



The Marseille Statement: Building bridges for solidarity in public health November 2019

The European Public Health Association, the Société Française de Santé Publique - French Public Health Society - and the undersigned, meeting at the European Public Health Conference in Marseille in November 2019, urge all governments to honour the commitments undertaken in pursuit of the Sustainable Development Goals, and specifically the pledge of ensuring healthy lives and promoting well-being for all (related to goal 3, but also many of the other goals)¹. This year at our conference in Marseille, we focus on building bridges for solidarity in public health. Marseille as a harbour city in the South of France, located at the Mediterranean Sea, symbolises not only the border but also the bridge between Europe and other countries bordering the Mediterranean Sea. In the last decade, the Mediterranean Sea has emerged as a very dangerous border for those trying to cross in unseaworthy vessels to reach Europe. This humanitarian crisis calls for reinforcement of intersectoral collaboration to promote health and wellbeing globally, nationally and locally.

We, gathered here in Marseille, therefore call upon national and international decision-makers to intensify efforts to build bridges for solidarity in public health. Particular attention should be given to:

1. Leaving no one behind, by ensuring that migrants are not left behind in policies on health and their needs are fully addressed in health systems; and
2. Translating knowledge, by promoting evidence-informed health policies, taking into consideration cultural and language differences.

Leaving no one behind

The 'health for all' frameworks (such as the International Covenant on Economic, Social and Cultural Rights (UNHCHR 1976)), undersigned by all countries in the European region, identify access to healthcare as a basic human right for everyone. Governments that have made these commitments must be held accountable for providing healthcare to asylum seekers and undocumented migrants. Following from the 'health for all' principle and considering the 'health in all policies' principle, health should also be included in migration policies. More concretely, no one seeking asylum or without appropriate documentation should die or be put in danger by limited or no access to healthcare.

Translating knowledge

On a policy level, the emergence of the anti-science movement and anti-immigration sentiment risk undermining our health policies. Science is increasingly criticised and ignored by parts of society. The anti-science movement is negatively impacting achievements made in health (e.g. false information about vaccination is lowering vaccination rates) and creates confusion about health-related issues (e.g. the discussion about the use and misuse of electronic cigarettes). This undermining of science needs to be combatted. Scientific evidence alone may not be enough when facing a strong anti-

¹ Health in the SDG Era. WHO, 2015. <http://www.who.int/topics/sustainable-development-goals/sdg-banner.jpg> (accessed 19 June 2019).

science voice. Deliberate strategies to oppose false information are also needed. At the same time some contemporary societies are exposed to an anti-immigration sentiment. These two developments could lead to politically coloured health policies that increase health inequities for migrants. When translating health research and knowledge to policy and advocacy, a public health narrative needs to be created that supports our vision of more health equity.

At the individual level, the multiple diverse cultural backgrounds and languages in our societies must be taken into account. It is important to develop a public health narrative that tells a story to which people can relate in a language they can understand and in a context they know. Health literacy considerations need to be made to avoid health inequities in migrants. Going further on this issue of language as a true issue for public health effectiveness and recognition is a true ‘bridging’ issue and requires more work in the future.

Continued commitment by the public health community

The public health community reiterates its commitment to the values and principles of the Alma Ata Declaration², adopted in 1978; the Ottawa Charter³, adopted in 1986; the Tallinn Charter⁴, adopted in 2008; and the Vienna Declaration⁵, adopted in 2016.

The public health community:

1. takes its responsibility for supporting migration policies;
2. is determined to the value of solidarity through the health for all policies approach;
3. and calls for action to combat inequities in health.



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² Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. (2004). Development, 47(2), pp.159-161. Available at https://www.who.int/publications/almaata_declaration_en.pdf, last accessed 9 August 2019.

³ Ottawa Charter for Health Promotion. (1986). Health Promotion International, 1(4), pp.405-405. Available at <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>, last accessed 16 July 2018.

⁴ Tallinn Charter: Health Systems for Health and Wealth. Copenhagen: WHO Regional Office for Europe; 2008. Available at http://www.euro.who.int/_data/assets/pdf_file/0008/88613/E91438.pdf, last accessed 9 August 2019).

⁵ McKee M, Stuckler D, Zeegers Paget D, Dorner T. The Vienna Declaration on Public Health. Eur J Public Health 2016; 26: 897–98. Available at https://ephconference.eu/repository/publications/Vienna_Declaration_final_version.pdf, last accessed 16 July 2019.

Supporting organisations and institutes:

National Public Health Associations

Portuguese Association of Public Health Doctors (ANMSP, Associação Nacional dos Médicos de Saúde Pública); UK Faculty of Public Health; Bulgarian Public Health Association (BPHA); Belgian Association of Public Health (BAPH); Italian Society of Hygiene, Preventive Medicine and Public Health (ItI); German Public Health Association (DGPH); German Society of Medical Sociology (DGMS); Danish Society of Public Health; Federation for Health (Federatie voor Gezondheid); Austrian Public Health Association (Österreichische Gesellschaft für Public Health, ÖGPH); Lithuanian Public Health Association; Școala Națională de Sănătate Publică, Management și Perfecționare în Domeniul Sanitar București (SNSPMPDSB); Society for Social Medicine in Finland; Norwegian Public Health Association (NOPHA); Albanian Epidemiological Association; Israeli Association of Public Health Physicians; Turkish Public Health Association, Spanish Association of Public Health and Healthcare (SESPAS).



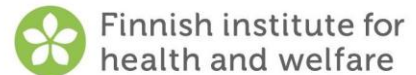
Israeli Association of Public Health Physicians

Turkish Public Health Association

Albanian Epidemiological Association

Institutional members

Department of Public Health of the Babeş-Bolyai University, Romania; School of Health Sciences and Public Health, University of Georgia; Aletta Jacobs School of Public Health, Netherlands; The Bridge Foundation, Italy; Luxembourg Institute of Health; Finnish institute for health and welfare; Catholic University of the Sacred Heart Rome, Italy.



Supporting organisations

Health Jurists Association (AJS), Spanish Society of Epidemiology (SEE), Community Nursing Association (AEC), Madrid Association of Public Health (AMASAP), Spanish Primary Care Network (REAP), Canary Society of Public Health (SCSP), Spanish Society of Environmental Health (SESA), Spanish Health Economics Association (AES), Andalusian Society of public health and health administration (SASPAS-HIPATIA).





Individual member

Saveliy Rudzsky, Ukraine



The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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