



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

### **First International Conference on Health Promotion, Ottawa, 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, November 17-21, 1986 Ottawa, Ontario, Canada.

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

## Health Promotion Emblem

A brief explanation of the logo used by WHO since the First International Conference on Health Promotion held in Ottawa, Canada, in 1986. Select an element of the logo for the specific explanation of that part or simply read on for the complete explanation.

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:

- a. one outside circle,
- b. one round spot within the circle, and
- c. 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)

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.

### **Related link**

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