European charter for health equity

October 2011
European Charter for Health Equity

Preamble

Whereas a country’s progress cannot be measured or defined by economic growth alone but by the fair distribution of health and wellbeing across all settings and regions, and within all population groups:

Whereas in contemporary societies people with higher socio-economic position lead healthier and longer lives as health of people is affected by the conditions in which they are born, grow, live, work, age and make use (or not) of the systems put in place to deal with illness as concluded by WHO Commission on Social Determinants of Health;

Whereas the evidence clearly indicates that the quality and distribution of these key determinants of health are imbalanced and strongly linked to political, economic, environmental and social structures across Europe and threatening the health of the most vulnerable population groups and people in vulnerable settings such as of hospitals, care houses and prisons;

Whereas between different Member States of the European Union there is already a 5-fold difference in deaths of infants under one year of age, a 14-year gap in life expectancy at birth for males and an 8-year gap for females, and these gaps are widening;

Whereas vulnerable and socially excluded groups in our societies such as some migrant or ethnic minorities have up to 10 years shorter life expectancies than the general population they live in;

Whereas both the biological concept of sex and the social construct of gender matter in health at all levels and impact differently on women and men’s health, access to health and healthcare creating gender gaps in health status, health-related behaviour, access to prevention and treatment in such a way that life expectancy in all Member States of the European Union is shorter for men than women, and that women experience poorer quality of life during their life course;

Whereas there are important gender gaps in health policies, research and services, and in many cases women are more and differently affected by disadvantages, inequality and poverty;

2. Key determinants of health: physical environment, social environments, income and social status, child development, education and literacy, employment and working conditions, life skills, health systems, gender, age and culture.
Whereas both the European Commission and the European Council expressed concerns about such dramatic differences in health and life expectancy between and within European countries and regions;

Whereas European societies value the concept of equal opportunity and consider health inequalities as a loss of human productive and creative potential, and therefore have enshrined these values in the European Charter of Fundamental Rights and the Lisbon Treaty;

Whereas many existing legal and policy documents state that addressing social determinants of health and reducing health inequalities is a matter of fairness and social justice, whereas the health of the most exposed to health threatening conditions and already experiencing health inequalities – the poor, the marginalised, and those excluded from participation in various aspects of society by virtue of their living conditions or legal status;

Whereas a debate on reducing health inequalities requires a multi-sectoral approach with active participation from civil society, governments, and non-governmental organisations, and including non-health actors;

Whereas it has become clear that one of the strengths of the civil society organisations, is their diversity which enables them to represent the many different voices of society and even those frequently excluded from it;

We, the undersigned, express our concern that existing systematic differences in health - widespread, unfair and avoidable - impose a growing threat to all people living in Europe and have to be addressed in a concerted manner at all levels and by all relevant stakeholders. Putting right these inequalities is a matter of social justice.
Article 1

The European Charter for Health Equity reaffirms the commitment to the values of well-being, solidarity, social justice, promotion of fundamental human rights and gender equality.

Furthermore, reaffirms the commitment to the principle enunciated in the constitution of the WHO that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.

Article 2

The purpose of the Charter is to call for action from all relevant stakeholders and in particular for decision-makers, relevant governmental and civil society partner organisations and other regulatory bodies, to protecting and promoting people's health by acting on health inequities between and within countries in Europe.

Article 3

This Charter has two objectives: to increase awareness and motivate actions that will contribute to the improvement of health and well-being for all and to reduce unfair and avoidable health inequities. The achievement of these objectives requires a life-course and gender perspective. Action to reduce health inequities must start before birth and be facilitated and sustained throughout the life of every child, adolescent, adult and elderly.

Signatories of the Charter fully support the conclusions of the Marmot Review and call on actions to implement its priorities.

- Early Child Development as the best start in life – as virtually every aspect of human development is aid as early as during the pregnancy and in early childhood, this period has lifelong impact on many aspects of health and well-being continuing to adolescence and adulthood. Poor health of children being born and growing up in poverty is unacceptable, and we must act.

- All our children, young people and adults to make the most of their potential and control their lives – investment in early child development is crucial, but maintaining any early equity gains requires a sustained commitment to all children and adolescents through the years of education. Poverty during adolescence worsens opportunities for later good living standards, behaviours, employment and income.

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- **Fair and full employment and good working conditions for all** – enjoying good employment is of protective nature for health. People enter the job market smoother and better equipped with relevant skills when solid physical and mental health foundations were laid in childhood and adolescence. Already at the start, impoverished health and lost opportunities usually put people in disadvantaged position. Unemployment poses threats to health and therefore increases health inequalities. Insecure, inflexible and poor quality employment deteriorates employees' physical and mental health.

- **A healthy standard of daily living for all** – health inequalities arise as opportunities for a healthy life are missed due to insufficient means to do so. Inadequate nutrition, physical activity, housing, social interactions, transport, medical care and hygiene due to poverty are all powerful enough to impose persistent and inherent health inequalities that pass on from generation to generation. It is unfair, avoidable and we must break this circle.

- **Our health rooted in healthy, cohesive and sustainable places and communities** – physical and social aspect of communities, enabling and promoting healthy behaviours and sense of common ownership over community health, all make a contribution to social determinants of health. Communities equipped in open and green spaces, public transport, quality housing and energy use as well as healthy food supply sources benefit with regards to health and social perspectives. There is a potential in each community to create and sustain health of its people.

- **Our communities need cost-effective ill-health prevention balanced with disease treatment** – not only is the availability of curative health care system, its accessibility, quality and affordability through health coverage especially for the most vulnerable groups important for reducing health inequalities, gender biases and discrimination. Prevention in the context of the social determinants of health requires active and conscious involvement of a range of stakeholders – not necessarily from a health sector solely. By this means, ill-health prevent or is vital to a lively and healthy community.

**Commitment to act**

We, the undersigned, commit ourselves to using this Charter as a basis to transform our shared values into action with an objective to catalyse implementation of the above commitments on health equity. We have a responsibility and have a role to enhance the ability of all stakeholders to improve health equity. Therefore, we commit ourselves to:

- **Promote** the shared values of solidarity, equity, gender equality, sustainability and participation through mainstreaming health equity in our policies and other actions to ensure due attention is paid to the needs of the poor and other vulnerable groups and to support a societal development that maximises individual and community potential.
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- **Invest** in actions that promote and support health equity, social, gender and environmental determinants of health, and guarantee that such pro-health initiatives are coherent and integrated with effective and measurable evidence-based interventions that are responsive to people’s needs, preferences and expectations.

- **Foster** and build capacity and cross-country learning and cooperation between all relevant stakeholders in development and implementation of policies that have positive impact on social determinants of health.

Health equity: call for action

We, signatories of the Charter, call on public decision makers to:

- increase expenditure allocated to the early years, skills development and family support across the social gradient;

- invest in healthy and sustainable communities and places which fully integrate the planning, transport, housing environment and health systems;

- ensure standard of living that enables and fosters health and well-being across the life course;

- ensure adequate social protection systems as a basic right for all persons living in Europe to protect the most vulnerable groups in society from falling into poverty;

- social exclusion and homelessness in the first place as well as a consequence of disease, disability or injury.

- ensure health coverage and access to healthcare for all, with a special attention for the most vulnerable groups.

- promote labour market participation and social cohesion.

- develop and implement standards for minimum income for healthy living.

- develop greater quality employment across the social gradient;

- prioritise investment in ill-health/injury prevention and health promotion across all sectors and with active and meaningful participation of all stakeholders;

- set up systematic monitoring schemes and performance assessments to ensure the implementation of policies supporting integrated care.

- work collaboratively across sectors to achieve a health in all policies approach to decision making.
● adopt, implement and enforce evidence-based measures targeted to poorer individuals, families and communities.

Launched in
Brussels, December 2010
Conceived in October 2011

Undersigned (updated September 2012):

Members of the European Parliament

Nessa Childs MEP (S&D, Ireland)  Merisa Matas MEP (GUE/NGL, Portugal)
Jean Lambert MEP (Greens, UK)  Alojz Peterle MEP (EPP, Slovenia)
Jo Leinen MEP (S&D, Germany)  Glenis Willmott MEP (S&D, UK)

European Economic and Social Committee

Staffan Nilsén, President

International and European Networks

Sir Michael Marmot President BMA Chair of the WHO Commission on Social Determinants of Health

AGE Platform Europe  European Parents Forum (EPF)
Association of Women of Southern Europe (AFEM)  European Pharmaceutical Students’ Association (EPSA)
Aust-Europa  European Public Health and Agriculture Consortium (EPHAC)
Confederation of Family Organisations in the EU (COFACE)  European Respiratory Society (ERS)
Eurechle  European Roma Information Office (ERIO)
European AIDS Treatment Group (EATG)  European Union Federation
European League Against Rheumatism (EULAR) Brussels Office  European Social Insurance Platform (ESIP)
European Alcohol Policy Alliance (Euralco)  European Society for Neuropsychiatry
European Anti-Poverty Network (EAPN)  European Women’s Lobby
European Federation of Associations of Doctors (EFA)
European Association for Injury Prevention and Safety Promotion (EuroSafe)  Friends of the Earth Europe (FoE Europe)
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| European Association for Senior Hospital Physicians (AESHP) | Health Care Without Fear |
| European Cancer Leagues (ECL) | Health and Environment Alliance (HEAL Europe) |
| European Central Council of Homoeopaths (ECCH) | Health Care Without Fear |
| European Co-operation of Safety Advocates European Network for Regions Increasing Citizens’ Health (ENERIC) | Health Care Without Fear |
| European Childcare Obesity Group (ECOG) | Health Care Without Fear |
| European Crossroads’ Union | ILGA-Europe |
| European Critical Care Foundation | International Diabetes Federation (IDF) |
| European Federation for Complementary and Alternative Medicines (EFAM) | International Federation for Spina Bifida and Hydrocephalus |
| European Federation of National Organisations Working with the Homeless (EFANFH) | International Federation of Anthroposophic Doctors’ Associations (IFADA) |
| European Federation of Nurses Associations (EFN) | International Planned Parenthood Federation – European Network (IPPF-EU) |
| European Federation of Patients’ Associations for Anthroposophic Medicine (EFAPM) | Médecins du Monde/Doctors of the World International Network |
| European Forum for Primary Care | Mental Health Europe (MHE) |
| European Foundation for the Care of Newborn Infants (EFNCNI) | OlderWomen’s Network Europe (OWN Europe) |
| European Haematology Association | Pharmaceutical Group of the European Union (PGEU) |
| European Healthcare Fraud and Corruption Network (EFCCN) | Sauver Mentor e. exe. Union Sante e. (SMES-Europe) |
| European Heart Network (EHN) | Smoke Free Partnership |
| European Institute of Women’s Health (EIWH) | Standing Committee of European Doctors (CFME) |
| European Men’s Health Forum (EMHF) | The association International Federation |
| European Network for Smoking Prevention (ENSP) | World Association of Girl Guides and Girl Scouts - Europe Region (WAGGGS) |
| European Parkinson’s Disease Association (EPDA) | |
National, regional and local organisations

Albania
Albanian Institute of Public Health

Austria
Austrian Diabetes Association
Austrian Obesity Association

Belgium
Médecins du Monde: Dokters van de Wereld
Vrije Universiteit Brussel

Bulgaria
Medical Faculty of Patras University

Croatia
ABA Informa, ka
Agency for Medicinal Products and Medical Devices
Alliance for Disease Society
Anđela Štampar Institute of Public Health,
Autonomous Trade Union of Service Sector
of Croatia
Centre for Promotion of European Standards in Healthcare
Civil Association Overweight, Prevention
Coalition of Associations in Healthcare,
Croatian Health Coalition

Cyprus
Cyprus Alliance for Rare Disorders
Cyprus Day Care Centre

Estonia
NGO Saliara

Finland
University of Helsinki
University of Tampere

Former Yugoslav Republic of Macedonia
HEPA Macedonia National Organisation for
University M T Skopje
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the Promotion of Health

France
Association Nationale de Prévention en
Alcoolologie et Addictologie
Faculté de Médecine, University of
Montréal

Germany
Ärzte der Welt / Doctors of the World

Georgia
The GENES Association

Greece
Ol Piatpoi tou Kós ou – Ελληνικό
Kósour: Doctors of the World

Israel
G. I.E. Parent Faculty Association

Ireland
Citizens Information Board

Italy
Autonomous Province of Bolzano/South
Tyrol
Centro for Research, Nutrition of the
University of Rome

Malta
ABEI Family Support Group

The Netherlands
Dokters van de Wereld / Doctors of the World

POLAROS

Poland
Institute of Health (Zwery Instytutu), Poland

Portugal
Administração Regional de Saúde do
Lisboa e Vale do Tejo

Administração Regional de Saúde do
Médicos de Mundo / Doctors of the World
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**Algarve**

Romania

Centre for Democratic Development

Romanian Federation of Diseases, Nutrition and Metabolic Diseases

Romanian Association for Public Health and Health Management

Saving Romanian Children's Humanitarian Foundation

Serbia

Diabetes Association of Serbia

Slovakia

Forum for Persons Around Forum for Help to the Elderly

Social Public Health Association

Slovenia

A long-term elderly care institute of Gerontology and Intergenerational Relations

Society for Individuals Suffering from Depression and Anxiety Disorders

CLAB

Society for Promotion of Equity and Plurality Via Activism

DECRA

Society for the Fight against Cancers Member

Drustvo za Avstrij DAK Marbor, Society against Autism DAK Marbor

Slovenian Cancer for Tobacco Control and Public Health

Institute for Digital Participation

Unamaera, Slovenia

Invad de la Drsiko leza, Karesko

UP Dr. Stav za senčno zvezo en samostojenih, Association for Help to Addicted and Their Families

Medicska Drzav

Young People and Tobacco

SIN (Slovenian Society for Mental Health)

Spain

Médecos del Mundo / Doctors of the World

University of Alcalá, Spain

Sweden

Sveriges Valdrift

Sveriges Valdrift / Doctors of the World

Socialdemokraterna, (Social Democratic Party)

Sveriges Tjänstemän för Liberalt Hälsa

Union for Better and Equal Health

Switzerland

DocSWISS

Médecins du Monde
**Turkey**

Centre for Research and Promotion of Community Health

**United Kingdom**

Cancer Research UK

Doctors of the World

North West House, Brussels Office

Royal College of Physicians

SantAdaver

The Health and Europe Centre

**Uzbekistan**

Endocrinological and Diabetological Association of Uzbekistan
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About EPHA

EPHA is a change agent – Europe’s leading NGO advocating for better health. We are a dynamic member-based organisation made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform for Health and Environment Alliance (CEAL), the EU Civil Society Contact Group on the Better Regulation Watchdog. EPHA’s Transparency register number is 8940B532-88.

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