Action for Equity in Europe


10 June 2000, Horsens, Denmark

As Mayors and Political Leaders of WHO Healthy Cities, we have committed our cities to making the vision of Health for All a reality in the twenty-first century. Subscribing to the principles and values of Health21 and Local Agenda 21, our aim is to mobilise people and resources for health and sustainable development, so that present and future generations can enjoy better health, well being and quality of life.

We recognise that addressing inequalities is one of the most relevant and challenging areas of our obligations as WHO Healthy Cities.

We also recognise that as leading cities in the development of Health for All at the local level that it is essential for us to show leadership on equity in health. European cities are looking to us to demonstrate a credible record for action for equity by the end of Phase III (1998-2002) of the network.

We consider this Millennium event, at the mid point of Phase III, as the ideal opportunity to reflect on promises we made when we became WHO Healthy Cities, and to allow us to check that we are truly on course in addressing inequalities.

Equity issues are complex and require systematic approaches and comprehensive solutions that cut across all sectors. Piecemeal or fragmented efforts will not achieve the desired result. We accept that serious efforts to mobilise action for equity should include or cover:

- **Vision and strategy**: The city should explicitly state that equity is one of its core values and a key component of its City Health Development Plan, with explicit targets for achievement
- **Policies and programmes**: The city should have clear policies and programmes and action aimed at reducing health inequalities within the city. This includes poverty, vulnerable social groups, access to health, education and social care, and people living in poor neighbourhoods of the city.
- **Operational Definition**: The city should have a clear and explicit operational understanding of equity action and its full implications
- **Measurement**: The city should systematically measure and monitor inequalities in health that exist between different subgroups of the population and areas of the city
- **Audit**: The city should have mechanisms in place to audit existing and new policies, across and within sectors, for their contribution towards this overall goal

We pledge to deliver real action across all these areas by 2003, as individual cities and together, in the spirit of solidarity. We acknowledge that our overall progress in the area of equity should be a major criterion for judging our performance as WHO Healthy Cities in Phase III.

We call upon our fellow Mayors in the wider healthy cities network across Europe to follow our example and take up the challenge of equity.

Signed on behalf of City XX  
Signed on behalf of WHO