The Trondheim Declaration – *Conference Version, final version (unedited), 29/08/14*

Equity in health and well-being – a political choice!

The Nordic Health Promotion Conferences have a long tradition starting in 1987[i] and has developed into a major arena for exchange of experience, innovation and discussion on the development of public health in the Region. We build on the experience, knowledge and practice from our own countries and the surrounding world and draw on the series of global Health Promotion Conferences from "Ottawa Charter for Health Promotion" in 1986 to "The Helsinki Statement on Health in All Policies" in 2013[ii]. The global, regional and national reviews of social determinants of health have provided significant evidence for action. The Nordic countries have a long tradition of being a driving force internationally in the development of strategies, models and in solidarity contribute resources to improve global health. In 2012 the 53 Member States of the WHO European Region adopted Health 2020 as a policy framework and strategy for a better and more equitable health and well-being in the region by 2020. For the first time we get a joint Nordic declaration by the Nordic Health Promotion Conference.

At the 11th Nordic Health Promotion Conference in Trondheim, Norway 26–29 August 2014 the 747 participants, who are engaged in various roles locally, regionally and nationally in the Nordic countries agreed in their own personal capacity on the following statement:

Nordic Societies for Health and Well-being

The status of health and well-being in the population is an indicator of how well public policies succeeded in one of its key missions. Health and well-being is both a prerequisite and an investment for good lives, a result and an indicator of socially sustainable societies.

We know that social inequalities in health which form a systematic pattern (gradient) through the whole population are caused by the unequal distribution of power, money and resources in the society. Health inequities are unacceptable and unjust and arise from the social and material conditions of human birth, adolescence, adulthood and old age.

In our Nordic countries Denmark, Finland, the Faroe Islands, Greenland, Iceland, Norway and Sweden, developments in population health are closely associated with Nordic welfare policies. Fundamental are our universal welfare schemes, combined with targeted efforts.

The Nordic countries have a strong public responsibility for conditions that are essential to health and well-being, as economic security and distribution, housing and childhood environments, education, employment and working life and environment, health and welfare services, and recreation and culture. The basis for this development is a democratic system of government with strong regional and local self-government with great influence over the social factors that affect people's living conditions, health and well-being.

In a global context Nordic public health is very good. At the same time, we face significant challenges. Like other countries, we have not come to grips with our biggest challenge – to reduce social inequalities in health. Thus, we have missed the greatest health benefits at the population level.

Health inequalities must be tackled in terms of socioeconomic status, gender, ethnicity, disability and sexual orientation.

The right to health is fundamental. Resources and opportunities must be distributed so that people can shape their lives according to their own desires and ambitions – for themselves and society. An inclusive society with people at the centre!

Equity in health and well-being requires:

Addressing the fundamental causes of health and well-being

- We need investment in universal welfare like housing and childhood environments, education, employment, working environment, health and welfare services for good living conditions.
- In order to promote mental health and well-being, we must promote social networks, participation and social support in everyday life.
- There is a need for strengthening society oriented efforts to prevent noncommunicable diseases in line with the commitments through WHO's Global NCDs Action Plan[iii]. Efforts in the areas of nutrition, physical activity, tobacco, alcohol and substance abuse, injuries and violence and mental health must also be directed towards underlying causes based on an understanding of the political and commercial driving forces.
- Gains can be achieved by investing in a good start in life by promoting adolescent health, efforts in working life and active, healthy and safe aging.

Interactive governance and genuine commitment to implementation

- Governance is about commitment and leadership that give results.
- Strategies, plans and goals are never better than implementation can prove. Policies for equitable distribution of health and well-being without resources, structures and genuine political commitment will have little effect.
- In order to be held accountable we need measurable goals to promote health and well-being with the intention to reduce social inequalities.
- Societal development for health and well-being requires collaboration across sectors on equal terms with mutual respect for different sectors societal goals. We must seek mutual benefits and synergies through partnerships and alliances but also identify potential conflicts and negotiate solutions accordingly.
- We need transparency and participation for better results and to trigger people's and civil society's own resources.
- Impact assessments must include equity in health and well-being.

Comprehensive evidence and knowledge

- We have a good basis for action, but must encourage research on causal relationships, implementation and effectiveness of measures.
- Developing public health work requires knowledge from many disciplines and sectors, and use of various methods and participation.
- Efforts should be evaluated with a multiple scientific approach including learning from experience.

Socially sustainable communities and healthy community development

- It is where people grow, live and age we can shape the conditions that promote health, well-being and social cohesion.
- Local and regional actors closest to the population are the backbone of public health and need sufficient resources and capacity.
- We must invest in communities that promote participation, social networks and arenas, activity and safety.

Many actors must take on the role for equity

- Many actors have a responsibility for equity in health and well-being. The ultimate responsibility rests with our governments.
- National, regional and local authorities all have a responsibility, but through different means.
- Civil society (NGOs) performs important work and is a resource, policy partner and mobilizing actor.
- Equitable health systems can take systematic actions that contribute to equitable health and well-being.
- A coordinated national government can through strategic governance, regulation and legislation actively create favourable conditions for health and well-being, nationally, regionally and locally.
- The industry has a huge potential to contribute to the health and well-being in the role of employer, producer and socially responsible partner.

We commit ourselves to

- Spread the message of Trondheim Declaration to decision-makers.
- Take an active role in achieving our shared ambitions.
- Contribute to increased Nordic cooperation for equity in health and well-being in the Nordic countries and reduced health inequalities globally.
- Challenge upcoming Nordic Health Promotion Conferences to follow up the message from the Declaration.

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[i] Esbo (Helsingfors) 1987, Bergen 1989, Århus 1992, Gøteborg 1995, Helsingfors 1997, Krisitansand 1999, Odense 2002, Reykavik 2005, Østersund 2008, Åbo 2011

[ii] Adelaide 1988, Sundsvall 1991, Jakarta 1997, Mexico 2000, Bankok 2005, Nairobi 2009, Helsingfors 2013.

[iii] http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1