
Ottawa Charter for Health Promotion

Summary

- The first International Conference on Health Promotion was held in Ottawa, Canada in November 1986.
 - The aim of the conference was action to achieve *Health for all* by the year 2000 and beyond.
 - The Ottawa Conference is one of five International Health Promotion Conferences, exploring key health promotion strategies or issues.
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The first International Conference on Health Promotion was held in Ottawa, Canada in November, 1986. The conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on needs within industrialised countries, but took into account similar concerns in all other regions.

The aim of the conference was to continue to identify action to achieve the objectives of the World Health Organization (WHO) *Health for all by the year 2000* initiative, launched in 1981.

The Ottawa Conference was preceded by the Alma Ata Primary Health Care Conference in 1978, and followed by further international health promotion conferences in Adelaide (1988), Sundsvall (1991), Jakarta (1997), Mexico (2000), Bangkok (2005) and Nairobi (2009).

Each conference continues to strengthen health promotion principles and practice, such as healthy public policy, supportive environments, building healthy alliances and bridging the equity gap.

The following information is taken from the Ottawa Charter for Health Promotion.

Health promotion

Health promotion is the process of enabling people to increase control over and improve their health. Health is seen as a resource for everyday life, not the objective of living. Health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.

The fundamental conditions and resources needed for good health are:

- Peace
- Shelter
- Education
- Food
- Income
- A stable ecosystem
- Sustainable resources
- Social justice and equity.

Three basic strategies for health promotion

The Ottawa Charter identifies three basic strategies for health promotion:

- **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
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biological factors can all favour or harm health. Health promotion aims to make these conditions favourable, through advocacy for health.

- **Enable** – health promotion focuses on achieving equity in health. Health promotion action aims to reduce differences in current health status and to ensure the availability of equal opportunities and resources to enable all people to achieve their full health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities to make healthy choices. People cannot achieve their fullest health potential unless they are able to control those things that 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. Health promotion demands coordinated action by all concerned, including governments, health and other social and economic sectors, non-government and voluntary organisations, local authorities, industry and the media.

Local needs and possibilities

People from all walks of life are involved as individuals and as members of 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 programs should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Areas for priority action

Health promotion priority action areas identified in the Ottawa Charter are:

- **Build healthy public policy** – health promotion policy combines diverse but complementary approaches, including legislation, fiscal measures, taxation and organisation change. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors and the development of ways to remove them.
- **Create supportive environments** – 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** – community development draws on existing human and material resources 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 and learning opportunities for health, as well as funding support.
- **Develop personal skills** – 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.
- **Reorient health services** – the role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Reorienting health services also requires stronger attention to health research, as well as changes in professional education and training.
- **Moving into the future** – caring, holism and ecology are essential issues in developing strategies for health promotion. A guiding principle should be that women and men should become equal partners in each phase of planning, implementation and evaluation of health promotion activities.

Commitment to health promotion

The participants at the conference pledged to:

- Move into the arena of healthy public policy and advocate a clear political commitment to health and equity in all sectors
- Counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition, and focus attention on public health issues such as pollution, occupational hazards, housing and settlements
- Respond to the health gap within and between societies, and tackle the inequities in health produced by the rules and practices of these societies
- 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 accept the community as the essential voice in matters of its health, living conditions and wellbeing

- Reorient health services and their resources towards the promotion of health, and share power with other sectors, disciplines and with people.
- Recognise health and its maintenance as a major social investment and challenge, and address the overall ecological issues of our ways of living.

Organisations operating within the principles of the charter

Organisations that operate in accordance with the principles of the charter include:

- Community health services
- Primary care partnerships
- Some hospitals
- Some local governments
- Some social welfare agencies
- Some non-government organisations
- Some peak organisations.

Where to get help

- Your doctor
- Community health centres
- Health Promotion, Department of Health, Victoria Tel. (03) 9096 5753

Things to remember

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This page has been produced in consultation with and approved by:

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