

EUROPEAN CHARTER FOR HEALTH EQUITY

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"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood."

***Article 1, UN Universal
Declaration of Human Rights***

PREAMBLE

Whereas a societal progress cannot be measured or defined by economic growth on its own but by the fair distribution of social determinants of health and individuals' and communities' well-being across all settings and regions, and within all population groups;

Whereas the evidence clearly indicates that the quality and distribution of key social determinants of health[1] are imbalanced and strongly linked to political, economic environmental and social factors and threatening the health of vulnerable population groups and people in vulnerable settings such as of hospitals, care houses, prisons, detention centres, refugee centres and camps, shelters;

Whereas inequalities between and within countries persist and disparities in health are observed between communities and population groups in correlation with socio-economic position influenced by conditions in which individuals and communities are born, grow, live, work, age[2] and their physical and mental health depends on accessibility of public health and social services put in place to ensure health and social protection and prevention[3];

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[4], a 11,1 year gap in life expectancy at birth for males and a 7,7 year gap for females, and these gaps are widening within countries[5];

Whereas vulnerable and socially excluded groups such as ethnic minorities, including Roma; migrants and people with a migrant background, homeless people, people with disabilities, LGBTIQ+, prisoners, sex workers, people using drugs, people at risk of poverty and exclusion have shorter life expectancies, and face a greater risk of premature death compared with the general population;

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; availability, accessibility and affordability of healthcare and prevention creating gender gaps in health status, in such a way that life expectancy in all EU Member States is shorter for men than women and this gap varies significantly between countries, and that women experience poorer quality of life during their life course;

Whereas there are important gender disparities in society and policies, including public health, research and services, and in many cases, women, especially those from vulnerable groups, are more and disproportionately affected by disadvantages, inequalities, poverty and social exclusion;

[1] Key determinants of health: physical environments, social environments, income and social status, early child development, education and literacy, employment and working conditions, life skills, health and prevention systems, social protection, gender.

[2] 62nd World Health Assembly, WHO 22 May 2009

[3] 65th World Health Assembly, WHO 26 May 2012: <https://bit.ly/33XFub3>; WHO Commission on Social Determinants of Health Report: Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva: World Health Organization, 2008

[4] Eurostat: Infant mortality halved between 1997 and 2017 <https://bit.ly/37II6vI>

[5] https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Mortality_and_life_expectancy_statistics#Life_expectancy_increased_in_EU-27_in_2018

Whereas, sustainable development of societies and economies cannot be achieved without addressing individuals' and communities vulnerability to physical, mental and environmental health leading to health disparities[6] between population groups;

Whereas individuals' and communities health and well-being is linked to social, economic and political factors and requires strong policy commitment through policy coherence, intersectional policy action for health and well-being; effective inter-sectoral mechanisms for developing policy synergies and cross-country cooperation to achieve sustainable results in health equity for all communities and population groups, as concluded by the WHO Regional Committee for Europe[7];

Whereas both the European Commission[8] and the European Council [9] expressed concerns about such dramatic differences in health and life expectancy between and within European countries, regions and population groups;

Whereas European societies value the concept of "equal opportunities", equality and non-discrimination 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[10] and the Lisbon Treaty [11 [12];

Whereas legal and policy documents[13] [14] [15] [16] [17] state that reducing health inequalities is a matter of health equity and social justice as it improves the physical and mental health of those most exposed to health threatening conditions and already experiencing disparities in health – people experiencing poverty, marginalised groups, and those excluded from participation in various aspects of society by virtue of their living conditions, ethnicity, sexual orientation, social backgrounds or legal status;

Whereas actions on reducing health inequalities requires a comprehensive and holistic approach with active participation and strong cooperation between policy and decision makers, European institutions, governmental and non-governmental organization, civil society, communities and other relevant stakeholders acting in and beyond the health sector;

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

[6] Healthy, prosperous lives for all: the European Health Equity Status Report, WHO 2019

[7] Regional Committee for Europe, decision EUR/RC65(1) of 15 September 2015

[8] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Solidarity in Health: Reducing health inequalities in the EU, 2009

[9] Council Conclusions on Equity and Health in All Policies: Solidarity in health. 8 June 2010

[10] The Charter of Fundamental Rights of the EU and in particular art. 35 stating that "everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices

[11] Under art. 168 of the Treaty on the Functioning of the European Union, "Union action is to complement national policies and be directed towards improving public health; it is also to encourage cooperation between the Member States in the field of public health and, if necessary, to lend support to their action"

[12] Under art. 9 of the Treaty, "Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health"

[13] Health Equity in England: The Marmot Review 10 Years On

[14] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions - Solidarity in health: reducing health inequalities in the EU

[15] How serious is the health divide in the WHO European Region?, WHO 2019

[16] Healthy, prosperous lives for all: the European Health Equity Status Report, WHO 2019

[17] Health at a glance, OECD 2019.

EUROPEAN CHARTER FOR HEALTH EQUITY



We, the undersigned, express our deep concern that systemic inequalities in health – widespread, unfair, preventable and avoidable – impose a serious threat to social and economic sustainability across Europe and have to be tackled in a concerted manner at all levels and by all relevant stakeholders. We strongly believe that combating health inequalities is a matter and a driver of and for social justice and health equity which will greatly contribute to Europe's social and economic prosperity, recovery and resilience.

Article 1

The European Charter for Health Equity reaffirms the commitment to the values of well-being, solidarity, social justice, promotion and protection of human rights, equality and non-discrimination principles, and gender equity. It 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. Furthermore, the European Charter for Health Equity reiterates the commitment to the principles of health protection and prevention of good quality promoted by the TFEU, the EU Charter for fundamental rights guaranteeing the right to healthcare, the European Pillar for Social Rights enshrining everyone's right to timely access to affordable, preventive and curative health care of good quality.

Article 2

The purpose of the Charter is to mobilise all relevant stakeholders, including civil society and in particular decision makers, governmental organisations and public authorities, European and national regulatory bodies, and safeguard that individuals' and communities' health protection and prevention remain at the heart of European and national policies. Moreover the Charter aims to enhance people's health and well-being as a major indicator for societal and economic progress and a guiding principle for policies and mechanisms for promoting economic and social stability, equality and equity across Europe.

Article 3

This Charter has twin objectives: to advance actions that will contribute to the improvement of health and well-being for all, and to reduce and prevent unfair and avoidable health inequalities.

The achievement of these objectives requires a life course and intersectional perspectives, including gender equality; but also holistic and comprehensive measures to enable equal access to rights and services impacting individuals' and communities' health. They must start before birth and be followed and fostered through the further life of every child, adolescent, adult and older person.

Signatories of the Charter fully support the conclusions of the latest Marmot Review: Ten years on[18] and call on actions to implement its priorities:

Providing all children with the best start in life through optimal conditions for their physical and mental development, including Early Childhood Development, child protection and poverty reduction measures – as virtually every aspect of human development is laid as early as during the pregnancy and the first years of life, this period has lifelong impact on many aspects of physical and mental health and well-being continuing to adolescence and adulthood. Children being born and growing up in poverty and deprivation have less opportunities for optimal physical growth and physiological development, influencing their physical and mental health, which is unacceptable and intolerable.

Enable all children, young people and adults to realise their full potential and have control over their lives – tackling inequalities from the earliest years of life is overriding, and early equality gains should be maintained through sustained commitment to children rights, physical and mental health protection. Eradicating child poverty as both a result and a driver of inequalities depriving children of equal opportunities, contributes to achieve good living standards and enables individuals and communities to lead healthy and longer lives.

Guaranteeing fair employment and good working conditions for all – enjoying decent working conditions and fair employment, including equal access to job, training and professional development opportunities is of protective nature for physical and mental 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. People achieve better productivity and capacities to contribute to economic and societal development when they enjoy stronger protection at work, including social and economic protection; protection against discrimination and precarious employment.

Improve quality of work by tackling inequalities in employment and income – already at the start, impoverished health and lower opportunities caused by inequalities experienced in the earliest years of life, put individuals and communities in a disadvantaged position. Moreover, unemployment and employment precariousness pose severe threats to communities' health and well-being, therefore exacerbate health inequalities. Insecure, inflexible and poor-quality employment and working conditions deteriorate physical and mental health affecting entire communities and prevent sustainable development of society and economies.

A healthy standard of living for all – health inequalities arise as unequal opportunities for leading a healthy life. Inequalities in education, employment, income, access to decent housing lead to lower individuals' and communities' capacities to afford healthy diets, transport, healthcare and prevention services.

[18] Health Equity in England: The Marmot Review 10 Years On

Unfair distribution of wealth and social injustice are all powerful enough to impose persistent and inherent health disparities, including mental and environmental health that pass on from generation to generation. This injustice is avoidable and preventable, and this vicious circle must be broken through adequate European and national policy measures proportionate to the social, economic challenges increasing communities' vulnerability to physical and mental health.

Our health is rooted in healthy, inclusive and sustainable places and communities - physical and social aspects of communities, enabling and promoting healthy lives, and a sense of common ownership over communities' health, all make a contribution to the social dimension of health. Communities equipped in open and green spaces, decent housing and living environment, including access to safe drinking water and sanitation, public services (sustainable and inclusive public transport, rubbish collection, sustainable energy use), adequate infrastructure as well as fair economy benefit with regards to health and social perspectives. Inequalities between and within countries must be tackled by ensuring equal access to rights and services for all; by building stronger health, economic and social protection systems that work for all.

Our communities and societies need stronger social investment in social determinants of health to strengthen health and social protection and prevention, to boost Europe's recovery and resilience. The unprecedented public health crisis revealed the fragility of health, social and economic situation in Europe and jeopardised the little progress achieved in social justice and health equity. Therefore, policy actions aiming to improve health and social services are required for strengthening health and social protection systems, including their accessibility. Not only is the availability, accessibility and affordability of healthcare and prevention systems of good quality important for achieving health equity, social justice and gender equality, especially for the most vulnerable groups. Protection and prevention in the context of the social determinants of health needs stronger commitment of decision makers as well as active and conscious involvement of a wide range of stakeholders – beyond the health sector. By this means, health and social prevention and protection are vital to a lively and healthy communities and societies.

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 achieve health equity and social justice. Therefore, we commit ourselves to:

- **Promote** the shared values of solidarity, equity, gender equality, sustainability, inclusiveness, transparency and participation through mainstreaming health equity and social justice in our policies, services and other actions to ensure due attention is paid to the needs of vulnerable groups and to support a societal development that maximises individual and community potential;
- **Invest** in actions that promote and support health equity by acting to achieve a positive change in 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 and rights.
- **Foster** and build capacity and mutual learning, and cross-sectorial cooperation between all relevant stakeholders in development and implementation of policies to achieve positive and sustainable impact on social, gender and environmental determinants of health.
- **Contribute** to reduce health inequalities by strengthening the protection of vulnerable groups disproportionately affected by uneven distribution of social and environmental determinants of health.

HEALTH EQUITY: A CALL TO ACTION



We, signatories of the Charter, call on European and national decision and policy makers to:

- **Provide** adequate, holistic and comprehensive support to all children, adults and elderly by investing in Early Childhood Development, ensuring equal access to education and training, decent housing and healthy living environment, employment and professional opportunities making it possible to achieve a positive impact on communities and population groups striving for health equity and social justice;
- **Ensure** a high standard of living that enables and fosters health and well-being across the life course by investing in healthy and sustainable communities and places which fully integrate the planning, transport, housing and living environment, economy, public health and social protection systems;
- **Prioritise** investment in social, health and human rights protection with a focus on the most vulnerable across all sectors and with active and meaningful participation of all stakeholders as a basis of any actions against poverty, and social exclusion, homelessness, and discrimination resulting in health disparities, including disease, disability, premature death, and shorter life expectancy;
- **Ensure** equal access to health coverage and quality healthcare and prevention, including family planning and reproductive rights services for all, with a special attention to most the vulnerable groups;
- **Promote** equal opportunities and inclusiveness of the labour market, employment and professional development opportunities and social cohesion across European countries by developing and implementing standards for minimum income scheme, decent working conditions for all and adequate wages;
- **Work** collaboratively across sectors to promote holistic and integrated policy approaches in decision making in order to advance assessment; adopt, implement and enforce evidence-based measures targeted to vulnerable, socially excluded and marginalised communities; promote systematic monitoring and reporting mechanisms to ensure the implementation of policies supporting integrated care;
- **Implement** targeted actions to mitigate the climate change impact on the most vulnerable.



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