

REGIONAL HEALTH FOR ALL TARGETS

Adopted by the WHO Regional Committee for Europe at its forty-eighth session,
Copenhagen, September 1998

EUROPEAN HEALTH21 TARGET 1 – SOLIDARITY FOR HEALTH IN THE EUROPEAN REGION: *By the year 2020, the present gap in health status between Member States of the European Region should be reduced by at least one third.*

EUROPEAN HEALTH21 TARGET 2 – EQUITY IN HEALTH: *By the year 2020, the health gap between socioeconomic groups within countries should be reduced by at least one fourth in all Member States, by substantially improving the level of health of disadvantaged groups.*

EUROPEAN HEALTH21 TARGET 3 – HEALTHY START IN LIFE: *By the year 2020, all newborn babies, infants and pre-school children in the Region should have better health, ensuring a healthy start in life.*

EUROPEAN HEALTH21 TARGET 4 – HEALTH OF YOUNG PEOPLE: *By the year 2020, young people in the Region should be healthier and better able to fulfil their roles in society.*

EUROPEAN HEALTH21 TARGET 5 – HEALTHY AGING: *By the year 2020, people over 65 years should have the opportunity of enjoying their full health potential and playing an active social role.*

EUROPEAN HEALTH21 TARGET 6 – IMPROVING MENTAL HEALTH: *By the year 2020, people's psychosocial wellbeing should be improved and better comprehensive services should be available to and accessible by people with mental health problems.*

EUROPEAN HEALTH21 TARGET 7 – REDUCING COMMUNICABLE DISEASES: *By the year 2020, the adverse health effects of communicable diseases should be substantially diminished through systematically applied programmes to eradicate, eliminate or control infectious diseases of public health importance.*

EUROPEAN HEALTH21 TARGET 8 – REDUCING NONCOMMUNICABLE DISEASES: *By the year 2020, morbidity, disability and premature mortality due to major chronic diseases should be reduced to the lowest feasible levels throughout the Region.*

EUROPEAN HEALTH21 TARGET 9 – REDUCING INJURY FROM VIOLENCE AND ACCIDENTS: *By the year 2020, there should be a significant and sustainable decrease in injuries, disability and death arising from accidents and violence in the Region.*

EUROPEAN HEALTH21 TARGET 10 – A HEALTHY AND SAFE PHYSICAL ENVIRONMENT: *By the year 2015, people in the Region should live in a safer physical environment, with exposure to contaminants hazardous to health at levels not exceeding internationally agreed standards.*

EUROPEAN HEALTH21 TARGET 11 – HEALTHIER LIVING: *By the year 2015, people across society should have adopted healthier patterns of living.*

EUROPEAN HEALTH21 TARGET 12 – REDUCING HARM FROM ALCOHOL, DRUGS AND TOBACCO: *By the year 2015, the adverse health effects from the consumption of addictive substances such as tobacco, alcohol and psychoactive drugs should have been significantly reduced in all Member States.*

EUROPEAN HEALTH21 TARGET 13 – SETTINGS FOR HEALTH: *By the year 2015, people in the Region should have greater opportunities to live in healthy physical and social environments at home, at school, at the workplace and in the local community.*

EUROPEAN HEALTH21 TARGET 14 – MULTISECTORAL RESPONSIBILITY FOR HEALTH: *By the year 2020, all sectors should have recognized and accepted their responsibility for health.*

EUROPEAN HEALTH21 TARGET 15 – AN INTEGRATED HEALTH SECTOR: *By the year 2010, people in the Region should have much better access to family- and community-oriented primary health care, supported by a flexible and responsive hospital system.*

EUROPEAN HEALTH21 TARGET 16 – MANAGING FOR QUALITY OF CARE: *By the year 2010, Member States should ensure that the management of the health sector, from population-based health programmes to individual patient care at the clinical level, is oriented towards health outcomes.*

EUROPEAN HEALTH21 TARGET 17 – FUNDING HEALTH SERVICES AND ALLOCATING RESOURCES: *By the year 2010, Member States should have sustainable financing and resource allocation mechanisms for health care systems based on the principles of equal access, cost-effectiveness, solidarity, and optimum quality.*

EUROPEAN HEALTH21 TARGET 18 – DEVELOPING HUMAN RESOURCES FOR HEALTH: *By the year 2010, all Member States should have ensured that health professionals and professionals in other sectors have acquired appropriate knowledge, attitudes and skills to protect and promote health.*

EUROPEAN HEALTH21 TARGET 19 – RESEARCH AND KNOWLEDGE FOR HEALTH: *By the year 2005, all Member States should have health research, information and communication systems that better support the acquisition, effective utilization, and dissemination of knowledge to support health for all.*

EUROPEAN HEALTH21 TARGET 20 – MOBILIZING PARTNERS FOR HEALTH: *By the year 2005, implementation of policies for health for all should engage individuals, groups and organizations throughout the public and private sectors, and civil society, in alliances and partnerships for health.*

EUROPEAN HEALTH21 TARGET 21 – POLICIES AND STRATEGIES FOR HEALTH FOR ALL: *By the year 2010, all Member States should have and be implementing policies for health for all at country, regional and local levels, supported by appropriate institutional infrastructures, managerial processes and innovative leadership.*