the rules and practices of these societies;

- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;
- to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The Conference urges all concerned to join them in their commitment to a strong public health alliance.

Call for International Action

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.

*Charter adopted at an international conference on health promotion, 'The move towards a new public health', 17-21 November 1986 Ottawa, Ontario, Canada.**

www.who.int/healthpromotion/conferences/ottawa.pdf

* Co-sponsored by the Canadian Public Health Association, Health and Welfare Canada, and the World Health Organization.

Adelaide Recommendations on Healthy Public Policy

Second International Conference on Health Promotion, Adelaide, South Australia, 5-9 April 1988

The adoption of the Declaration of Alma-Ata a decade ago was a major milestone in the Health for All movement which the World Health Assembly launched in 1977. Building on the recognition of health as a fundamental social goal, the Declaration set a new direction for health policy by emphasizing people's involvement, cooperation between sectors of society and primary health care as its foundation.

The Spirit of Alma-Ata

The spirit of Alma-Ata was carried forward in the Charter for Health Promotion which was adopted in Ottawa in 1986. The Charter set the challenge for a move towards the new public health by reaffirming social justice and equity as prerequisites for health, and advocacy and mediation as the processes for their achievement.

The Charter identified five health promotion action areas:

- build Healthy Public Policy,
- create supportive environments,
- develop personal skills,
- strengthen community action, and
- reorient health services.

These actions are interdependent, but healthy public policy establishes the environment that makes the other four possible.

The Adelaide Conference on Healthy Public Policy continued in the direction set at Alma-Ata and Ottawa, and built on their momentum. Two hundred and twenty participants from forty-two countries shared experiences in formulating and implementing healthy public policy. The following recommended strategies for healthy public policy action reflect the consensus achieved at the Conference.

Healthy Public Policy

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes health choices possible or easier for citizens. It makes social and physical environments health-enhancing. In the pursuit of healthy public policy, government

sectors concerned with agriculture, trade, education, industry, and communications need to take into account health as an essential factor when formulating policy. These sectors should be accountable for the health consequences of their policy decisions. They should pay as much attention to health as to economic considerations.

The value of health

Health is both a fundamental human right and a sound social investment. Governments need to invest resources in healthy public policy and health promotion in order to raise the health status of all their citizens. A basic principle of social justice is to ensure that people have access to the essentials for a healthy and satisfying life. At the same time, this raises overall societal productivity in both social and economic terms. Healthy public policy in the short term will lead to long-term economic benefits as shown by the case studies presented a this Conference. New efforts must be made to link economic, social, and health policies into integrated action.

Equity, access and development

Inequalities in health are rooted in inequities in society. Closing the health gap between socially and educationally disadvantaged people and more advantaged people requires a policy that will improve access to health-enhancing goods and services, and create supportive environments. Such a policy would assign high priority to underprivileged and vulnerable groups. Furthermore, a healthy public policy recognizes the unique culture of indigenous peoples, ethnic minorities, and immigrants. Equal access to health services, particularly community health care, is a vital aspect of equity in health.

New inequalities in health may follow rapid structural change caused by emerging technologies. The first target of the European Region of the World Health Organization, in moving towards Health for All is that:

"by the year 2000 the actual differences in health status between countries and between groups within countries should be reduced by at least 25% by improving the level of health of disadvantaged nations and groups."

In view of the large health gaps between countries, which this Conference has examined, the developed countries have an obligation to ensure that their own policies have a positive health impact on developing nations. The Conference recommends that all countries develop healthy public policies that explicitly address this issue.

Accountability for Health

The recommendations of this Conference will be realized only if governments at national, regional and local levels take action. The development of healthy public policy is as important at the local levels of government as it is nationally. Governments should set explicit health goals that emphasize health promotion.

Public accountability for health is an essential nutrient for the growth of healthy public policy. Governments and all other controllers of resources are ultimately accountable to their people for the health consequences of their policies, or lack of

policies. A commitment to healthy public policy means that governments must measure and report the health impact of their policies in language that all groups in society readily understand. Community action is central to the fostering of healthy public policy. Taking education and literacy into account, special efforts must be made to communicate with those groups most affected by the policy concerned.

The Conference emphasizes the need to evaluate the impact of policy. Health information systems that support this process need to be developed. This will encourage informed decision-making over the future allocation of resources for the implementation of healthy public policy.

Moving beyond health care

Healthy public policy responds to the challenges in health set by an increasingly dynamic and technologically changing world, with its complex ecological interactions and growing international interdependencies. Many of the health consequences of these challenges cannot be remedied by present and foreseeable health care. Health promotion efforts are essential, and these require an integrated approach to social and economic development which will reestablish the links between health and social reform, which the World Health Organization policies of the past decade have addressed as a basic principle.

Partners in the policy process

Government plays an important role in health, but health is also influenced greatly by corporate and business interests, nongovernmental bodies and community organizations. Their potential for preserving and promoting people's health should be encouraged. Trade unions, commerce and industry, academic associations and religious leaders have many opportunities to act in the health interests of the whole community. New alliances must be forged to provide the impetus for health action.

Action Areas

The Conference identified four key areas as priorities for health public policy for immediate action:

Supporting the health of women

Women are the primary health promoters all over the world, and most of their work is performed without pay or for a minimal wage. Women's networks and organizations are models for the process of health promotion organization, planning and implementation. Women's networks should receive more recognition and support from policy-makers and established institutions. Otherwise, this investment of women's labour increases inequity. For their effective participation in health promotion women require access to information, networks and funds. All women, especially those from ethnic, indigenous, and minority groups, have the right to self-determination of their health, and should be full partners in the formulation of healthy public policy to ensure its cultural relevance.

This Conference proposes that countries start developing a national women's healthy public policy in which women's own health agendas are central and which includes proposals for:

- equal sharing of caring work performed in society;
- birthing practices based on women's preferences

and needs;

- supportive mechanisms for caring work, such as support for mothers with children, parental leave, and dependent health-care leave.

Food and nutrition

The elimination of hunger and malnutrition is a fundamental objective of healthy public policy. Such policy should guarantee universal access to adequate amounts of healthy food in culturally acceptable ways. Food and nutrition policies need to integrate methods of food production and distribution, both private and public, to achieve equitable prices. A food and nutrition policy that integrates agricultural, economic, and environmental factors to ensure a positive national and international health impact should be a priority for all governments. The first stage of such a policy would be the establishment of goals for nutrition and diet. Taxation and subsidies should discriminate in favour of easy access for all to healthy food and an improved diet.

The Conference recommends that governments take immediate and direct action at all levels to use their purchasing power in the food market to ensure that the food-supply under their specific control (such as catering in hospitals, schools, day-care centres, welfare services and workplaces) gives consumers ready access to nutritious food.

Tobacco and alcohol

The use of tobacco and the abuse of alcohol are two major health hazards that deserve immediate action through the development of healthy public policies. Not only is tobacco directly injurious to the health of the smoker but the health consequences of passive smoking, especially to infants, are now more clearly recognized than in the past. Alcohol contributes to social discord, and physical and mental trauma. Additionally, the serious ecological consequences of the use of tobacco as a cash crop in impoverished economies have contributed to the current world crises in food production and distribution.

The production and marketing of tobacco and alcohol are highly profitable activities - especially to governments through taxation. Governments often consider that the economic consequences of reducing the production and consumption of tobacco and alcohol by altering policy would be too heavy a price to pay for the health gains involved.

This Conference calls on all governments to consider the price they are paying in lost human potential by abetting the loss of life and illness that tobacco smoking and alcohol abuse cause. Governments should commit themselves to the development of healthy public policy by setting nationally-determined targets to reduce tobacco growing and alcohol production, marketing and consumption significantly by the year 2000.

Creating supportive environments

Many people live and work in conditions that are hazardous to their health and are exposed to potentially hazardous products. Such problems often transcend national frontiers.

Environmental management must protect human health from the direct and indirect adverse effects of biological, chemical, and physical factors, and should recognize that women and men are part of a complex ecosystem. The extremely diverse

but limited natural resources that enrich life are essential to the human race. Policies promoting health can be achieved only in an environment that conserves resources through global, regional, and local ecological strategies.

A commitment by all levels of government is required. Coordinated intersectoral efforts are needed to ensure that health considerations are regarded as integral prerequisites for industrial and agricultural development. At an international level, the World Health Organization should play a major role in achieving acceptance of such principles and should support the concept of sustainable development.

This Conference advocates that, as a priority, the public health and ecological movements join together to develop strategies in pursuit of socioeconomic development and the conservation of our planet's limited resources.

Developing New Health Alliances

The commitment to healthy public policy demands an approach that emphasizes consultation and negotiation. Healthy public policy requires strong advocates who put health high on the agenda of policy-makers. This means fostering the work of advocacy groups and helping the media to interpret complex policy issues.

Educational institutions must respond to the emerging needs of the new public health by reorienting existing curricula to include enabling, mediating, and advocating skills. There must be a power shift from control to technical support in policy development. In addition, forums for the exchange of experiences at local, national and international levels are needed.

The Conference recommends that local, national and international bodies:

- establish clearing-houses to promote good practice in developing healthy public policy;
- develop networks of research workers, training personnel, and programme managers to help analyse and implement healthy public policy.

Commitment to Global Public Health

Prerequisites for health and social development are peace and social justice; nutritious food and clean water; education and decent housing; a useful role in society and an adequate income; conservation of resources and the protection of the ecosystem. The vision of healthy public policy is the achievement of these fundamental conditions for healthy living. The achievement of global health rests on recognizing and accepting interdependence both within and between countries. Commitment to global public health will depend on finding strong means of international cooperation to act on the issues that cross national boundaries.

Future Challenges

1. Ensuring an equitable distribution of resources even in adverse economic circumstances is a challenge for all nations.
2. Health for All will be achieved only if the creation and preservation of healthy living and working conditions become a central concern in all public policy decisions. Work in all its dimensions - caring work, opportunities for employment, quality of working life - dramatically affects

people's health and happiness. The impact of work on health and equity needs to be explored.

3. The most fundamental challenge for individual nations and international agencies in achieving healthy public policy is to encourage collaboration (or developing partnerships) in peace, human rights and social justice, ecology, and sustainable development around the globe.
4. In most countries, health is the responsibility of bodies at different political levels. In the pursuit of better health it is desirable to find new ways for collaboration within and between these levels.
5. Healthy public policy must ensure that advances in health-care technology help, rather than hinder, the process of achieving improvements in equity.

The Conference strongly recommends that the World Health Organization continue the dynamic development of health promotion through the five strategies described in the Ottawa Charter. It urges the World Health Organization to expand this initiative throughout all its regions as an integrated part of its work. Support for developing countries is at the heart of this process.

Renewal of Commitment

In the interests of global health, the participants at the Adelaide Conference urge all concerned to reaffirm the commitment to a strong public health alliance that the Ottawa Charter called for.

*Extract from the report on the 2nd International Conference on Health Promotion, 'Healthy Public Policy', 5-9 April 1988 Adelaide, South Australia.**

www.who.int/healthpromotion/conferences/adelaide.pdf

* Co-sponsored by the Department of Community Services & Health, Canberra, Australia and the World Health Organization Regional Office for Europe, Copenhagen, Denmark.

Sundsvall Statement on Supportive Environments for Health

Third International Conference on Health Promotion, Sundsvall, Sweden, 9-15 June 1991

The Third International Conference on Health Promotion: Supportive Environments for Health - the Sundsvall Conference - fits into a sequence of events which began with the commitment of WHO to the goals of Health For All (1977). This was followed by the UNICEF/WHO International Conference on Primary Health Care, in Alma-Ata (1978), and the First International Conference on Health Promotion in Industrialized Countries (Ottawa 1986). Subsequent meetings on Healthy Public Policy, (Adelaide 1988) and a Call for Action: Health Promotion in Developing countries, (Geneva 1989) have further clarified the relevance and meaning of health promotion. In parallel with these developments in the health arena, public concern over threats to the global environment has grown dramatically. This was clearly expressed by the World Commission on Environment and Development in its report Our Common Future, which provided a new understanding of the imperative of sustainable development.

The Third International Conference on Health Promotion: Supportive Environments for Health - the first global conference on health promotion, with participants from 81 countries - calls upon people in all parts of the world to actively engage in making environments more supportive to health. Examining today's health and environmental issues together, the Conference points out that millions of people are living in extreme poverty and deprivation in an increasingly degraded environment that threatens their health, making the goal of Health For All by the Year 2000 extremely hard to achieve. The way forward lies in making the environment - the physical environment, the social and economic environment, and the political environment - supportive to health rather than damaging to it.

The Sundsvall Conference identified many examples and approaches for creating supportive environments that can be used by policy-makers, decision-makers and community activists in the health and environment sectors. The Conference recognized that everyone has a role in creating supportive environments for health.

A Call for Action

This call for action is directed towards policy-makers and decision-makers in all relevant sectors

and at all levels. Advocates and activists for health, environment and social justice are urged to form a broad alliance towards the common goal of Health for All. We Conference participants have pledged to take this message back to our communities, countries and governments to initiate action. We also call upon the organizations of the United Nations system to strengthen their cooperation and to challenge each other to be truly committed to sustainable development and equity.

A supportive environment is of paramount importance for health. The two are interdependent and inseparable. We urge that the achievement of both be made central objectives in the setting of priorities for development, and be given precedence in resolving competing interests in the everyday management of government policies.

Inequities are reflected in a widening gap in health both within our nations and between rich and poor countries. This is unacceptable. Action to achieve social justice in health is urgently needed. Millions of people are living in extreme poverty and deprivation in an increasingly degraded environment in both urban and rural areas. An unforeseen and alarming number of people suffer from the tragic consequences for health and well-being of armed conflicts. Rapid population growth is a major threat to sustainable development. People must survive without clean water, adequate food, shelter or sanitation.

Poverty frustrates people's ambitions and their dreams of building a better future, while limited access to political structures undermines the basis for self-determination. For many, education is unavailable or insufficient, or, in its present forms, fails to enable and empower. Millions of children lack access to basic education and have little hope for a better future. Women, the majority of the world's population, are still oppressed. They are sexually exploited and suffer from discrimination in the labour market and many other areas, preventing them from playing a full role in creating supportive environments.

More than a billion people worldwide have inadequate access to essential health care. Health care systems undoubtedly need to be strengthened. The solution to these massive problems lies in social action for health and the resources and creativity of individuals and their communities. Releasing this potential requires a fundamental change in the way we view our health and our environment, and a clear, strong political commitment to sustainable health and environmental policies. The solutions lie beyond the traditional health system.

Initiatives have to come from all sectors that can contribute to the creation of supportive environments for health, and must be acted upon by people in local communities, nationally by government and nongovernmental organizations, and globally through international organizations. Action will predominantly involve such sectors as education, transport, housing and urban development, industrial production and agriculture.

Dimensions of Action on Supportive Environments for Health

In a health context the term supportive environments refers to both the physical and the social aspects of our surroundings. It encompasses where people live, their local community, their home, where they

work and play. It also embraces the framework which determines access to resources for living, and opportunities for empowerment. Thus action to create supportive environments has many dimensions: physical, social, spiritual, economic and political. Each of these dimensions is inextricably linked to the others in a dynamic interaction. Action must be coordinated at local, regional, national and global levels to achieve solutions that are truly sustainable.

The Conference highlighted four aspects of supportive environments:

- The social dimension, which includes the ways in which norms, customs and social processes affect health. In many societies traditional social relationships are changing in ways that threaten health, for example, by increasing social isolation, by depriving life of a meaningful coherence and purpose, or by challenging traditional values and cultural heritage.
- The political dimension, which requires governments to guarantee democratic participation in decision-making and the decentralization of responsibilities and resources. It also requires a commitment to human rights, peace, and a shifting of resources from the arms race.
- The economic dimension, which requires a re-channelling of resources for the achievement of Health for All and sustainable development, including the transfer of safe and reliable technology.
- The need to recognize and use women's skills and knowledge in all sectors - including policy-making, and the economy - in order to develop a more positive infrastructure for supportive environments. The burden of the workload of women should be recognized and shared between men and women. Women's community-based organizations must have a stronger voice in the development of health promotion policies and structures.

Proposals for Action

Sundsvall Conference believes that proposals to implement the Health for All strategies must reflect two basic principles:

1. Equity must be a basic priority in creating supportive environments for health, releasing energy and creative power by including all human beings in this unique endeavour. All policies that aim at sustainable development must be subjected to new types of accountability procedures in order to achieve an equitable distribution of responsibilities and resources. All action and resource allocation must be based on a clear priority and commitment to the very poorest, alleviating the extra hardship borne by the marginalized, minority groups, and people with disabilities. The industrialized world needs to pay the environmental and human debt that has accumulated through exploitation of the developing world.
2. Public action for supportive environments for health must recognize the interdependence of all living beings, and must manage all natural resources, taking into account the needs of future generations. Indigenous peoples have a unique spiritual and cultural relationship with the physical environment that can provide valuable lessons for the rest of the world. It is essential, therefore, that indigenous peoples be involved in sustainable development activities, and negotiations be conducted about their rights to land and cultural heritage.

It Can be Done: Strengthening Social Action

A call for the creation of supportive environments is a practical proposal for public health action at the local level, with a focus on settings for health that allow for broad community involvement and control. Examples from all parts of the world were presented at the Conference in relation to education, food, housing, social support and care, work and transport. They clearly showed that supportive environments enable people to expand their capabilities and develop self-reliance. Further details of these practical proposals are available in the Conference report and handbook.

Using the examples presented, the Conference identified four key public health action strategies to promote the creation of supportive environments at community level.

1. Strengthening advocacy through community action, particularly through groups organized by women.
2. Enabling communities and individuals to take control over their health and environment through education and empowerment.
3. Building alliances for health and supportive environments in order to strengthen the cooperation between health and environmental campaigns and strategies.
4. Mediating between conflicting interests in society in order to ensure equitable access to supportive environments for health.

In summary, empowerment of people and community participation were seen as essential factors in a democratic health promotion approach and the driving force for self-reliance and development.

Participants in the Conference recognized, in particular, that education is a basic human right and a key element in bringing about the political, economic and social changes needed to make health a possibility for all. Education should be accessible throughout life and be built on the principle of equity, particularly with respect to culture, social class and gender.

The Global Perspective

People form an integral part of the earth's ecosystem. Their health is fundamentally interlinked with the total environment. All available information indicates that it will not be possible to sustain the quality of life, for human beings and all living species, without drastic changes in attitudes and behaviour at all levels with regard to the management and preservation of the environment.

Concerted action to achieve a sustainable, supportive environment for health is the challenge of our times.

At the international level, large differences in per capita income lead to inequalities not only in access to health but also in the capacity of societies to improve their situation and sustain a decent quality of life for future generations. Migration from rural to urban areas drastically increases the number of people living in slums, with accompanying problems - including lack of clean water and sanitation.

Political decision-making and industrial development are too often based on short-term planning and economic gains which do not take into account the true costs to people's health and the environment. International debt is

seriously draining the scarce resources of the poor countries. Military expenditure is increasing, and war, in addition to causing deaths and disability, is now introducing new forms of ecological vandalism.

Exploitation of the labour force, the exportation and dumping of hazardous substances, particularly in the weaker and poorer nations, and the wasteful consumption of world resources all demonstrate that the present approach to development is in crisis. There is an urgent need to advance towards new ethics and global agreement based on peaceful coexistence to allow for a more equitable distribution and utilization of the earth's limited resources.

Achieving Global Accountability

The Sundsvall Conference calls upon the international community to establish nw mechanisms of health and ecological accountability that build upon the principles of sustainable health development. In practice this requires health and environmental impact statements for major policy and programme initiatives. WHO and UNEP are urged to strengthen their efforts to develop codes of conduct on the trade and marketing of substances and products harmful to health and the environment.

WHO and UNEP are urged to develop guidelines based on the principle of sustainable development for use by Member States. All multilateral and bilateral donor and funding agencies such as the World Bank and International Monetary Fund are urged to use such guidelines in planning, implementing and assessing development projects. Urgent action needs to be taken to support developing countries in identifying and applying their own solutions. Close collaboration with nongovernmental organizations should be ensured throughout the process.

The Sundsvall Conference has again demonstrated that the issues of health, environment and human development cannot be separated. Development must imply improvement in the quality of life and health while preserving the sustainability of the environment. Only worldwide action based on global partnership will ensure the future of our planet.

*Document resulting from the 3rd International Conference on Health Promotion, 9-15 June 1991, Sundsvall, Sweden.**

www.who.int/healthpromotion/conferences/sundsvall.pdf

*Co-sponsored by the United Nations Environment Programme, the Nordic Council of Ministers, and the World Health Organization

Jakarta Declaration on Leading Health Promotion into the 21st Century

The Fourth International Conference on Health Promotion: New Players for a New Era - Leading Health Promotion into the 21st Century, Jakarta, Indonesia, 21-25 July 1997

The Fourth International Conference on Health Promotion: New Players for a New Era - Leading Health Promotion into the 21st Century, meeting in Jakarta from 21 to 25 July 1997, has come at a critical moment in the development of international strategies for health. It is almost 20 years since the World Health Organization's Member States made an ambitious commitment to a global strategy for Health for All and the principles of primary health care through the Declaration of Alma-Ata. It is 11 years since the First International Conference on Health Promotion was held in Ottawa, Canada. That Conference resulted in proclamation of the Ottawa Charter for Health Promotion, which has been a source of guidance and inspiration for health promotion since that time. Subsequent international conferences and meetings have further clarified the relevance and meaning of key strategies in health promotion, including healthy public policy (Adelaide, Australia, 1988), and supportive environments for health (Sundsvall, Sweden, 1991).

The Fourth International Conference on Health Promotion is the first to be held in a developing country, and the first to involve the private sector in supporting health promotion. It has provided an opportunity to reflect on what has been learned about effective health promotion, to re-examine the determinants of health, and to identify the directions and strategies that must be adopted to address the challenges of promoting health in the 21st century. The participants in the Jakarta Conference hereby present this Declaration on action for health promotion into the next century.

Health promotion is a key investment

Health is a basic human right and is essential for social and economic development. Increasingly, health promotion is being recognized as an essential element of health development. It is a process of enabling people to increase control over, and to improve, their health. Health promotion, through investment and action, has a marked impact on the determinants of health so as to create the greatest health gain for people, to contribute significantly to the reduction of inequities in health, to further human rights, and to build social capital. The

ultimate goal is to increase health expectancy, and to narrow the gap in health expectancy between countries and groups.

The Jakarta Declaration on Health Promotion offers a vision and focus for health promotion into the next century. It reflects the firm commitment of participants in the Fourth International Conference on Health Promotion to draw upon the widest possible range of resources to tackle health determinants in the 21st century.

Determinants of health: new challenges

The prerequisites for health are peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, and equity. Above all, poverty is the greatest threat to health.

Demographic trends such as urbanization, an increase in the number of older people and the high prevalence of chronic diseases pose new problems in all countries. Other social, behavioural and biological changes such as increased sedentary behaviour, resistance to antibiotics and other commonly available drugs, increased drug abuse, and civil and domestic violence threaten the health and well-being of hundreds of millions of people.

New and re-emerging infectious diseases, and the greater recognition of mental health problems, require an urgent response. It is vital that approaches to health promotion evolve to meet changes in the determinants of health.

Transnational factors also have a significant impact on health. These include the integration of the global economy, financial markets and trade, wide access to media and communications technology, and environmental degradation as a result of the irresponsible use of resources.

These changes shape peoples values, their lifestyles throughout the lifespan, and living conditions across the world. Some have great potential for health, such as the development of communications technology, while others, such as international trade in tobacco, have a major negative impact.

Health promotion makes a difference

Research and case studies from around the world provide convincing evidence that health promotion is effective. Health promotion strategies can develop and change lifestyles, and have an impact on the social, economic and environmental conditions that determine health. Health promotion is a practical approach to achieving greater equity in health.

The five strategies set out in the Ottawa Charter for Health Promotion are essential for success:

- build healthy public policy
- create supportive environments
- strengthen community action
- develop personal skills
- reorient health services.

There is now clear evidence that:

- comprehensive approaches to health development are the most effective. Those that use combinations of the five strategies

are more effective than single- track approaches.
- particular settings offer practical opportunities for the implementation of comprehensive strategies. These include mega-cities, islands, cities, municipalities, local communities, markets, schools, the workplace, and health care facilities.
- participation is essential to sustain efforts. People have to be at the centre of health promotion action and decision-making processes for them to be effective.
- health learning fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities.

These strategies are core elements of health promotion and are relevant for all countries.

New responses are needed

To address emerging threats to health, new forms of action are needed. The challenge for the coming years will be to unlock the potential for health promotion inherent in many sectors of society, among local communities, and within families.

There is a clear need to break through traditional boundaries within government sectors, between governmental and nongovernmental organizations, and between the public and private sectors. Cooperation is essential; this requires the creation of new partnerships for health, on an equal footing, between the different sectors at all levels of governance in societies.

Priorities for health promotion in the 21st Century

1. Promote social responsibility for health

Decision-makers must be firmly committed to social responsibility. Both the public and private sectors should promote health by pursuing policies and practices that:
- avoid harming the health of individuals
- protect the environment and ensure sustainable use of resources
- restrict production of and trade in inherently harmful goods and substances such as tobacco and armaments, as well as discourage unhealthy marketing practices
- safeguard both the citizen in the marketplace and the individual in the workplace
- include equity-focused health impact assessments as an integral part of policy development.

2. Increase investments for health development

In many countries, current investment in health is inadequate and often ineffective.

Increasing investment for health development requires a truly multisectoral approach including, for example, additional resources for education and housing as well as for the health sector.

Greater investment for health and reorientation of existing investments, both within and among countries, has the potential to achieve significant advances in human development, health and quality of life.

Investments for health should reflect the needs of particular groups such as women, children, older people, and indigenous, poor and marginalized populations.

3. Consolidate and expand partnerships for health

Health promotion requires partnerships for health and social development between the different sectors at all levels of governance and society. Existing partnerships need to be strengthened and the potential for new partnerships must be explored.

Partnerships offer mutual benefit for health through the sharing of expertise, skills and resources. Each partnership must be transparent and accountable and be based on agreed ethical principles, mutual understanding and respect. WHO guidelines should be adhered to.

4. Increase community capacity and empower the individual

Health promotion is carried out by and with people, not on or to people. It improves both the ability of individuals to take action, and the capacity of groups, organizations or communities to influence the determinants of health.

Improving the capacity of communities for health promotion requires practical education, leadership training, and access to resources. Empowering individuals demands more consistent, reliable access to the decision-making process and the skills and knowledge essential to effect change.

Both traditional communication and the new information media support this process. Social, cultural and spiritual resources need to be harnessed in innovative ways.

5. Secure an infrastructure for health promotion

To secure an infrastructure for health promotion, new mechanisms for funding it locally, nationally and globally must be found. Incentives should be developed to influence the actions of governments, nongovernmental organizations, educational institutions and the private sector to make sure that resource mobilization for health promotion is maximized.

“Settings for health” represent the organizational base of the infrastructure required for health promotion. New health challenges mean that new and diverse networks need to be created to achieve intersectoral collaboration. Such networks should provide mutual assistance within and among countries and facilitate exchange of information on which strategies have proved effective and in which settings.

Training in and practice of local leadership skills should be encouraged in order to support health promotion activities. Documentation of experiences in health promotion through research and project reporting should be enhanced to improve planning, implementation and evaluation.

All countries should develop the appropriate political, legal, educational, social and economic environments required to support health promotion.

Call for action

The participants in this Conference are committed to sharing the key messages of the Jakarta Declaration with their governments, institutions and communities, putting the actions proposed into practice, and reporting back to the Fifth International Conference on Health Promotion.

In order to speed progress towards global health promotion, the participants endorse the formation of a global health promotion alliance. The goal of this alliance is to advance the priorities for action in health promotion set out in this Declaration.

Priorities for the alliance include:

- raising awareness of the changing determinants of health
- supporting the development of collaboration and networks for health development
- mobilizing resources for health promotion
- accumulating knowledge on best practice
- enabling shared learning
- promoting solidarity in action
- fostering transparency and public accountability in health promotion

National governments are called on to take the initiative in fostering and sponsoring networks for health promotion both within and among their countries.

The participants call on WHO to take the lead in building such a global health promotion alliance and enabling its Member States to implement the outcomes of the Conference. A key part of this role is for WHO to engage governments, nongovernmental organizations, development banks, organizations of the United Nations system, interregional bodies, bilateral agencies, the labour movement and cooperatives, as well as the private sector, in advancing the priorities for action in health promotion.

*Document resulting from 4th International Conference on Health Promotion, 21-25 July 1997, Jakarta, Indonesia.**

www.who.int/healthpromotion/conferences/jakarta.pdf

* The success of the fourth ICHP is due to the active contribution of many, the host country, WHO, HQ and the Regional Offices, WR Country Offices, WHO CCs, UN, IGOs and NGOs.

Mexico Ministerial Statement for the Promotion of Health: From Ideas to Action

Fifth Global Conference on Health Promotion, Health Promotion: Bridging the Equity Gap, Mexico City, 5-9 June 2000

Statement

Gathered in Mexico City on the occasion of the Fifth Global Conference on Health Promotion, the Ministers of Health who sign this Statement:

1. Recognize that the attainment of the highest possible standard of health is a positive asset for the enjoyment of life and necessary for social and economic development and equity.
2. Acknowledge that the promotion of health and social development is a central duty and responsibility of governments, that all sectors of society share.
3. Are mindful that, in recent years, through the sustained efforts of governments and societies working together, there have been significant health improvements and progress in the provision of health services in many countries of the world.
4. Realize that, despite this progress, many health problems still persist which hinder social and economic development and must therefore be urgently addressed to further equity in the attainment of health and well being.
5. Are mindful that, at the same time, new and re-emerging diseases threaten the progress made in health.
6. Realize that it is urgent to address the social, economic and environmental determinants of health and that this requires strengthened mechanisms of collaboration for the promotion of health across al sectors and at all levels of society.
7. Conclude that health promotion must be a fundamental component of public policies and programmes in all countries in the pursuit of equity and better health for all.
8. Realize that there is ample evidence that good health promotion strategies of promoting health are effective.

Actions

Considering the above, we subscribe to the following:

a. To position the promotion of health as a fundamental priority in local, regional, national and international policies and programmes.
b. To take the leading role in ensuring the active participation of all sectors and civil society, in the implementation of health promoting actions

which strengthen and expand partnerships for health.

c. To support the preparation of country-wide plans of action for promoting health, if necessary drawing on the expertise in this area of WHO and its partners. These plans will vary according to the national context, but will follow a basic framework agreed upon during the Fifth Global Conference on Health Promotion, and may include among others:
   - The identification of health priorities and the establishment of healthy public policies and programmes to address these.
   - The support of research which advances knowledge on selected priorities.
   - The mobilization of financial and operational resources to build human and institutional capacity for the development, implementation, monitoring and evaluation of country-wide plans of action.

d. To establish or strengthen national and international networks which promote health.

e. To advocate that UN agencies be accountable for the health impact of their development agenda.

f. To inform the Director General of the World Health Organization, for the purpose of her report to the 107th session of the Executive Board, of the progress made in the performance of the above actions.

*Signed in Mexico City, on 5 June 2000, in Arabic, Chinese, English, French, Portuguese, Russian and Spanish, all texts being equally authentic.**

www.who.int/healthpromotion/conferences/mexico.pdf

* Jointly organized by the World Health Organization, the Pan American Health Organization (PAHO/AMRO) and the Ministry of Health of Mexico.

Signing countries

This Ministerial Statement was signed by the following countries:

Algeria	Czech Republic	Jamaica	Nicaragua	South Africa
Angola	Denmark	Korea	Niger	Spain
Argentina	Dominica	Kuwait	Norway	Sudan
Aruba	Dominican Republic	Lao PDR	Oman	Swaziland
Australia	Ecuador	Lebanon	Pakistan	Sweden
Austria	El Salvador	Madagascar	Panama	Switzerland
Bangladesh	Egypt	Malaysia	Paraguay	Thailand
Belize	Finland	Maldives	Poland	Turkey
Bhutan	France	Malta	Portugal	United Kingdom
Bolivia	Gabon	Marshall Islands	Puerto Rico	United States
Brazil	Germany	Mexico	Russian Federation	Uruguay
Bulgaria	Guatemala	Morocco	Rwanda	Vanuatu
Cameroon	Haiti	Mozambique	Saint Kitts and Nevis	Venezuela
Canada	Hungary	Myanmar	Saint Lucia	Yugoslavia
China	India	Namibia	Samoa	Zambia
Colombia	Indonesia	Nepal	Slovakia	Zimbabwe
Costa Rica	Iran	Netherlands	Slovenia	
Cuba	Israel	New Zealand		

The Bangkok Charter for Health Promotion in a Globalized World

7-11 August 2005

The 'Bangkok Charter for Health Promotion in a globalized world' has been agreed to by participants at the 6th Global Conference on Health Promotion held in Thailand from 7-11 August, 2005.

Introduction

Scope

The Bangkok Charter identifies actions, commitments and pledges required to address the determinants of health in a globalized world through health promotion.

Purpose

The Bangkok Charter affirms that policies and partnerships to empower communities, and to improve health and health equality, should be at the centre of global and national development.

The Bangkok Charter complements and builds upon the values, principles and action strategies of health promotion established by the *Ottawa Charter for Health Promotion* and the recommendations of the subsequent global health promotion conferences which have been confirmed by Member States through the World Health Assembly.

Audience

The Bangkok Charter reaches out to people, groups and organizations that are critical to the achievement of health, including:

- governments and politicians at all levels
- civil society
- the private sector
- international organizations, and
- the public health community.

Health promotion

The United Nations recognizes that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination.

Health promotion is based on this critical human right and offers a positive and inclusive concept of health as a determinant of the quality of life and encompassing mental and spiritual well-being.

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and noncommunicable diseases and other threats to health.

Addressing the determinants of health

Changing context

The global context for health promotion has changed markedly since the development of the *Ottawa Charter*.

Critical factors

Some of the critical factors that now influence health include:

- increasing inequalities within and between countries
- new patterns of consumption and communication
- commercialization
- global environmental change, and
- urbanization.

Further challenges

Other factors that influence health include rapid and often adverse social, economic and demographic changes that affect working conditions, learning environments, family patterns, and the culture and social fabric of communities.

Women and men are affected differently.
The vulnerability of children and exclusion of marginalized, disabled and indigenous peoples have increased.

New opportunities

Globalization opens up new opportunities for cooperation to improve health and reduce transnational health risks; these opportunities include:

- enhanced information and communications technology, and
- improved mechanisms for global governance and the sharing of experiences.

Policy coherence

To manage the challenges of globalization, policy must be coherent across all:

- levels of governments
- United Nations bodies, and
- other organizations, including the private sector.

This coherence will strengthen compliance, transparency and accountability with international agreements and treaties that affect health.

Progress made

Progress has been made in placing health at the centre of development, for example through the Millennium Development Goals, but much more remains to be achieved; the active participation of civil society is crucial in this process.

Strategies for health promotion in a globalized world

Effective interventions

Progress towards a healthier world requires strong political action, broad participation and sustained advocacy.

Health promotion has an established repertoire of proven effective strategies which need to be fully utilized.

Required actions

To make further advances in implementing these strategies, all sectors and settings must act to:

- **advocate** for health based on human rights and solidarity
- **invest** in sustainable policies, actions and infrastructure to address the determinants of health
- **build capacity** for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy
- **regulate and legislate** to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people
- **partner and build alliances** with public, private, nongovernmental and international organizations and civil society to create sustainable actions.

Commitments to Health for All

Rationale

The health sector has a key leadership role in the building of policies and partnerships for health promotion.

An integrated policy approach within government and international organizations, as well as a commitment to working with civil society and the private sector and across settings, are essential if progress is to be made in addressing the determinants of health.

Key commitments

The four key commitments are to make the promotion of health:

1. central to the global development agenda
2. a core responsibility for all of government
3. a key focus of communities and civil society
4. a requirement for good corporate practice.

1. Make the promotion of health central to the global development agenda

Strong intergovernmental agreements that increase health and collective health security are needed. Government and international bodies must act to close the health gap between rich and poor. Effective mechanisms for global governance for health are required to address all the harmful effects of:

- trade
- products
- services, and
- marketing strategies.

Health promotion must become an integral part of domestic and foreign policy and international relations, including in situations of war and conflict.

This requires actions to promote dialogue and cooperation among nation states, civil society, and the private sector. These efforts can build on the example of existing treaties such as the World Health Organization Framework Convention for Tobacco Control.

2. Make the promotion of health a core responsibility for all of government

All governments at all levels must tackle poor health and inequalities as a matter of urgency because health is a major determinant of socioeconomic and political development. Local, regional and national governments must:

- give priority to investments in health, within and outside the health sector
- provide sustainable financing for health promotion.

To ensure this, all levels of government should make the health consequences of policies and legislation explicit, using tools such as equity-focused health impact assessment.

3. Make the promotion of health a key focus of communities and civil society

Communities and civil society often lead in initiating, shaping and undertaking health promotion. They need to have the rights, resources and opportunities to enable their contributions to be amplified and sustained. In less developed communities, support for capacity building is particularly important.

Well organized and empowered communities are highly effective in determining their own health, and are capable of making governments and the private sector accountable for the health consequences of their policies and practices.

Civil society needs to exercise its power in the marketplace by giving preference to the goods, services and shares of companies that exemplify corporate social responsibility.

Grass-roots community projects, civil society groups and women's organizations have demonstrated their effectiveness in health promotion, and provide models of practice for others to follow.

Health professional associations have a special contribution to make.

4. Make the promotion of health a requirement for good corporate practice

The corporate sector has a direct impact on the health of people and on the determinants of health through its influence on:

- local settings
- national cultures
- environments, and
- wealth distribution.

The private sector, like other employers and the informal sector, has a responsibility to ensure health and safety in the workplace, and to promote the health and well-being of their employees, their families and communities.

The private sector can also contribute to lessening wider global health impacts, such as those associated with global environmental change by complying with local national and international regulations and agreements that promote and protect health. Ethical and responsible business practices and fair trade exemplify the type of business practice that should be supported by consumers and civil society, and by government incentives and regulations.

A global pledge to make it happen

All for health

Meeting these commitments requires better application of proven strategies, as well as the use of new entry points and innovative responses.

Partnerships, alliances, networks and collaborations provide exciting and rewarding ways of bringing people and organizations together around common goals and joint actions to improve the health of populations.

Each sector – intergovernmental, government, civil society and private – has a unique role and responsibility.

Closing the implementation gap

Since the adoption of the *Ottawa Charter*, a significant number of resolutions at national and global level have been signed in support of health promotion, but these have not always been followed by action. The participants of this Bangkok Conference forcefully call on Member States of the World Health Organization to close this implementation gap and move to policies and partnerships for action.

Call for action

Conference participants request the World Health Organization and its Member States, in collaboration with others, to allocate resources for health promotion, initiate plans of action and monitor performance through appropriate indicators and targets, and to report on progress at regular intervals. United Nations organizations are asked to explore the benefits of developing a Global Treaty for Health.

Worldwide partnership

This Bangkok Charter urges all stakeholders to join in a worldwide partnership to promote health, with both global and local engagement and action.

Commitment to improve health

We, the participants of the 6th Global Conference on Health Promotion in Bangkok, Thailand, pledge to advance these actions and commitments to improve health.

*This charter contains the collective views of an international group of experts, participants of the 6th Global Conference on Health Promotion, 7-11 August 2005, Bangkok, Thailand, and does not necessarily represent the decisions or the stated policy of the World Health Organization.**

www.who.int/healthpromotion/conferences/bangkok.pdf

* Jointly organized by the World Health Organization and the Ministry of Public Health, Thailand.

Annex 1

A Discussion Document on the Concept and Principles of Health Promotion, Copenhagen, 9-13 July 1984

Background

In January 1984 a new programme in Health Promotion was established in the WHO Regional Office for Europe. As part of the continuing process of programme development, a working group met in July 1984 to discuss "Concepts and Principles in Health Promotion". This paper is a result of that working group. It is designed to clarify some of the most important issues in relation to the development of policy and programmes in health promotion. It is not intended as a final statement, but as a focus for discussion on which to base the development of health promotion activities in Europe.

The group is fully aware that the development of priorities and practices for health promotion depends upon the prevailing economic and cultural conditions. In each country, region and district, health promotion should involve the full participation of all people in the development of their health.

Introduction

At a general level, health promotion has come to represent a unifying concept for those who recognize the need for *change* in the ways *and* conditions of living, in order to promote health. Health promotion represents a mediating strategy between people and their environments, synthesizing personal choice and social responsibility in heath to create a healthier future.

Basic resources for health are income, shelter and food. Improvement in health requires a secure foundation in these basics, but also: information and life skills; a supportive environment, providing opportunities for making healthy choices among goods, services and facilities; and conditions in the economic, physical, social and cultural environments (the "total" environment) which enhance health.

The inextricable link between people and their environment constitutes the basis for a socio-ecological approach to health and this provided the conceptual framework for discussions by the working group. The discussions were organized around four main themes - principles, subject areas, priorities for the development of policies, and dilemmas in health promotion.

Principles

Health promotion is the process of enabling people to increase control over, and to improve, their health. This perspective is derived from a conception of "health" as the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasising social and personal resources, as well as physical capacities.

1. *Health promotion involves the population as a whole in the context of their everyday life, rather than focusing on people at risk for specific diseases.* It enables people to take control over, and responsibility for, their health as an important component of every day life - both as spontaneous and organized action for health. This requires full and continuing access to information about health and how it might be sought for by *all* the population, using, therefore, all dissemination methods available.
2. *Health promotion is directed towards action on the determinants or causes of health.* Health promotion, therefore, requires a close cooperation of sectors

beyond health services, reflecting the diversity of conditions which influence health. Government, at both local and national levels, has a unique responsibility to act appropriately and in a timely way to ensure that the "total" environment, which is beyond the control of individuals and groups, is conductive to health.

3. *Health promotion combines diverse, but complementary, methods or approaches,* including communication, education, legislation, fiscal measures, organizational change, community development and spontaneous local activities against health hazards.
4. *Health promotion aims particularly at effective and concrete public participation.* This focus requires the further development of problem-defining and decision-making lifeskills both individually and collectively.
5. While health promotion is basically an activity in the health and social fields, and not a medical service, *health professionals - particularly in primary health care - have an important role in nurturing and enabling health promotion.* Health professionals should work towards developing their special contributions in education and health advocacy.

Subject Areas

Health promotion best enhances health through integrated action at different levels on factors influencing health, economic, environmental, social and personal. Given these basic principles an almost unlimited list of issues for health promotion could be generated: food policy, housing, smoking, coping skills, social networks. The working group sought to frame the *general subjects for health promotion* in the following areas:

1. The focus of health promotion is *access to health:* to reduce inequalities in health and to increase opportunities to improve health. This involves changing public and corporate policies to make them conducive to health, and involves reorienting health services to the maintenance and development of health in the population, regardless of current health status.
2. The improvement of health depends upon the *development of an environment conducive to health*, especially in conditions at work and at home. Since this environment is dynamic, health promotion involves monitoring and assessment of the technological, cultural and economic state and trends.
3. Health promotion involves the *strengthening of social networks and social supports.* This is based on the recognition of the importance of social forces and social relationships as determinants of values and behaviour relevant to health, and as significant resources for coping with stress and maintaining health.
4. The predominant way of life in society is central to health promotion, since it fosters personal behaviour patterns that are either beneficial or detrimental to health. The promotion of lifestyles conducive to health involves consideration of personal coping strategies and dispositions as well as beliefs and values relevant to health, all shaped by lifelong experiences and living conditions. . . *Promoting positive health behaviour and appropriate coping strategies is a key aim in health promotion.*
5. Information and education provide the informed base for making choices. They are necessary and core components of health promotion, which aims at *increasing knowledge and disseminating information* related to health. This should include: the public's perceptions and experiences of health and how it might be sought; knowledge from epidemiology, social and other sciences on the patterns of health and disease and factors affecting them; and descriptions of the "total" environment in which health and health choices are shaped. The mass media and new information technologies are particularly important.

Priorities for the Development of Policies in Health Promotion

Health promotion stands for the collective effort to attain health. Governments, through public policy, have a special responsibility to ensure basic conditions for a healthy life and for making the healthier choices the easier choices. At the same time, supporters of health promotion within governments need to be aware of the role of spontaneous action for health, i.e., the role of social movements,

self-help and self-care, and the need for continuous cooperation with the public on all health promotion issues.

1. *The concept and meaning of "health promotion" should be clarified at every level of planning,* emphasizing a social, economic and ecological, rather than a purely physical and mental perspective on health. Policy development in health promotion can then be related and integrated with policy in other sectors such as work, housing, social services and primary health care.
2. *Political commitment to health promotion* can be expressed through the establishment of focal points for health promotion at all levels - local, regional and national. These would be organizational mechanisms for intersectoral, coordinated planning in health promotion. They should provide leadership and accountability so that, when action is agreed, progress will be secured. Adequate funding and skilled personnel are essential to allow the development of systematic long-term programmes in health promotion.
3. In the development of health promotion policies, there must be continuous consultation, dialogue and exchange of ideas between individuals and groups, both lay and professional. Policy mechanisms must be established to ensure opportunities for the expression and development of public interest in health.
4. *When selecting priority areas for policy development a review should be made of:*
   - indicators of health and their distribution in the population
   - current knowledge, skills and health practices of the population
   - current policies in government and other sectors.

   Further, an assessment should be made of:
   - the expected impact on health of different policies and programmes
   - the economic constraints and benefits
   - the social and cultural acceptability
   - the political feasibility of different options.
5. *Research support is essential for policy development and evaluation* to provide an understanding of influences on health and their development, as well as an assessment of the impact of different initiatives in health promotion. There is a need to develop methodologies for research and analysis, in particularly, to devise more appropriate approaches to evaluation. The results of research should be disseminated widely and comparisons made within and between nations.

Dilemmas

Health-related public policy will always be confronted with basic political and moral dilemmas, as it aims to balance public and personal responsibility for health. Those involved in health promotion need to be aware of possible conflicts of interest both at the social and the individual level.

1. *There is a possibility with health promotion that health will be viewed as the ultimate goal incorporating all life.* This ideology sometimes called healthism, could lead to others prescribing what individuals should do for themselves and how they should behave, which is contrary to the principles of health promotion.
2. Health promotion *programmes may be inappropriately directed at individuals at the expense of tackling economic and social problems.* Experience has shown that individuals are often considered by policy makers to be exclusively responsible for their own health. It is often implied that people have the power to completely shape their own lives and those of their families so as to be free from the avoidable burden of disease. Thus, when they are ill, they are blamed for this and discriminated against.
3. *Resources, including information, may not be accessible to people in ways which are sensitive to their expectations, beliefs, preferences or skills.* This may increase social inequalities. Information alone is inadequate; raising awareness without increasing control or prospects for change may only succeed in generating anxieties and feelings of powerlessness.
4. *There is a danger that health promotion will be appropriated by one professional group and made a field of specialisation to the exclusion of other professionals and lay people.* To increase control over

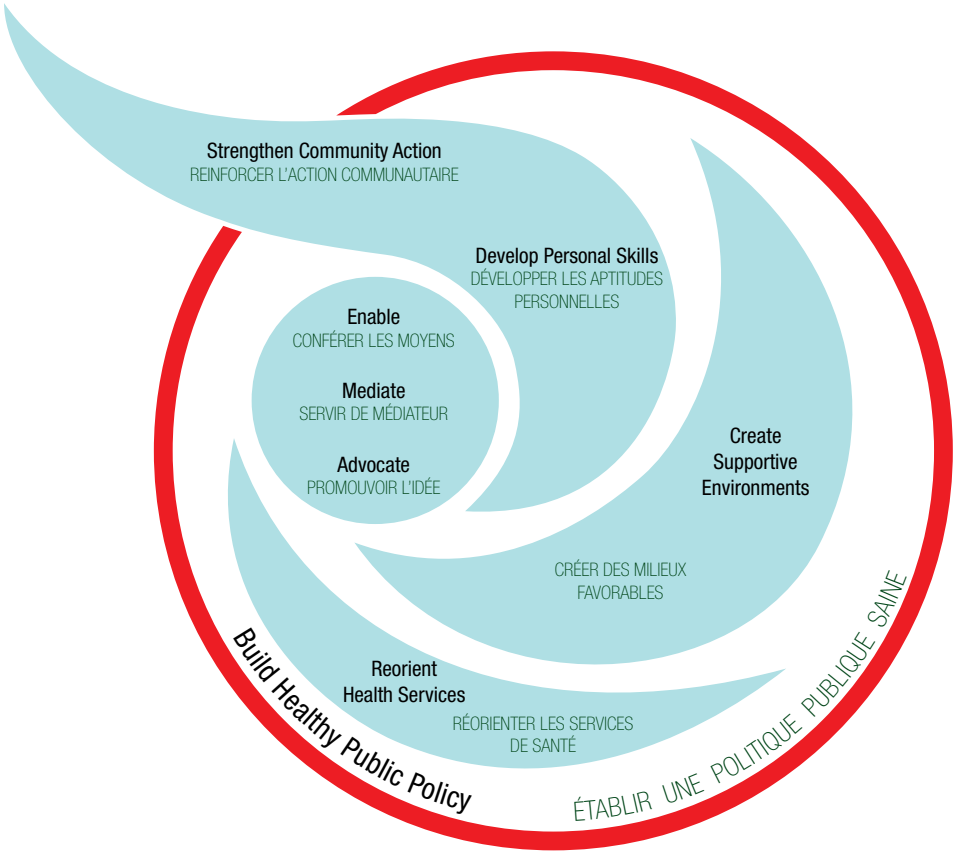
their own health the public require a greater sharing of resources by professionals and government.

Conclusions

The concept of health promotion is positive, dynamic and empowering which makes it rhetorically useful and politically attractive. By considering the recommended principles, subject areas, policy priorities and dilemmas it is hoped that future activities in the health promotion field can be planned, implemented and evaluated more successfully. Further development work is clearly required and this will be an ongoing task of the WHO Regional Office for Europe.

Annex 2

Health Promotion Emblem



This logo was created for the First International Conference on Health Promotion held in Ottawa, Canada, in 1986. At that conference, the Ottawa Charter for Health Promotion was launched. Since then, WHO kept this symbol as the Health Promotion logo (HP logo), as it stands for the approach to health promotion as outlined in the Ottawa Charter.

The logo represents a circle with 3 wings. It incorporates five key action areas in Health Promotion (build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services) and three basic HP strategies (to enable, mediate, and advocate).

The main graphic elements of the HP logo are:

- one outside circle,
- one round spot within the circle, and
- three wings that originate from this inner spot, one of which is breaking the outside circle.

a) The outside circle, originally in red colour, is representing the goal of "Building Healthy Public Policies", therefore symbolising the need for policies to "hold things

together". This circle is encompassing the three wings, symbolising the need to address all five key action areas of health promotion identified in the Ottawa Charter in an integrated and complementary manner.

b) The round spot within the circle stands for the three basic strategies for health promotion, "enabling, mediating, and advocacy", which are needed and applied to all health promotion action areas. (Complete definitions of these terms can be found in the Health Promotion Glossary, WHO/HPR/HEP/98.1, www.who.int/healthpromotion/about/HPG/en/).

c) The three wings represent (and contain the words of) the five key action areas for health promotion that were identified in the Ottawa Charter for Health Promotion in 1986 and were reconfirmed in the Jakarta Declaration on Leading Health Promotion into the 21st Century in 1997.

More specifically:

- the upper wing that is breaking the circle represents that action is needed to "strengthen community action" and to "develop personal skills". This wing is breaking the circle to symbolise that society and communities as well as individuals are constantly changing and, therefore, the policy sphere has to constantly react and develop to reflect these changes: a "Healthy Public Policy" is needed;
- the middle wing on the right side represents that action is needed to "create supportive environments for health"
- the bottom wing represents that action is needed to "reorient health services" towards preventing diseases and promoting health.

Overall, the logo visualises the idea that Health Promotion is a comprehensive, multi-strategy approach. HP applies diverse strategies and methods in an integrated manner - one of the preconditions "for Health Promotion to be effective" (Jakarta Declaration 1997). Health Promotion addresses the key action areas identified in the Ottawa Charter in an integrated and coherent way.

The term Health Promotion (HP) was, and still today is sometimes, narrowly used as equivalent for Health Education (HE). But HE is one of several key components and action areas of HP as illustrated by the HP logo (see the key action area of "develop personal skills").

The HP logo and approach were reinforced at the second and third conferences on Health Promotion that took place in Sundsvall and in Adelaide.

In the light of the venue of the Fourth International Conference on Health Promotion, that was held in Jakarta, Indonesia, in July 1997, the design of the Ottawa logo was slightly modified to reflect culture and atmosphere of the host country of the conference, making sure that the shape and elements of the original logo were preserved, together with its inner meaning.

The Jakarta Conference logo is a more open and slightly more abstract version of the original HP logo from Ottawa. The three wings, that are now in brick-red colour, still represent the key HP action areas. The outside circle and the inner spot of the Ottawa logo are merged into a unique blue spot from where the three wings originate. This still symbolises that HP addresses its action areas with an integrated multi-strategic approach. Overall, the design of the HP logo adapted for the Conference in Jakarta is more open and lively; all the wings are now reaching out of the circle. This, visualizes the fact that the field of HP has grown and developed, and that today and in the future HP is outreaching to new players and partners, at all levels of society, from local to global level.

The Health Promotion emblem and its interpretations in successive conferences

Ottawa 1986

Adelaide 1988

Sundsvall 1991

Jakarta 1997

Mexico 2000

Bangkok 2005

Nairobi 2009

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