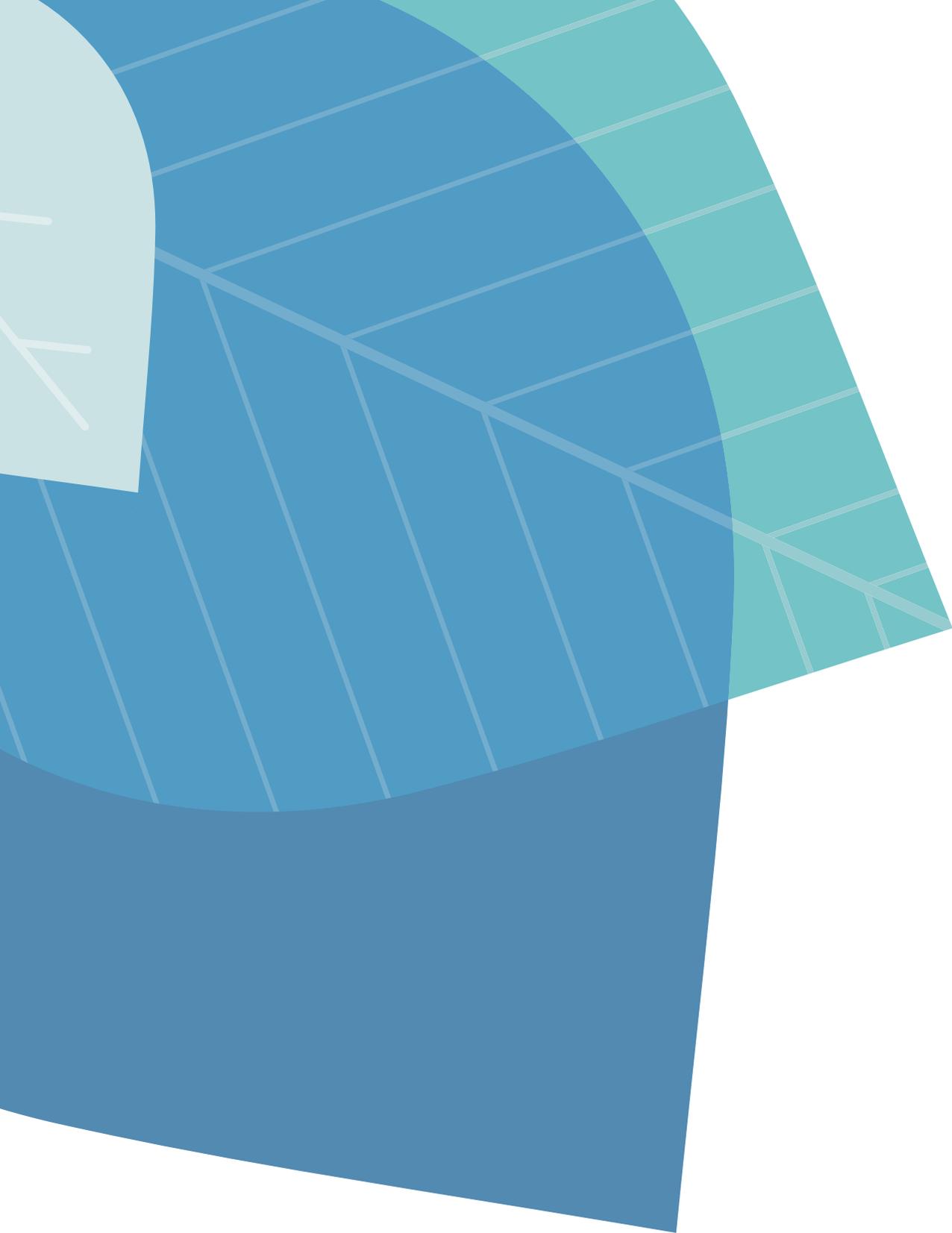


# The Minsk Declaration

The Life-course Approach  
in the Context of Health 2020



## 1.0 The Life-course approach in the context of Health 2020

- 1.1 We, the Member States of the European Region, gathered in Minsk, Belarus, on 21–22 October 2015 for the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, unanimously agree that the life-course approach is an essential step towards the implementation of Health 2020 and the goals and targets in the United Nations 2030 Agenda for Sustainable Development.
- 1.2 A life-course approach for health and well-being builds on the interaction of multiple promotive, protective and risk factors throughout people's lives. This approach adopts a temporal and societal perspective on the health of individuals and generations, including intergenerational determinants of health. A life-course approach is an investment in health and well-being.
- 1.3 The adoption of the life-course approach across the whole of government would improve health and well-being, promote social justice, and contribute to sustainable development and inclusive growth and wealth in all our countries.

## 2.0 Rationale for action

- 2.1 We note the new and consistent and complementary findings emerging from a range of scientific disciplines: from genetics to epidemiology, from psychology to neuroscience, from economics to environmental, political and social sciences. The major impact of developmental origins of health and disease is increasingly being understood. These findings make a compelling case for coherent policies that proactively address the totality of human life across ages and generations, and not merely cater for specific needs and conditions at narrowly defined stages of life.
- 2.2 The trajectory of human life is affected by genetic, epigenetic and intrauterine legacies, by environmental exposures, by nurturing family and social relationships, by behavioural choices, by social norms and opportunities which are carried into future generations, and by historical, cultural and structural contexts.

- 2.3 Sociopolitical, economic, gender and environmental factors drive women, men, and different social and ethnic groups to live inequitable lives. These factors differ within and between countries. Some people flourish across a long lifespan, while others die younger, suffering from diseases more frequently and earlier, with a childhood scarred by stress, neglect and abuse, having underachieved academically, affected by frequent periods of unemployment and separation, with inferior access to social support and to personal and collective coping mechanisms.
- 2.4 While inherited traits are important, new research shows that environmental stressors during intrauterine development play a key role in determining functional development and future disease risks. Action must therefore focus on preconception, pregnancy, fetal development and on the most vulnerable life stages.
- 2.5 We recognize the new science that shows that these diverse and inequitable trajectories are strongly influenced by policies, environments, opportunities and norms created by society, and for which society bears responsibility. Policy changes can create long-term sustainable opportunities for health for which governments at all levels and society as a whole bear responsibility.

### 3.0 An agenda for action

- 3.1 The life-course approach adopted here encompasses actions that are taken:
- early;
  - appropriately to transitions in life;
  - together as the whole of society.

This approach confers benefits to the whole population across the lifespan, as well as benefits accruing to the next generations. It is also essential that all actions of the life-course approach include gender-sensitive perspectives.

## 4.0 Acting early

4.1 **The earliest years of life set the tone for the whole of the lifespan.**

4.2 A child that is cared for, nurtured and stimulated, appropriately fed and protected early in life, grows into an adult with greater life chances, better cognitive and physical development, superior educational achievement, and greater productivity. Investment in early childhood development, and protection against toxic stress and dangerous environmental exposure at critical points of development are among the most cost-effective policy choices available to governments.

4.3. In particular, we will consider actions on the following priorities in our national contexts:

- policies to minimize childhood exposure to poverty and health inequalities;
- policies to provide equal opportunities for participation in social life for all children;
- policies that help to prevent mother-to-child transmission of infections, to maximize vaccination coverage, to minimize intrauterine and early childhood exposure to poor nutrition (both over- and undernutrition), and to avoid hazards, including chemicals and drugs, poor air quality, and lack of access to safe water and sanitation;
- actions to minimize adverse childhood experiences, intentional and unintentional injuries, violence and neglect, while maximizing cognitive stimulation and learning opportunities, child care, responsive and nurturing interaction with caregivers, physical activity, and access to quality health, social and child protection services;
- actions that recognize that education is a major social determinant of health and promote inclusive schools, kindergartens and other educational opportunities on equal terms as national priorities.

## 5.0 Acting appropriately during life's transitions

- 5.1 Timely action to protect health during life's many transitions reaps dividends down the line.
- 5.2 Adolescence, the transition from child to adult, marks the pivotal change to greater personal autonomy. It could signify a new beginning for those who were disadvantaged in their start in life. It also represents an opportunity for policies and programmes to influence key decision-making processes such as the timing of sexual debut and parenthood, the onset or avoidance of risky and addictive behaviours, as well as the acquisition of life skills, the start of independent living, building resilience and the capacity to bounce back in the face of adversity.
- 5.3 Effective intervention is also essential to modify the course of other critical phases in life in which people experience dramatic changes in roles and status, such as preconception and pregnancy, the first move from the family to an early learning setting, the transition from adolescence to adulthood, entry into the workforce, changes in relationship or employment status, including retirement, and the onset of functional limitations, physical or mental disabilities.
- 5.4 Determined to shift the perspective on the ageing population to one of opportunity rather than decline, and recognizing the great contribution that elderly people can make to the economy, new solutions and an enabling environment need to be fostered to make the promise of healthy ageing for all a reality.
- 5.5 In particular, we will consider actions on the following priorities in our national contexts:
- actions to promote quality preconception information and services and pregnancy care, for all women including those from disadvantaged backgrounds, such as migrants, lower socioeconomic strata, women from minority groups, and those with mental health or substance use problems;
  - actions to promote, support, protect breastfeeding;
  - actions to support families to build parenting capacities and provide the young child with the foundations for success and well-being across the lifespan;
  - policies to promote adequate and inclusive education for all and to minimize drop-out throughout childhood and adolescence;

- focus on a healthy adolescence and on providing opportunities for a “second chance” to those who are “off track”, through approaches that build resilience by increasing competence, coping skills, connections and contributions to communities. This includes the promotion of knowledge and life skills, access to environments that are free of tobacco, alcohol and recreational drugs, access to violence-free schools and institutions, access to supportive community networks, and access to basic qualifications and work skills;
- actions to promote universal health coverage for youth-friendly services, quality maternal health care and contraception, services for prevention and management of sexually transmitted infections, including HIV, as well as management of mental health disorders;
- actions to promote sexual and reproductive health, with particular focus on access to information, sexuality and relationships education, youth-friendly services, quality maternal health care and contraception, parental support, and services for prevention and management of sexually transmitted infections, including HIV;
- actions to promote mental health and to manage mental disorders at all ages, with added emphasis on underrecognized burdens such as puerperal depression, and the needs of sufferers from dementia and of their caregivers;
- actions to promote healthy ageing throughout the lifespan, facilitating social engagement, establishing social protection systems that guarantee life with dignity in old age, targeting supportive interventions for elderly people who are assessed to be at higher levels of risk, and investing in the prevention and management of conditions (such as falls or incontinence) which limit a person’s activity.

## 6.0 Acting together

6.1 **No life is lived alone, and all human lives are connected to others in the household, community or nation.**

6.2 Public policies should recognize and act on the interdependence of human lives within and across generations. These policies should address the needs of each cohort across the life-course as they face transitions together; they should aim to promote the health

of each generation, and to minimize the intergenerational transmission of disadvantage. They should recognize and address the reciprocal link between deprivation and psychosocial morbidity.

6.3 Collective solutions are needed, involving actions by the whole of society: all sectors of government, academia, civil society, the private sector and the media.

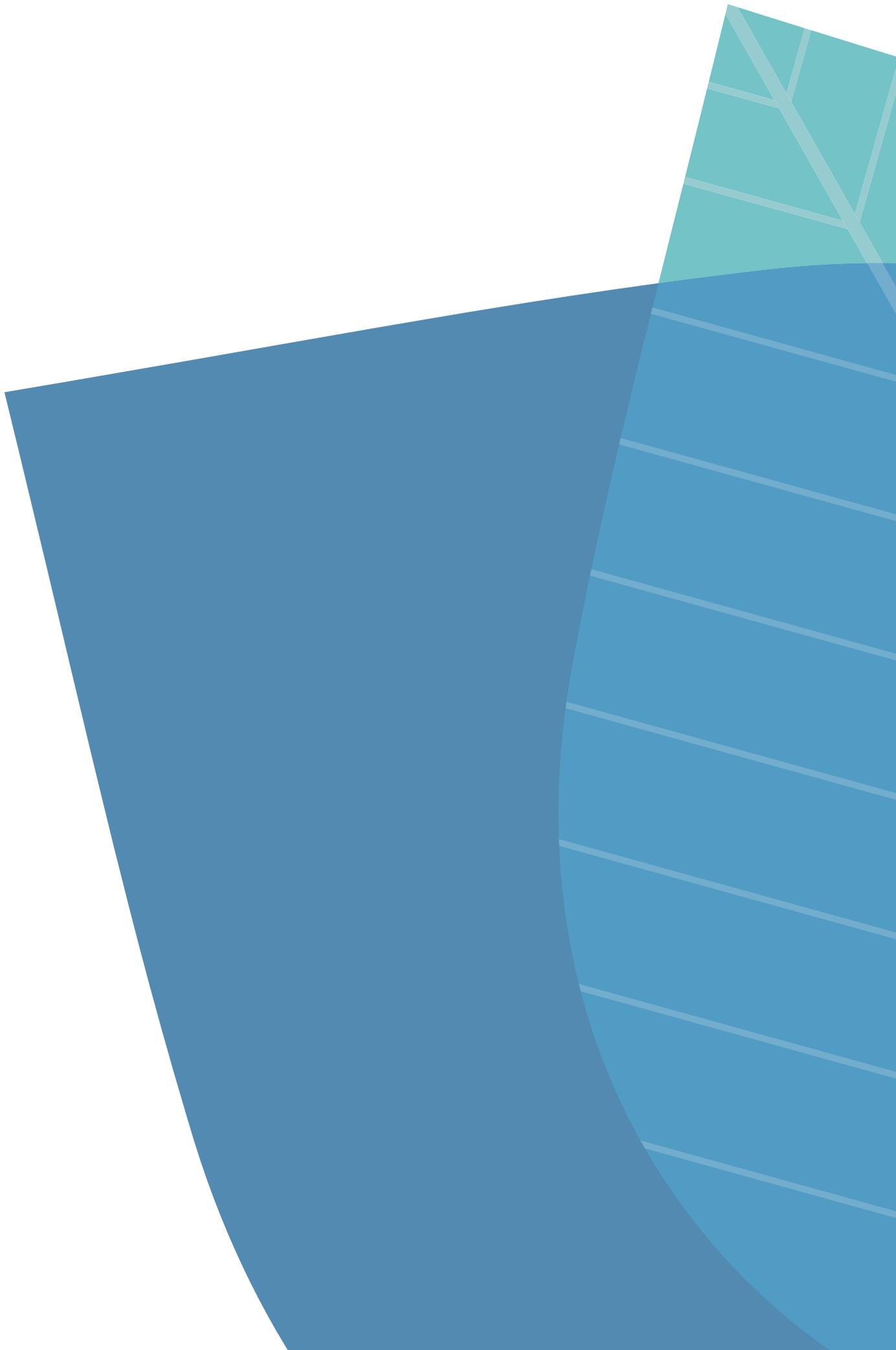
6.4 In particular, we will consider actions on the following priorities in our national contexts:

- actions to strengthen or develop healthy and health-promoting conditions, structures and processes in settings where people work, learn or live that take into consideration the life-course approach: from kindergartens to schools, workplaces, districts or cities, and homes for the elderly;
- actions to create environments free of tobacco, alcohol, recreational drug use and violence, where access to affordable healthy diets is facilitated, physical activity is promoted, and settings where public engagement and active leisure pursuits are encouraged;
- actions to create safe and decent and family-friendly work environments with as much job security as possible, aiding individuals in their search for employment as well as stimulating businesses in the creation of secure jobs and providing working conditions that minimize occupational exposures to psychological and environmental risks and injuries;
- actions to protect parents and children from stresses that may affect the next generation, including protection from adverse environmental exposures, the effects of which are likely to be irreversible and may also become heritable;
- actions to strengthen the capacity of health professionals and health systems to act in a person-centered fashion with respect for all, coordinating the needs of individuals and groups, fostering interdisciplinary approaches, and empowering dignity and autonomy, self-help and self-care;
- multisectoral actions to promote health partnerships, policies, programmes and coordinating mechanisms;
- actions to raise awareness that the irrational use of natural resources by our present generation is threatening the well-being and even survival of our children and succeeding generations.

## 7.0 Commitment

- 7.1 We commit to **early, appropriate, timely, and collective** action as our agenda for strengthening the life-course approach to public policy and services in our countries.
- 7.2 We will make greater use of this approach as a basis for assessing and monitoring the effectiveness of policies and programmes, for defining vulnerability and groups in need, and for the selection and delivery of high-impact interventions.
- 7.3 In the pursuit of health across the life-course, we will also make full use of the policies, tools and means which are already available to us, and undertake to fulfill the commitments we have already made within existing processes and frameworks.
- 7.4 We will consider further implementation research and the continuous development of national monitoring and evaluation frameworks where we explicitly assess and report on well-being and quality of life across the life-course of our people as a means of fostering dialogue and empowering participation in our collective pursuit of health, well-being and social justice.





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