The Copenhagen Declaration on Health Policy, 1994

(The Conference agreed to refer this Copenhagen Declaration to the Standing Committee of the WHO Regional Committee for Europe for consideration and preparation of a draft resolution to be submitted to the Regional Committee at its forty-fifth session.)

We, the delegations of the Member States in the European Region of the World Health Organization, meeting in Copenhagen from 5 to 9 December 1994, acutely aware that our societies stand at an historic crossroads, pledge ourselves to promote and protect the health of our peoples as a fundamental value of our societies.

1. The challenges to health in Europe
Actions to improve health must be recognized as a measurement of a country's social consciousness and as a means of investing in its human capital.

We are concerned about the fact that, in spite of some progress observed, the 1993/1994 exercise to monitor progress towards health for all (HFA) shows that considerable inequities in health still persist between countries and between population groups in almost all countries.

We recognize the problems posed by the resurgence of communicable diseases in some countries and by the unhealthy lifestyles in every country of the Region, and we support the actions proposed to create a healthy environment and to address the consequences of the Chernobyl accident, the development of the Aral Sea basin for intensive agriculture and the use of Semipalatinsk for nuclear weapons testing, as outlined in the Helsinki Declaration of June 1994.

The increasing numbers of health problems, with increasing numbers of migrants, refugees and displaced persons now turning also to less affluent parts of the European Region, are not being attended to with a view to making long-term solutions emerge. Since migrants form an integral part of our Region, they must also inevitably be a part of the implementation of HFA policies designed to tackle inequities, promote health and ensure access to high-quality health care. And they need to be included in inter-European cooperation for health.

Health in some countries is facing a crisis due to a deterioration in the prerequisites for health and the economic constraints that affect health care services.

2. The vision
We have a responsibility not merely to react to change but to create necessary change and to shape our own future. To do this:

- we need a strategic approach that strikes a delicate balance between long-term goals and short-term feasibility in today's pluralistic society;
we need to reinforce the values of solidarity, equity and human rights, while recognizing the rights of individuals to freedom of choice, participation and dignity, as well as their obligations to help strengthen their own health;

we need to reinforce the role of governments in protecting and promoting health while striving to safeguard access to the highest affordable quality of health care, even in situations of unchanging or even decreasing national resources.

The Member States in the Region should strengthen their commitment, individually and collectively, to making every effort to:

- implement the European HFA policy in countries, by ensuring that health policies and programmes are truly based on its principles and methods of preventing disease;
- promote healthy lifestyles, a healthy environment and quality-conscious, cost-effective and accessible health care systems;
- shape intersectoral policies and strategies for health gain at the country, regional and local levels, clearly defining targets that focus on outcomes in terms of health status, risk factors and determinants of health;
- monitor and evaluate progress towards these targets, thus providing a scientific basis for continuous learning and improvement of policies.

3. Solidarity with people in need

We are committed to the fundamental value of the HFA movement in directing our efforts towards those people and countries most in need.

3.1 Preferential support for vulnerable and high-risk groups within countries

Today, more than ever, there is a need to give a sharp focus, in our social and health development, to policies and programmes that can improve the health and quality of life of all our fellow citizens, particularly children, the elderly, the poor, migrants, refugees, displaced persons and the socially disadvantaged.

We therefore pledge ourselves to:

- heighten people's awareness of the need for health policies and programmes that tackle inequities in health between different groups in the population;
- provide for equity in access to health care and health promotion opportunities, ensuring that new systems for the financing and provision of care do not endanger this;
- ensure as far as possible that information is available on inequities in health;
- carry out health impact assessment of policy measures where appropriate.

3.2 Priority support for the countries of central and eastern Europe and the newly independent states

We recommend that the following principles be adopted and actions taken, in order to improve the efforts currently being made.

- In countries receiving support, we believe it is necessary to develop national policies based on the HFA principles and, following this, to draw up medium-term programmes for health development. WHO and other international organizations should continue to give support to countries in doing this.
- For European countries and international aid and funding agencies which are willing to assist the above-mentioned countries in their development, such assistance should support the same principles. WHO and other international
organizations, as well as the European Community, can offer useful guidance in this process.

- For States which are members of intergovernmental organizations and the European Community, we recommend that they support those principles within the governing bodies of such organizations>

3.3 Support to victims of armed conflict, natural and man-made disasters

We believe that all European countries should make greater efforts to help countries affected by armed conflict, natural and man-made disasters and to support their agencies - international and nongovernmental - that are currently trying to provide relief with the aims of protecting the health of the suffering populations, including refugees and displaced persons, and improving their health care.

4. Better managed health care development for health gain

Attention should be focused more sharply on the improvements that can be expected from different health care programmes, with particular efforts to:

- strengthen public health infrastructures, management, training, and research for the development of HFA policies and to ensure that health system changes focus on health gain;
- develop effective mechanisms for intersectoral action for health at country, regional and local levels, as appropriate;
- strengthen information systems, in order to identify health problems, support the implementation of strategies for health gain, and monitor and evaluate action;
- assess the effectiveness of policy measures, both for health promotion and for health care, and their impact on equity in health;
- ensure that new approaches to the financing and provision of health care lead to health gain, continuous quality development and effective use of resources, giving due weight to health promotion, disease prevention and the reduction of disability.

5. Facilitating a dialogue for health

Those who implement and are affected by health policies should be involved at an early stage in a dialogue for health. Countries should encourage their participation in the process of health policy formulation, implementation, monitoring and evaluation. In so doing, countries should pay particular attention to:

- mobilizing parliamentarians, citizens and other partners in policy development for the promotion and protection of health;
- building new alliances with social groups with an interest in health development.

6. A new international alliance of partners for health

Noting with satisfaction the increased collaboration between international organizations and the European Community, we believe that all European governments could take the following steps to further these developments:

- support closer and more effective cooperation by international organizations and the European Community for the achievement of health gain, in such a way as to build on their respective strengths and complementarities;
• promote and support the HFA approach when collaborating with intergovernmental, nongovernmental and integrational organizations and in bilateral agreements;
• use national HFA policy frameworks in countries of central and eastern Europe and the newly independent states to guide international investors and donors towards addressing priority areas and concerns;
• further develop cooperation between countries in improving methods of health policy formulation, monitoring, evaluation, management, training, research and development;
• explore the possibility of creating a network of health databases, including those of the WHO Regional Office for Europe, the European Commission and the Organization for Economic Co-operation and Development, as well as country databases;
• promote and facilitate the sharing of expertise and experience, to strengthen problem-solving skills in countries, and support the development of international expertise;
• explore ways of enhancing parliamentarians' knowledge of the European HFA policy and its approaches and, in so doing, see how existing structures in intergovernmental and integrational organizations can contribute to such efforts.

7. Onwards to the twenty-first century
As we strive to develop our economies, countries in the north, south, east and west of the Region are presented with an historic opportunity of moving towards health for all by putting health high on the political agenda.

In adopting this Copenhagen Declaration, we hereby pledge ourselves to renew our efforts to look closely at the health policy challenges, learn from each other and together lead the peoples of Europe to better health in the twenty-first century.