



## 6<sup>th</sup> Global Forum on HEALTH PROMOTION

## 6<sup>e</sup> Forum mondial sur la PROMOTION DE LA SANTÉ

### **PEI Health Promotion Declaration – October 2016**

Charlottetown Call for Action:  
Health Promotion for Sustainable Development

**Final: October 17, 2016**

We, participants in the **6th Global Forum on Health Promotion** held in Charlottetown, PEI, Canada, make the following declaration about Health Promotion in 2016. This declaration is intended for governments and stakeholders gathering in Shanghai for the 9th Global Conference on Health Promotion and as a tool for programming and advocacy in the future. We affirm the essential roles played by Civil Society Organizations (CSOs); enabling, mediating, and advocating, with a mission of being the conscience of political decision-makers, in using health promotion strategies to achieve the Sustainable Development Goals (SDGs).

The world has changed since the Ottawa Charter was developed in 1986. Thirty years later, in 2016, we are faced with climate change, the emergence of ecological determinants of health, an increasing focus on social determinants of health, rapid development of technologies, global security issues, impact of austerity budgets on populations in vulnerable situations, global infectious disease epidemics, increasing non-communicable diseases, global migrations, and deepening inequities at global and local levels. We also now recognize the breadth of evidence that can be incorporated, including the teachings of indigenous cultures and traditional knowledge. This variety of world views values the balance of mental, psychosocial, physical, spiritual, and emotional health and to understand that a relationship with the earth and our social environment is essential to achieving health at all levels.

Millennium Development Goals have been replaced by Sustainable Development Goals (SDGs) as the guide for coordinating global actions. But the SDGs alone have limitations. The SDGs are missing acknowledgement of racism as a limiting factor and the key role that civil society plays in promoting health from the individual to the global levels. Yet, achievement of the SDGs is dependent on CSOs and the leadership role they play within health promotion.

We believe that health promotion has proven to be an effective approach to achieving health and well-being by addressing inequity, empowering urban and rural communities and individuals. Health promotion has helped to break down silos through intersectoral collaboration and is engaging us even more towards a holistic approach. As we look to the future, we need to include the application of new scientific breakthroughs and discoveries in the fields of longevity, epigenetics, and healthy lifestyles.

With all the changes since its development, the Ottawa Charter continues to provide a solid foundation we are building upon. Health promotion continues to galvanize professionals around the world to work

together to change policies and practices towards addressing health inequities. Health Promotion does this by addressing complexities through multiple strategies identified in the original Ottawa Charter.

1) **Build healthy public policies:** This has evolved to whole of government approaches, and governance for health that includes civil society at the national level. We have turned our talents to working on mechanisms and treaties to address the global and international boundary issues we face in migration, climate change, infectious disease epidemics, social and gender inequity, and international trade towards advocating for a global treaty for health. Health promoters use intersectoral collaboration to respond to the complexity of these emerging issues. This would be strengthened by horizontal and vertical policy integration between sectors and all levels of government. CSOs must be included in policy making from local to global levels. Health promoters and CSOs have to work at all political levels from local to global. ***Healthy Public Policy (1986) to Governance for Health – From Local to Global (2016).***

2) **Create supportive environments:** New thinking about Social Determinants of Health, including gender, aligns with the Ottawa Charter. This thinking includes social, economic, physical and multicultural environments, and the ecological determinants of health. Health promoters are now working to develop policies and advocacy at the global level to understand the effects of colonialization on cultures and ecosystems. This includes attention to the ways to work in multi-cultural settings as a result of migrations and calling for more solidarity, social and ecological justice, and inclusiveness from societies. ***Supportive Environments (1986) to Multi-cultural and Ecological Environments (2016).***

3) **Strengthen community action:** This critical strategy in health promotion has included a commitment to engaging individuals and communities, both urban and rural, at the local and global levels in decisions that affect their health. Real engagement means sharing knowledge and power. New technologies affect everyone and can be harnessed to enable the grassroots participation of people everywhere in policies and programs that reduce inequities and improve health. Health promoters and CSOs have real talents in fostering asset-based practices, intersectoral collaborations, community development, participatory processes, creating spaces for the voices of CSOs to be heard at all levels and holding governments and the private sector accountable for actions on the SDGs. ***Community Action (1986) to Civil Society Engagement and Action (2016)***

4) **Develop personal skills:** Over the years, this has included individual health education, health communications, and health literacy. We have recognized that none of these strategies can be successful over the long term without being combined with the other health promotion strategies. People need literacy in civic engagement, social determinants of health and equity. With the evolution of social media, we can connect and engage people to strengthen community and individual literacy and resiliency. ***Personal Skills (1986) to Community and Individual Resiliency (2016).***

5) **Reorient health services:** In 1986, we said “Reorienting Health Services” and this remains a priority. There is still a need to recognize the importance of public health and health promotion at the primary health care level to create health for all and reduce health inequities in all countries. We also recognize that all human services (e.g. justice, social services, education), public institutions, and the private sector need to change the way they work with each other and the public in recognition of their connection to health. ***Reorienting Health Services (1986) to a Health and Human Services System (2016).***

**Call to action:**

Health promotion is essential to achieving the SDGs through the following actions:

1. All levels of government implement intersectoral collaboration and horizontal - vertical policy integration across sectors and jurisdictions.
2. Governments invest more resources across all sectors for health promotion, civil society and communities to strengthen their capacity for engagement and action.
3. Civil Society organizations work together to hold governments accountable for action on the SDGs.
4. Governments, with the support of WHO, create enabling environments for intersectoral collaboration that incorporates indigenous, traditional and local knowledge, and partners with communities and Civil Society Organizations.
5. A Global Treaty on Health for All be developed by UN member states in collaboration with Civil Society Organizations.
6. Health promoters use this Declaration as the foundation for their practice.
7. WHO, working with other UN agencies, focus attention and resources to make sure that effective health promotion strategies are widely known and applied, and are built into WHO work and decision-making; from planning, to resource allocation, to training of health professionals globally, so that these skills are available at both local and national levels in all countries.
8. WHO and governments at all levels invest in research, evaluation and knowledge exchange, including indigenous and traditional knowledge, about the effectiveness of implementing multi-level, multi-action, and civil society-engaging health promotion strategies towards advancing the SDGs.