

Four decades of the Ottawa Charter and two decades of the National Health Promotion Policy: contributions of Speech-Language Pathology to the promotion of vocal health in Primary Health Care

Quatro décadas da Carta de Ottawa e duas décadas da Política Nacional de Promoção da Saúde: contribuições da Fonoaudiologia para a promoção da saúde vocal na Atenção Primária à Saúde

Cuatro décadas de la Carta de Ottawa y dos décadas de la Política Nacional de Promoción de la Salud: contribuciones de la logopedia a la promoción de la salud vocal en la atención primaria de salud

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Received: 26/03/2026

Accepted: 02/04/2026



Dear Editors-in-Chief,

The year 2026 marks two important milestones in the field of Public Health: the 40th anniversary of the Ottawa Charter¹ and the 20th anniversary of the Brazilian National Health Promotion Policy (PNPS)² within the Unified Health System (SUS). These frameworks have consolidated Health Promotion as a fundamental strategy for addressing the Social Determinants of Health (SDOH)^{3,4} and for expanding populations' living conditions and well-being. In this context, it is timely to reflect on the contributions of Speech-Language Pathology (SLP), particularly in the field of voice, to strengthening these guidelines within the public health system.

The health promotion perspective, consolidated by the Ottawa Charter, emphasizes the strengthening of autonomy, social participation, and the creation of healthy environments. In the field of voice, this approach shifts the focus from normative and prescriptive practices to educational, dialogical, and contextualized actions that take into account the social determinants of health and the concrete conditions of life and work. Thus, vocal health promotion goes beyond providing guidance on voice care, incorporating critical reflection on work organization, vocal load, acoustic conditions, and access to health services.

In Brazil, the institutionalization of Health Promotion within the SUS took place with the creation of the PNPS through Ministry of Health Ordinance No. 687, of March 30, 2006⁵, later redefined by Ordinance No. 2,446, of November 11, 2014⁶, and subsequently revoked by Consolidation Ordinance No. 2, of September 28, 2017⁷, which consolidated Health Promotion as a strategic axis for improving health practices and addressing the social determinants of health. Health Promotion actions within the SUS began with the structuring of Primary Health Care (PHC) in the 1990s. Despite the neoliberal agenda and fiscal austerity measures that have taken hold in the country and permeate the current National Primary Care Policy², there remains strong support for Health Promotion, as evidenced by the fact that the term is mentioned 27 times in the ordinance. By recognizing intersectorality, social participation, and equity as structuring principles, the policy expands the scope of action for different professional fields, including SLP.

In this context, vocal health promotion actions, intensified throughout the month of April through the *Amigos da Voz* campaign, promoted by the Brazilian Society of Speech-Language Pathology and Audiology (SBFa), include collective educational strategies, worker health surveillance, population screenings, and initiatives aimed at improving the working conditions of voice professionals. The recent inclusion of Work-Related Voice Disorder in the List of Work-Related Diseases, through Ordinance No. 1,999, of November 27, 2023⁷, reinforces the relevance of these actions and highlights the role of speech-language pathologists in articulating care, surveillance, and health promotion within the scope of Primary Health Care in the SUS⁸.

Additionally, by incorporating discussions on work organization and working hours, such as Constitutional Amendment Proposal No. 148/2015⁹, the possibilities for action in the field of health promotion are expanded, with potential positive impacts on vocal health.

On the occasion of the 40th anniversary of the Ottawa Charter and the 20th anniversary of the PNPS, the need to strengthen SLP practices aligned with the principles of health promotion, equity, and comprehensive care is reaffirmed. In the field of voice, this implies broadening the scope beyond intervention in vocal disorders, incorporating strategies that promote autonomy, vocal awareness, and improved living and working conditions for those who use their voice as a tool for communication and professional practice.





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