Does the Ottawa Charter still have relevance for health promotion today?
1.1. Introduction
In an effort to establish international health promotion, an international agreement was signed at the first international conference of health promotion. This agreement, the Ottawa Charter for Health Promotion, was found to have a significant influence on the growth of the discipline of health promotion and on the development of health policies across countries (Sindall, 2001). WHO (1986) defines health promotion as a process which promotes control over people in order to improve their health. The aim of the charter was to establish a holistic definition of health which would enable individuals and groups to satisfy their needs and cope with their environment leading to better physical, social and mental health. Eriksson and Lindström (2008) argue that the Charter establishes the base that health is not only the state of maintaining physical wellbeing, but is a resource required for everyday life. Hancock (2011) further contends that the Charter changed the focus on health from disease eradication and prevention to resource promotion for nutrition, mental wellbeing and the need for peace, social justice, a stable eco-system and sustainable resources. The Charter identified five important action areas and three strategies for health promotion. The aim of this essay is to revisit these actions and strategies in order to understand the relevance of the Ottawa Charter in the twenty first century.

1.2. Success of Ottawa Charter
Hancock (2011) argues that the adoption of the Ottawa Charter has brought about a significant integration in health promotion activities as a specific function of public health in countries such as the UK and Canada, where health promotion is considered as a core in public health function along with other attributes like prevention, protection and surveillance. Potvin and Jones (2011) further identify that the Ottawa Charter has established supporting conditions and environments for action at policy level, community level and individual level. For example, the implementation of the Health Assessment Tool has promoted the need to provide equity in healthcare. Hancock (2011) further indicates that the establishment of global community organisations helps in the generation of a supportive health environment with an example being the Healthy
Municipalities, or Healthy Communities in the Americas. Finally, McQueen and De-Salazar (2011) argue that in the aftermath of the Ottawa Charter efforts were undertaken to promote discussion on health promotion programmes to address issues like obesity, nutrition, tobacco use, alcohol etc., which leaned towards public policy through the promotion of personal skills. Hence it can be argued that four of the five action strategies proposed in the Ottawa Charter have been adopted and implemented successfully in a number of countries.

1.3. Challenges Facing the Ottawa Charter
Tremblay and Richard (2011) argue that the primary challenge of the Ottawa Charter is the absence of consensus of theoretical, methodological and epistemological stands, which leads to territorial imperatives and institutional precariousness. Baum and Sanders (1995), on the other hand, indicate that the lack of radical change in the role of politics and power in promoting public health and addressing the strategy of enabling equity is a primary challenge of the Charter. Baum and Sanders (2011), sixteen years after their original article, still argue that this challenge has been unmitigated by governments across the world by identifying the increase in the number of multinational corporations which shape the global economy and patterns of life. In addition, Baum (2008) contends that multinational organisations around the world are requested to promote equity, public health and a sustainable environment without any regulation which mandates the same.

Hills et al. (2004) support the above argument for lack of equity, in their examination of the effectiveness of community initiatives aimed at promoting health. They indicate that community based interventions have been moderately successful, with an effective impact on behavioural change in some sections of the community. They argue that the lack of community interaction and systems change is associated with the inability to bring about sustained behavioural change in communities. Lin and Fawkes (2007) support this argument by indicating that the lack of evidences in the form of cohort studies in this area has resulted in the lack of a sustained approach to change, particularly in developing countries. Baum and Sanders (2011) further reiterate that the
reinvention of health promotion aiming at prevention and promotion is inequitable with the focus of evidentiary research from Western countries, with a lack of supporting evidences from developed and developing countries.

Potvin and Jones (2011) identify the third challenge of the Ottawa Charter, the need to rethink the mediation strategy proposed in the Charter. The authors argue that mediation of health promotion should not only be promoted as a method of sharing responsibilities by governments, NGOs, the media, industry and others, but also as one which identifies the need to extend health promotion beyond medicine and biomedical research to the inclusion of social sciences. McPhail-Bell et al. (2013) argue that real transformations in health promotion and equity are mediated by fostering of the distribution of health by applying theories of social science.

Whitelaw et al. (2012), on the other hand, argue that the broad nature of the Charter allows the promotion of systems thinking and socio-ecological models which can innovative public health intelligence and bring about an eco-epidemiological approach (Susser and Susser, 1996) to health promotion.

Finally, Ridde et al. (2007) purport that there is a need to integrate research on health promotion and practice. Public health institutions and research organisations should work hand in hand to develop, deploy and scale up new health promotion programmes which not only reinvent the type of health promotion, but also promote personal skills development.

1.4. Conclusion
Therefore it can be argued that, though significant advances have been made with respect to public policies and community action, there remain challenges with respect to the promotion of equity related to all the action areas of the Ottawa Charter. This essay contends that the five action areas of the Charter will continue to remain relevant until equitable access is achieved.
It is also identified that a change in the health promotion principles of the Charter, which promotes conceptual clarity in terms of policy constraints, cost containment and organisational dynamics, is required. The Charter should consider redefining the health promotion agenda in healthcare settings from the medicine, health, education approach to the socio-cognitive and behavioural approach. Finally, the Charter should consider identifying action areas aimed at better integration of health promotion and dissemination.

It is concluded that the Ottawa Charter is relevant in the 21st century at its core, but needs to address some challenges in its action areas and proposed strategies to meet the current health demands.
References


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