

The Vienna Declaration on Public Health

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806 words

In 1986 participants at the First International Conference on Health Promotion agreed the landmark Ottawa Charter. The Charter was a powerful response to calls for a new public health movement, setting out a vision and framework for actions to achieve the World Health Organization's "Health for All" targets by the year 2000 and beyond. It provided the foundation for many subsequent developments, including health in all policies, action on the built environment, community action and empowerment, an emphasis on prevention, and a focus on health equity. Today the principles of the Ottawa Charter remain as important as ever. Yet the world in 2016 is very different from that in 1986, and so too have the risks and opportunities for public health. In recognition of these changes, and taking account of other developments such as the 2016 World Federation of Public Health Association's Global Charter on the Public's Health,¹ the European Public Health Association and its partners have examined how the principles set out in the Ottawa Charter apply to these new circumstances. The resulting Vienna Declaration (online supplement) has been adopted at the 2016 European Public Conference in Vienna, Austria.

The changing context that the Vienna Declaration responds to is due, in large part, to what is termed 'globalisation', involving the movement of people, goods, money, and ideas over ever greater distances on a dramatic scale. This has brought many opportunities. Economic development, technological progress, especially in relation to health care, and the widespread adoption of healthy, evidence-based public policies have together contributed to large reductions in the global burden of disease, itself vastly better understood than in 1986 as a result of global collaboration, with concomitant increases in life expectancy.²

Yet globalisation has also brought new challenges to health. Thus, the damage we are doing to our planet is now indisputable, with the most recent data suggesting that man-made climate change may be reaching a point of no return. Natural resources are exploited with

little concern for the environmental damage caused or how conflicts over water, oil, diamonds and other commodities hinder societal development.³

In the years since the Ottawa Charter, advanced industrialised nations have placed excessive focus on the pursuit of free market principles with insufficient attention given to health and societal well-being or investment in public goods. As a result, wealth and power is increasingly concentrated in the hands of ever fewer individuals and transnational corporations. These policies have had far reaching effects worldwide,⁴ reinforced by the policies adopted by global financial institutions.⁵ Labour regimes are driving down wages and working conditions of those in rich countries while migration depletes essential human resources from poor countries. Widening financial, educational and health inequalities, within and among countries, threaten peace and social cohesion.

This situation is now unsustainable. Humanity faces a number of existential threats, many of them interconnected. Global temperatures fuelled by man-made climate change continue to break records, contributing to droughts, famines, floods and other natural disasters. Unprecedented numbers of people are on the move,⁶ some within countries as part of an accelerating process of urbanisation or, in some cases, because they have been displaced by conflict, but with many now moving to other countries, fleeing poverty, exploitation, and war, in some cases as a result of climate-change induced disasters. Increased movement of goods and people, coupled with inadequate systems of governance, have facilitated the emergence and spread of new infectious diseases, including antimicrobial resistance. The proliferation of weapons, whether in the hands of those determined to uphold a right to bear arms, extremist groups seeking to impose their religion or ideology by force, or the acquisition of nuclear weapons by unstable regimes have all made the world a much less safe place.

The asymmetry of power between global forces and powerful individuals on the one hand and local communities renders the call, in the Ottawa Charter, for “empowerment of communities - their ownership and control of their own endeavours and destinies” no more than an aspiration that, for many, seems further out of reach than ever. It is this challenge that the Vienna Declaration seeks to address.

The Vienna Declaration sees information as a means to give voice to the weak and to make the invisible visible. It argues that no-one should be born, live or die without it being recorded, but also that information systems should support and not undermine human rights and measures to reduce inequalities. It places a duty on the public health community to advocate for change, engaging with many stakeholders, working with those who support public health but exposing and confronting the tactics of those who oppose it. It promotes good governance, including mechanisms to hold governments and others to account for their obligations to improve health. And it highlights the need to build capacity, including researchers, practitioners, and information systems, that can make this happen.

1. Lomazzi M. A Global Charter for the Public's Health-the public health system: role, functions, competencies and education requirements. *European journal of public health* 2016; **26**(2): 210-2.
2. GBD 2013 Mortality and Causes of Death Collaborators. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet (London, England)* 2015; **385**(9963): 117-71.
3. McKee M. Elemental epidemiology. In: Butler CD, Dickson J, Capon AG, eds. Health of people, places and planet. Canberra: Australian National University Press; 2015: 545-53.
4. Mindell JS, Reynolds L, Cohen DL, McKee M. All in this together: the corporate capture of public health. *BMJ (Clinical research ed)* 2012; **345**: e8082.
5. Stuckler D, Basu S, Gilmore A, et al. An evaluation of the International Monetary Fund's claims about public health. *International journal of health services : planning, administration, evaluation* 2010; **40**(2): 327-32.
6. Permanand G, Krasnik A, Kluge H, McKee M. Europe's migration challenges: mounting an effective health system response. *European journal of public health* 2016; **26**(1): 3-4.