



STATEMENT OF THE WHO EUROPEAN HEALTHY CITIES NETWORK AND WHO REGIONS FOR HEALTH NETWORK

High-level Conference on Accelerating Progress on Equity in Health in the WHO European Region

11–13 June 2019, Ljubljana, Slovenia



Statement of the WHO European Healthy Cities Network and WHO Regions for Health Network presented at the High-level Conference on Health Equity – Accelerating Progress towards Healthy and Prosperous Lives for all in the WHO European Region, 11–13 June 2019, Ljubljana, Slovenia

1. We, the cities and national networks of the WHO European Healthy Cities Network, together with the regions of the Regions for Health Network, fully support the Ljubljana Statement on Health Equity and recognize the vital role that plays in ensuring that accelerating progress for equity in health remains at the forefront of global, regional and local agendas affecting health and well-being for future generations.
2. We understand that focusing both social and political attention on health equity, gender equality and the right to the highest attainable standard of health is critical at this moment in history and so is therefore taking action to address the underlying social, political, cultural, economic and environmental factors that affect them.
3. We reiterate that inequalities underpin the defining public health challenges of our time, including climate change, environmental degradation, societal fragmentation and the dissipation of peace within and between communities across our planet, with the most vulnerable people most severely affected. Achieving the sustainable development that heads of state committed to in the United Nations 2030 Agenda for Sustainable Development first and foremost requires reducing inequalities.
4. We emphasize the leading roles of municipalities, cities and regions as advocates for equity in health, ensuring that the focus on equity in health withstands fluctuating social, cultural and political changes.
5. We commit to address all the avoidable, unfair or remediable differences among groups of people, so that everyone has a fair opportunity to attain their full potential and no one is disadvantaged from achieving this potential.

6. We recognize that health equity is a core value of the interconnected global and regional frameworks and agendas such as Health 2020, the 2030 Agenda for Sustainable Development and WHO's Thirteenth General Programme of Work, 2019–2023, providing us with a strong political mandate to place equity and health at the forefront of our municipal, regional and national political agendas.
7. We reiterate, however, that although these global and regional frameworks and agendas provide the policy context and framing for reducing health inequities, it is at the regional, municipal and city levels where we can work to ensure that no individuals are left behind regardless of their sex, race, religious belief, migration status (or equivalent), ethnicity, sexual orientation, age, political orientation, disability or socioeconomic circumstances.
8. We stress the importance of ensuring that equity is considered throughout the policy process in cities and regions, from planning through implementation; otherwise actions can exacerbate or increase inequities.
9. We stress, as levels of government closest to people and communities, that we are key actors in supporting the implementation of global and regional frameworks and it is our duty to accelerate progress towards equity in health through participatory approaches throughout our policy and strategy planning. Inequalities are best reduced by engaging our target population in decisions that affect them, and our close relationships with local communities put us at the forefront of implementation.
10. We recognize that inequities in health persist both within and between countries, regions and cities and that, if we each strive for progress towards equity in health in our regions and locally, we will be contributing to broader national and international efforts to create a fairer and more equitable European Region.
11. We stress that the places where we live, love, learn, work and play significantly affect health equity within our cities and regions. We therefore commit to ensuring that equity is at the centre of all regional and municipal

place-making policies so that our cities and municipal spaces become places that contribute to reducing and not exacerbating inequities.

12. We commit to leading by example in gender equity and understand that commercial, social, environmental and economic determinants intersect with gender norms and stereotypes, creating different health opportunities and risks between women and men and between girls and boys across the life-course. These can all be addressed at the regional and city levels, and we commit action to do so.
13. We are fully aware that monitoring and increasing health equity are key steps in accelerating progress towards inclusive sustainable development and prosperity in the European Region. We commit to strengthening our observatory and monitoring tools and interventions at the regional, municipal and city levels and will work with the national level of government to take action to do this.
14. We recognize the evidence that shows that impoverishment caused by out-of-pocket health expenditure affects up to 15% of households in countries in the European Region, and even some of the highest-income countries fail to provide strong financial protection against the cost of using health services. We understand, therefore, that the fight for health equity is one that affects all regions and cities across the European Region, regardless of their economic level of development.
15. We highlight the importance of the health system in accelerating progress towards equity in health and that health systems across the European Region are demonstrating new ways of tackling inequities. Using innovative economic methods, socially responsible approaches and ethical investment in their employment and procurement practices, health systems are delivering additional improvements for the people at risk of social and economic exclusion. To ensure that nobody is left behind, regions and local governments must be involved in this process.

16. We know that building safe, sustainable and resilient communities needs to be at the heart of strategies for accelerating progress towards health and prosperity for all. We also know that safe and resilient communities are achieved through action at the regional and city levels. We commit to being key partners in this process.
17. We highlight the role of the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All, the new Phase VII of the WHO European Healthy Cities Network and the Göteborg Manifesto of the Regions for Health Network and their focus on addressing the broader determinants of health and supporting the implementation of global and regional agendas in reducing health inequities across the European Region.
18. We commit to using and building on existing partnerships at the regional and city levels to accelerate progress towards equity in health and commit to using the WHO European Healthy Cities Network, and the Regions for Health Networks as platforms through which to network and partner with relevant actors both across the whole of society and throughout the whole of government, ensuring a multilevel and intersectoral approach to promote health diplomacy and policy coherence for reducing inequities.
19. We commit to building capacity across all sectors of government to understand inequity in health, to equip them with the skills, tools and knowledge to develop policy that provides the framework for national, regional and local action to be taken to reduce inequities in health and to develop appropriate inequity indicators that measure progress.
20. We commend the WHO Regional Office for Europe on the European health equity status initiative and the groundbreaking evidence and policy options it brings forward and urge countries, regions, municipalities and cities to use it as an advocacy tool and a technical foundation on which to build in our efforts to build more equitable societies. As WHO networks, we will encourage peer learning among cities and regions experiencing various challenges in reducing inequities, share good practice and develop and implement tools, mechanisms and policies to promote equity, health and well-being for all.

21. We recognize that measuring unfair and unjust health inequities within and between our countries and regions is a critical first step, but we need to go further. We call on Member States, WHO, United Nations partners and the global community to take urgent action on health equity.

22. We, the WHO European Healthy Cities Network, together with the WHO Regions for Health Network, adopt this statement. We commit to taking forward this agenda in the spirit of the High-level Conference on Health Equity – Accelerating Progress towards Healthy and Prosperous Lives for all in the WHO European Region, held on 11–13 June 2019 in Ljubljana, Slovenia, and for it to serve as an impetus for enhanced and sustained further engagement, collaboration and action on equity for health in all our regions, cities and countries.