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The Ljubljana Statement on Health Equity

Adopted at the regional high-level conference: Accelerating Progress Towards Healthy and Prosperous Lives for All in the WHO European Region Ljubljana, Slovenia, 11–13 June 2019

This information document contains the text of the Ljubljana Statement on Health Equity, as adopted by the participants on the final day of the regional high-level conference, Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region, held in Ljubljana, Slovenia, on 11–13 June 2019.

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1. We, representatives of the Member States of the WHO European Region, from the health, social and development sectors, regions and cities, United Nations agencies, international organizations and civil society organizations, have come together to affirm our commitment to reducing health inequities as a necessary contribution to inclusive development and stable and prosperous societies, in line with the Sustainable Development Goals, the Health 2020 European health policy framework, the Universal Declaration of Human Rights and the principle of universal health coverage.

2. We note that health equity is a core value and an overarching goal of all of these interconnected frameworks, thus emphasizing the right to the highest attainable state of health and the importance of universal health coverage for all. These principles are strongly supported by WHO's Thirteenth General Programme of Work, 2019–2023.

3. We note that investment analysis commissioned by WHO reveals that if the "triple billion" goal contained in WHO's Thirteenth General Programme of Work, 2019–2023, were to be attained, it would result in 29 million lives saved, 100 million healthy life years gained and a 2–4% increase in economic growth per year in low- and middle-income countries.[1,2]

4. We note that the European Social Charter (adopted in 1961, revised in 1996), ratified by 43 European States, is an important human rights instrument which guarantees a broad range of fundamental social rights and the protection of the most vulnerable.

5. We note that the WHO European Region has seen success overall, with nearly 1 billion people enjoying a life expectancy that has reached 78 years. However, despite this success, health inequities exist within and between Member States.

6. We recognize that attention to health equity, gender equality and the right to health has never been more important. We note that gender inequalities intersect with other forms of discrimination, contributing to inequities in income, living conditions, social and human capital, work and employment, and that addressing these inequities is a prerequisite for achieving universal health coverage.

7. We note that many countries, regions and communities have taken action to address health inequities. However, progress has been slow for reasons such as the view that health inequities are too difficult or too complex to address, and uncertainty about which policies and investments are effective and which should be prioritized.

8. We recognize that there is an essential set of conditions we need to achieve in order for all people to prosper and flourish in health and in life, and that these conditions are statistically significant in explaining the gaps in health inequities within countries.

9. We note that policy responses to economic cycles need to protect those at the bottom 20% of society during recession and accelerate improvements for all during periods of growth to prevent worsening income inequalities. Financial austerity measures introduced during

[1] Financial estimate for the 13th General Programme of Work (2019–2023). Geneva: World Health Organization; 2018 (https://www.who.int/docs/default-source/documents/gpw/white-paper-financial-estimate-gpw13-may2018-en.pdf?sfvrsn=9bff80e2_12, accessed 17 June 2019).
[2] Draft proposed programme budget 2020–2021. Geneva: World Health Organization; 2018 (EB144/5; https://apps.who.int/gb/ebwha/pdf_files/EB144/B144_5-en.pdf, accessed 1 April 2019).

economic downturns have contributed to widening income inequalities and the relative impoverishment of those already left behind.

10. We note that to be able to enable healthy choices, we need to create the social, economic and environmental conditions in which people can live and prosper. Laws, policies, regulations, services, and planning and investment decisions that respect diversity in society, empower individuals and communities, and prevent corruption are essential for achieving well-being and social cohesion.

11. We recognize that fair and sustainable health financing and high-quality universal health services need to be part of systematic, multisectoral policies and actions in order to close health gaps, and that a primary health care approach is conducive to that purpose.

12. We note that income and employment insecurity, as well as stress and anxiety associated with the inability to afford a basic standard of living, are strongly associated with inequities in mental health within European countries. Income insecurity is of major importance through the life course, with potential detrimental impact on health and well-being.

13. We note that inequities in living conditions, such as quality and availability of housing and community amenities, environmental conditions, neighbourhood safety, affordability and availability of utilities such as clean water and fuel, and availability of green spaces, cause inequities in risk exposure, quality of life, safety, a sense of belonging and security, and, ultimately, in health outcomes.

14. We note that there have been widespread social and demographic changes in the WHO European Region, including population ageing and increased economic and political migration.

15. We recognize that population ageing, together with early exit from the labour market due to poor health, represent key challenges to fiscal sustainability. It is necessary to reduce inequities in health during working years and later in life and provide new models of financial protection in order to ensure economic and social well-being for current and future generations.

16. We note that health systems across Europe are challenged by changing demands resulting from social and demographic trends, and by workforce shortages and the need for new skill mixes to address these demands. People-centred service development and innovative solutions are required to achieve better integration and faster responses. Transfer of knowledge and intercountry capacity building provide opportunities to address these challenges.

17. We note that exposure to adverse childhood experiences, such as domestic violence or other forms of maltreatment, can damage children's well-being and their health and economic outcomes through the whole life course. Providing safe and nurturing environments for all children and supporting their families to provide them with the best start in life are critical elements in improving population health and reducing health inequities.

18. We note that exposure to crime and violence, together with a weak sense of belonging and control over life, greatly contribute to inequities in mental and physical health and well-being within the population.

19. We note that secure, decent working conditions and fairly paid employment are important factors for achieving health equity.

20. We note that reducing inequities in health literacy is an effective approach to minimizing the effects of digital marketing of health-harming products and services among the most vulnerable.

21. We note that exposure to unhealthy commercial pressures compounds material disadvantage and contributes to health inequities in noncommunicable diseases. People with limited social and economic resources more often live in neighbourhoods with a higher density of, among other things, fast food and gambling outlets, and high-cost credit providers.

22. We recognize that health equity is central to achieving sustainable development and inclusive growth. Well-functioning health systems are vital for achieving fiscal sustainability and play an important role in driving sustainable development at the national, subnational and local levels through socially responsible procurement, investment and employment policies.

23. We recognize that building safe and resilient communities needs to be at the heart of strategies for accelerating progress towards health and prosperity for all, in addition to making the economy work towards the same goal. Creating healthy and sustainable societies is essential for achieving fiscal and economic stability.

24. We recognize that measuring health equity and its underlying determinants is a key step in accelerating progress towards inclusive development and prosperity in the WHO European Region. Disaggregated data on health trends and on policy progress in equity across sectors can aid efforts to understand the factors that influence the conditions needed to live a healthy, happy, prosperous life, and can enable, motivate and empower both decision-makers and the public.

25. We recognize that single, isolated policy interventions will not reduce health inequities. Making progress towards healthy and prosperous lives for all requires systematic actions across government and wider society, including scaling up and adapting what works and generating new solutions and alliances that break down the barriers to progress.

26. We recognize that we can accelerate actions to reduce health inequities through an integrated basket of universal and targeted policies, designed to reduce the magnitude and gradient of inequities in health and well-being between people in different economic and social groups.

27. We recognize that health inequities can be reduced through transparent, whole-of-government approaches, and by incentivizing and rewarding policy coherence and shared accountability across sectors for delivering integrated solutions, based on social value and social return on investment, that can accelerate progress for health for all and the rate of improvement for those left behind.

28. We recognize that effective solutions for health equity require political commitment and new partnerships and alliances with non-State actors, including young people, in order to engage those who are being left behind. They hold essential elements of knowledge for effective solutions and for sustaining impact over time.

29. We recognize that in order to successfully reduce inequities, it is imperative to work with civil society and the regional, municipal and city levels of government, as these levels of government are closest to the people and it is there that we can work to ensure that no individual is left behind. We welcome partnerships with existing networks and platforms such as the WHO European Healthy Cities Network and the Regions for Health Network.

30. We recognize that vulnerable and marginalized groups in society have higher exposure to and are more deeply affected by emergencies arising from natural disasters, civil unrest, and political and economic crises. Concerted efforts are needed to reduce vulnerability and include these groups in better and fairer emergency prevention, preparedness, response and recovery activities.

31. We commit to building on the legacy of Health 2020, the San Marino statement on equity: ensuring no one is left behind, adopted at the Sixth High-level Meeting of Small Countries, held in San Marino on 31 March – 2 April 2019, the Ostrava Declaration of the Sixth Ministerial Conference on Environment and Health, signed on 15 June 2017, and the Paris Declaration on partnerships for the health and well-being of our young and future generations, adopted at the WHO High-level Conference, Working Together for Better Health and Well-being, held in Paris, France, on 7–8 December 2016, as well as to increasing investments in multisectoral and intersectoral policies that address the underlying causes of the conditions that create health inequities. Accordingly, we will work with partners in key sectors, such as labour, education, environment, urban planning, housing and communities, among others.

32. We commit to working in partnerships based on participation and empowerment to create healthy places to live where all people feel safe and have a sense of hope and belonging in their neighbourhoods and shared spaces. We commit to engaging with the public to address health inequities in their own countries, regions or cities.

33. We commit to bringing social values into economic, environmental and fiscal policies and decisions, and into health systems. Embedding social values – such as fairness, equality, gender equality, trust, solidarity, a sense of belonging, resilience, and respect for human dignity – into policy-making is essential for removing the barriers to achieving sustainable development and inclusive societies, so that all people can prosper and flourish.

34. We commit to upholding equity principles when developing health services based on a primary health care approach and a competent health workforce and when responding to social, environmental, technological and demographic trends. We commit to enabling universal health coverage and financial protection for all.

35. We commit to tackling disadvantage by reviving the most deprived neighbourhoods, reducing social exclusion and supporting society's most vulnerable groups.

36. We reaffirm our commitments to taking gender-responsive and rights-based approaches to improving the health and well-being of all, leaving no one behind, and recall the recently adopted Strategy on Women's Health and Well-being in the WHO European Region (2016), and the Strategy on the Health and Well-being of Men in the WHO European Region (2018), which set a path for accelerating progress in these areas.

37. We commit to adequately resourcing monitoring and accountability processes, and to developing and strengthening monitoring and evaluation capacities, as they are the foundation for health systems' ability to address health inequities, both internally and across government. We commit to involving researchers, delegates of professional associations and representatives of civil society in monitoring and accountability processes.

38. We encourage WHO to launch a European Region health equity solutions platform as a mechanism for policy-makers to exchange best practices and share innovations in sustainable solutions that accelerate equity in health and well-being, nationally and at the subnational levels of regions and cities.[3]

39. We welcome the proposal to establish a multidisciplinary health equity alliance of scientific experts and institutions, to generate cutting-edge evidence and methods that enable ministries of health and governments to make the case, prioritize and scale up innovations (scientific, technological, social, business or financial) in order to: (i) increase equity in health; and (ii) ensure that social values of solidarity, equity, well-being, inclusion and gender equality are considered and included in growth and development policies.

40. We call for action by requesting that the Member States of the WHO European Region adopt a health equity resolution at the 69th session of the WHO Regional Committee for Europe in order to accelerate progress towards closing the health gap and achieving healthy prosperous lives for all.

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[3] The WHO European Region health equity solutions platform will be a dedicated mechanism for countries and partner organizations to generate and implement solutions to key health equity challenges. It will establish live policy innovation sites and synthesize the best evidence and approaches that can be scaled up across the Region to accelerate progress in reducing health gaps.