

### 1.1.1 HEALTH PROMOTION CONFERENCES AND KEY DOCUMENTS

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The history and the development of the health promotion movement can be traced through its six major health promotion conferences in Ottawa (1986), Adelaide (1988), Sundsvall (1991), Jakarta (1997), Mexico (2000) and Bangkok (2005).

#### **The Ottawa Charter for Health Promotion**

##### **The First International Conference on Health Promotion, Ottawa, 1986**

The key concepts of health promotion were defined by the *Ottawa Charter for Health Promotion* (1986). Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Thus, health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. In keeping with the concept of health as a fundamental human right, the *Ottawa Charter* emphasises certain pre-requisites for health which include peace, adequate economic resources, food and shelter, a stable eco-system, sustainable resource use, social justice and equity. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. These links provide the key to a holistic understanding of health which is central to the definition of health promotion.

The *Ottawa Charter* stressed that health promotion is not just the responsibility of the health sector, but that it goes beyond healthy life-styles to well being. It identifies three basic strategies for health promotion: advocacy for health to create the essential conditions for health, enabling all people to achieve their full health potential and mediating between the different interests in society in the pursuit of health. Key actions to promote health included building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills, and reorienting health services.

The logo, created for the First Conference on Health Promotion in Ottawa, World Health Organization kept as the Health Promotion symbol (HP logo). The logo represents a circle with three wings. It incorporate five key action areas in Health Promotion and three basic health promotion strategies (to enable, mediate and advocate). 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.



**The Ottawa Charter for Health Promotion**  
**First International Conference on Health Promotion,**  
**Ottawa, 21 November 1986 –WHO/HPR/HEP/91.1**



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, November 17-21, 1986 Ottawa, Ontario, Canada.

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

## **Adelaide Recommendations on Healthy Public Policy**

### **The Second International Conference on Health Promotion, Adelaide, 1988**

Building healthy public policy was the central topic of the *Second International Conference on Health Promotion in Adelaide* (2). Public policies in all sectors were identified as a major influence on the determinants of health and as a major vehicle for actions to reduce social and economic inequities, for example by ensuring equitable access to goods and services as well as health care. The *Adelaide Recommendations on Healthy Public Policy* called for a political commitment to health by all sectors. Policy-makers in diverse agencies working at various levels (international, national regional and local) were urged to increase investments in health and to consider the impact of their decisions on health. The *Adelaide Recommendations on Healthy Public Policy* stresses that Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by accountability for health impact. Furthermore, 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 Adelaide conference proclaimed that health is both a human right and a sound social investment. 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. Furthermore, according to the first target of the European Region of the World Health Organization, in moving towards Health for All: “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, the Adelaide conference accentuated the importance of equity in health and stressed that healthy public policies should assign high priority to the underprivileged and vulnerable groups in the society.

The Adelaide conference identified community actions as central to the fostering of health public policies and emphasised the need to evaluate their impact. Four priority areas for action were identified: supporting the health of women; improving food security, safety and nutrition; reducing tobacco and alcohol use; and creating supportive environments for health. Developing new health alliances was also placed high on the agenda, as the commitment to healthy public policy demands an approach that emphasizes consultation and negotiation.

***Adelaide Recommendations on Healthy Public Policy***  
***Second Inter***

***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 at 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 re-establish 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**

- *Ensuring an equitable distribution of resources even in adverse economic circumstances is a challenge for all nations.*
- *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.*
- *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.*
- *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.*
- *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 ADELAIDE CONFERENCE \* HEALTHY PUBLIC POLICY, 2nd International Conference on Health Promotion April 5-9, 1988 Adelaide South Australia*

- *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 The Third International Conference on Health Promotion, Sundswall, 1991**

The Third International Conference on Health Promotion was held in Sundsvall, Sweden, in 1991. Armed conflict, rapid population growth, inadequate food, lack of means of self determination and degradation of natural resources were among the environmental influences identified at the conference as being damaging to health. The *Sundsvall Statement on Supportive Environments for Health* stressed the importance of sustainable development and urged social action at the community level, with people as the driving force of development. This statement and the report from the meeting were presented at the Rio Earth Summit in 1992 and contributed to the development of *Agenda 21*.

### ***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.*

*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.*

*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 Call for Action***

*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.*

*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.*

### ***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*

- he 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.*
- he 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**

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

- *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.*
- *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.*

- *Strengthening advocacy through community action, particularly through groups organized by women.*
- *Enabling communities and individuals to take control over their health and environment through education and empowerment.*
- *Building alliances for health and supportive environments in order to strengthen the cooperation between health and environmental campaigns and strategies.*
- *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 new 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 Third International Conference on Health Promotion\* 9-15 June 1991, Sundsvall, Sweden*

- *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, Jakarta, 1997**

The Fourth International Conference on Health Promotion held in Jakarta, Indonesia, in 1997 reviewed the impact of the *Ottawa Charter* and engaged new players to meet global challenges (3). It was the first of the four International Conferences on Health Promotion to be held in a developing country and the first to involve the private sector in an active way. The evidence presented at the conference and experiences of the previous decade showed that health promotion strategies contribute to the improvement of health and the prevention of diseases in developing and developed countries alike. These findings helped to shape renewed commitment to the key strategies and led to further refinement of the approaches in order to ensure their continuing relevance. Five priorities were identified in the *Jakarta Declaration on Leading Health Promotion into the 21st Century*. These were confirmed in the following year in the Resolution on Health Promotion adopted by the World Health Assembly in May 1998: Promoting Social Responsibility for Health, Increasing Community

Capacity and Empowering the Individual, Expanding and Consolidating Partnerships for Health, Increasing Investment for Health Development, and Securing an Infrastructure for Health Promotion.

***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, meeting in Jakarta from 21 to 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 Organizations 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.*





