OTTAWA CHARTER FOR HEALTH PROMOTION

An international conference on health promotion sponsored by WHO, the Ministry of Health and Welfare of Canada, and the Canadian Public Health Association was held in Ottawa, Canada, on 17–21 November 1986. The 212 participants from 38 countries who attended this conference produced a document that has become known as the "Ottawa Charter." This charter advocates fundamental approaches and strategies for health promotion that the conference participants deemed essential for moving the health promotion concept forward into the areas of policy and program development. The text of the charter is as follows:

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 ecosystem, 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, behavioral, and biological factors can all favor health or be harmful to it. Health promotion action aims at making these conditions favorable 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 organizations, 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 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.

Health Promotion Action Means:

"Build healthy public policy. Health promotion goes beyond health care. It puts health on the agenda of policymakers 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 nonhealth sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policymakers 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 action. 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 endeavors 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, and funding support.

"Develop personal skills. Health promotion supports personal and social development by providing information and education for health and by 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 toward 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 toward 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 and 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 toward 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 programs 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."

Source: World Health Organization, Health and Welfare Canada, and Canadian Public Health Association; *Ottawa Charter for Health Promotion,* Ottawa, Canada, 1986.

AIDS IN MEXICO

As of 11 February 1987, about 32,000 cases of acquired immune deficiency syndrome (AIDS) had been reported by the nations of the Americas to WHO. Over nine-tenths of these had been detected in the United States, which had reported a total of 29,536 cases. In terms of cases reported to WHO, Mexico (with 249 reported cases) ranked fifth, behind the United States, Brazil (1,012 cases), Canada (809 cases), and Haiti (785 cases). The following report deals with the 98 cases that were reported in Mexico from the time of the first known case in 1980 until 16 April 1986.

At the present time Mexico's General Epidemiology Bureau receives reports on AIDS patients diagnosed by hospitals belonging to the Health Ministry system, as well as those cared for in IMSS (Mexican Social Security Institute) and ISSSTE (Government Employees Social Security and Services) hospitals. All records and data are updated as soon as new reports of AIDS are received.

The first known case of AIDS in Mexico (the case with the earliest onset) occurred in a Haitian student 27 years of age who was living in Mexico City and who began to experience his first symptoms in 1980. No cases were recorded in 1981, but four cases were recorded in 1982, 13 in 1983, 12 in 1984, 49 in 1985, and 19 up to 16 April 1986. These 98 cases were recorded in 17 states, the largest number being found in the Federal District (Table 1).

Regarding the patients' sex and age (Table 2), only four were females, the youngest being a girl 13 years of age who contracted the disease through a blood transfusion. There were no cases in the 15–19 group, 30 cases (31%) in the 20–29 group, 47 cases (48%) in the 30–39 group, and 11 (11%) in the 40–49 group. Only four cases were reported in people over 49 years old. Almost 80% of these reported cases occurred in patients between 20 and 39 years of age. (The ages of four patients are unknown.)

Regarding preferred sex practices, 58 of the 98 patients were homosexual males and 25 of the other male patients