

**FIFTY-FIRST WORLD HEALTH ASSEMBLY GENEVA, 11-
16 MAY 1998**
WHA51.12 Health promotion

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The Fifty-first World Health Assembly

Recalling resolution [WHA42.44](#) on health promotion, public information and education for health and the outcome of the four international conferences on health promotion (Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997);

Recognizing that the Ottawa Charter for Health Promotion has been a worldwide source of guidance and inspiration for development of health promotion through its five essential strategies to build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and reorient health services;

Mindful of the clear evidence that: (a) comprehensive approaches that use combinations of the five strategies are the most effective; (b) certain settings offer practical opportunities for the implementation of comprehensive strategies, such as cities, islands, local communities, markets, schools, workplaces, and health services; (c) people have to be at the centre of health promotion action and decision-making processes if they are to be effective; (d) access to education and information is vital in achieving effective participation and the “empowerment” of people and communities; (e) health promotion is a “key investment” and an essential element of health development;

Mindful of the new challenges and determinants of health and of the need for new forms of action to free the potential for health promotion in many sectors of society, among local communities and within families, using an approach based on sound evidence;

Appreciating the potential of health promotion activities to act as a resource for societal development and the clear need to break through traditional boundaries within government sectors, between governmental and nongovernmental organizations, and between the public and private sectors;

Noting the efforts made by the 10 countries with a population of over 100million to promote the establishment of a network of most-populous countries for health promotion;

Confirming the priorities set out in the Jakarta Declaration for Health Promotion in the Twenty-first Century,

1. URGES all Member States:
 - (1) to promote social responsibility for health;
 - (2) to increase investments for health development;
 - (3) to consolidate and expand “partnerships for health”;
 - (4) to increase community capacity and “empower” the individual in matters of health;

- (5) to strengthen consideration of health requirements and promotion in all policies;
 - (6) to adopt an evidence-based approach to health promotion policy and practice, using the full range of quantitative and qualitative methodologies;
2. CALLS ON organizations of the United Nations system, intergovernmental and nongovernmental organizations and foundations, donors and the international community as a whole:
- (1) to mobilize and to cooperate with Member States to implement these strategies;
 - (2) to form global, regional and local health-promotion networks;
3. CALLS ON the Director-General:
- (1) to enhance the Organization's capacity and that of Member States to foster the development of health-promoting cities, islands, local communities, markets, schools, workplaces, and health services;
 - (2) to implement strategies for health promotion throughout the life span, with particular attention to vulnerable groups, in order to reduce inequities in health;
4. REQUESTS the Director-General:
- (1) to take the lead in establishing an alliance for global health promotion and in enabling Member States to implement the Jakarta Declaration and other local or regional declarations on health promotion;
 - (2) to support the development of evidence-based health promotion policy and practice within the Organization;
 - (3) to give health promotion top priority in WHO in order to support its development within the Organization;
 - (4) to report on progress to the Executive Board at its 105th session and to the Fifty-third World Health Assembly.

(Tenth plenary meeting, 16 May 1998
Committee A, fourth report)