

# City leadership for health and sustainable development

Critical issues  
for successful Healthy Cities initiatives  
in the WHO European Region







# **City leadership for health and sustainable development**

**Critical issues  
for successful Healthy Cities initiatives  
in the WHO European Region**



## ABSTRACT

This booklet provides an overview of the content, principles, goals and critical factors for the success of healthy cities in the 21<sup>st</sup> century. WHO European Healthy Cities Network was launched at the peak of the new public health movement in the 1980s. It was highly attractive to local political leaders, inspiring a wide range of new actors, and spread quickly, eventually becoming a thriving global movement that caught the imagination of thousands of city leaders and professionals concerned with urban health and sustainable development. Today, the Healthy Cities movement is more relevant than ever before. Most global public health, social and environmental challenges – and implementing the Sustainable Development Goals – require local action and strong local leadership. The Coronavirus disease 2019 (COVID-19) pandemic has also shown the enormous relevance of action at the community level, especially regarding the needs of the most vulnerable and socially disadvantaged people. This publication is aimed at decision-makers and professionals. It contains essential facts and advice on launching, leading and implementing Healthy Cities initiatives.

Document number:

WHO/EURO:2024-9982-49754-74632 (PDF)

## © World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition: City leadership for health and sustainable development: critical issues for successful Healthy Cities initiatives in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2024".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

**Suggested citation.** City leadership for health and sustainable development: critical issues for successful Healthy Cities initiatives in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/about/policies/publishing/copyright>

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design/layout: Christophe LANOUX

# Contents

<i>Foreword</i> .....	iv
<i>Acknowledgements</i> .....	v
<i>Introduction</i> .....	1
<b>1. Healthy Cities: the vision, values and goals of a project that became a global movement</b> .....	<b>2</b>
<b>2. Approaches the Healthy Cities initiative needs to implement to be successful</b> ..	<b>8</b>
<b>3. Working across sectors: health in all policies, whole-of-government and whole-of-society approaches</b> .....	<b>20</b>
<b>4. Political leadership: the role of local governments in building consensus and strengthening commitment to health and well-being</b> .....	<b>26</b>
<b>5. Creating and sustaining a healthy city</b> .....	<b>32</b>
<b>6. Making it happen: preconditions for achieving better outcomes</b> .....	<b>40</b>
<i>References</i> .....	44
<i>Annex 1. Political declarations</i> .....	49
<i>Annex 2. Open letter to mayors and local political leaders</i> .....	50

## Foreword

The WHO European Healthy Cities Network is more than an ordinary network. It is a movement. Since it was launched in 1988, it has been a vehicle for promoting cross-cutting, whole-of-government and whole-of-society approaches within the WHO European Region. Healthy cities build bridges, open communication channels and foster solidarity, all key ingredients in today's world with many public health challenges. The COVID-19 pandemic has highlighted the need for coherence in multilevel governance collaboration during public health emergencies to meet the health needs of the population. The cities have been at the forefront of this pandemic in the European Region, ensuring access to information reaching out to vulnerable groups, making efforts in mental health initiatives to support the population and physical activities for health and well-being and other innovative initiatives that have placed health on top of the agenda in cities across the Region.

Healthy Cities is a model that has been replicated time and time again. The WHO European Healthy Cities Network was the first of its kind, inspiring similar networks in other WHO regions. Thanks to the Healthy Cities initiative, other United Nations agencies have increased their focus on urban communities, considering changing global demographics and the importance of work carried out and decisions made in urban settings. Today, the WHO European Healthy Cities Network is dynamic and thriving, consisting of nearly 100 flagship cities and 25 national healthy cities networks. In total, more than 1900 cities and municipalities are members.

I am delighted to see that the priorities in the European Programme of Work (2020–2025), including our flagship initiatives, are well linked to the strategic goals and core themes of Phase VII of the WHO European Healthy Cities Network (2019–2025) with one thing in common: to ensure that decision-makers in our Region give high priority to health.

The dynamic rapport between the WHO Regional Office for Europe and the WHO European Healthy Cities Network is based on mutual priorities and will continually be enriched by new developments, emerging needs and priorities. It will also be open to new opportunities to enhance the role of and the contribution of local political leaders in taking forward the European health agenda.

This publication is a valuable resource for politicians and decision-makers, professionals at all levels and sectors of governments, to improve understanding and see the added value and benefits of healthy city projects. I hope that this publication will serve as an inspiration to join the Healthy Cities movement.

**Robb Butler**

Director, Division of Communicable Diseases,  
Environment and Health, WHO Regional Office for Europe

# Acknowledgements

We extend our appreciation to all those who have contributed to the realization of this publication. We would like to express our sincere gratitude to the members of the Political, Scientific, and Advisory Committee. Additionally, we are deeply grateful to the leadership of external colleagues namely Agis D. Tsouros, Shouka Pelaseyed, and the coordinators from cities and national networks who have contributed their expertise and resources to this publication.

This includes, but is not limited to: Petr Hladík, Filip Chvátal, Kristin Klaudia Kaufmann, Daniel Sazonov, Kakha Kaladze, Dagur B Eggertsson, Tony Fitzgerald, Artūras Razbadauskas, Eelco Eerenberg, Adam Wieczorek, Yannick Nadesan, Andreas Leotsakos, Lene W Conradi, Oleg Kuvshinnikov, Daniel de la Rosa-Villahoz, Frida Trollmyr, Fredrik Hansson, Alinur Aktas, Irim Ali, Karen Kilgour, Karen Amlaev, Silvio Brusaferrero, Joan Clos, Evelyne de Leeuw, Marianne Dyakova, Emine Didem Evcı Kiraz, Sandro Galea, Trevor Hancock, John Howie, Ilona Kickbusch, Josef Konvitz, Maksut Kulzhanov, Louis Rice, Gul Sayan Atanur, Javier Segura del Pozo, Karien Stronks, Agis D. Tsouros, Handan Turkoglu, Maria van den Muijsenbergh, Frank J van Lenthe, Ingunn S. Jacobsen, Hannu Hyttinen, Pekka Vähäkangas, Denise Cahill, Stefania Pascut, Miriam Weber, Anne McCusker, Selma Šogorić, Maude Luherne, Reiner Stock, Dionysia Papathanasopoulou, Tatiana Shestakova, Johanna Linnarsson, Nalan Fidan, Nino Berdzuli, Aasa Hanna Mari Nihlen, Carina Ferreira-Borges, Kira Fortune, Hanna Dunning, Jesus Castro, Moritz Pinkepank, Kirti Joshi, Tsering Lama, David Breuer, Christophe Lanoux.

## INTRODUCTION

Healthy Cities is a political, value-based movement. It involves mobilizing the power and influence of city governments to promote health and well-being. Effective local leadership for public health is essential for achieving the maximum impact of the Healthy Cities initiative. In effect, the Healthy Cities movement acknowledges the power of local action.

This publication draws on almost 30 years of experience of the Healthy Cities initiative in Europe and beyond. It is mainly geared towards politicians and decision-makers who are interested in the Healthy Cities movement and would like to obtain in-depth knowledge of the added value of healthy city work for the health of their population.

This publication aims to provide a strategic overview of the main aspects of the Healthy Cities initiative in action, to describe key concepts and approaches essential to success, to present and discuss ways of strengthening local leadership and to highlight issues that are critical for successful healthy cities.

The current goals and themes of the WHO European Healthy Cities Network in Phase VII (2019–2025) are well grounded in the Sustainable Development Goals and are fully and explicitly aligned with WHO's 13th General Programme of Work and the WHO European Programme of Work (2020–2025).

The Healthy Cities initiative has the potential to make a real difference in peoples' lives. It offers the political legitimacy and knowledge to apply contemporary ideas and concepts that address the determinants of health, well-being and equity. It also effectively addresses the public health challenges of the 21<sup>st</sup> century, including the epidemic of noncommunicable and chronic diseases and communicable disease threats that requires the full engagement of local governments. A case in point is the Coronavirus disease 2019 (COVID-19) pandemic and the widely recognized importance of mobilizing action at the local and community levels.





# 1

**Healthy Cities: the vision, values and goals of a project that became a global movement**



The Healthy Cities initiative was launched with the aim of placing health high on the social and political agenda of cities (1) by promoting health, equity and sustainable development through innovation and change. Its creation was based on the recognition of the importance of action at the local urban level and on the key role of local governments.

The mayor of the city has much more power over his or her area than the Prime Minister has over the country; a city administration can much more easily instruct different sectors to work together in health; and ... community participation is not a theoretical issue; it is daily at the finger-tips of the whole city administration.

– Jo Asvall, WHO Regional Director for Europe, who first launched the WHO European Healthy Cities Network in 1988 (2)

Following a decade of debate on health and medicine and setting the values and principles of a new public health era, the late 1970s and 1980s provided the opportunity for political legitimacy and the strategic means to advance an agenda of Health for All, based on powerful concepts and ideas, including engaging a wide range of new actors. Most notably, the Declaration of Alma-Ata (3), the strategy for Health for All (4) and the Ottawa Charter for Health Promotion (5) inspired new types of leadership and partnerships for health that transcended traditional sectoral and professional boundaries.

The WHO European Healthy Cities Network was created in 1988 as the WHO Regional Office for Europe's strategic vehicle to bring Health for All to the local level and was the result of several initiatives and developments in the early 1980s both at the local level and at WHO (1,5). The Healthy Cities initiative quickly caught the imagination of European politicians, and soon, one after another, the WHO regions launched their own WHO networks of cities. Since the 1970s, many WHO resolutions reflected the importance of working at the local and community levels, but this understanding was not generally regarded as approval for WHO to engage with local political leaders. Today, three decades later, engaging with local governments is accepted as a key element in successfully implementing most global and regional public health strategies, and the Healthy Cities initiative is recognized as an important vehicle for mobilizing local action and commitment (6).

A healthy city is not one that has achieved a particular health status. Rather, a healthy city is conscious of health and striving to improve it. It continually creates and improves its physical and social environments and expands the community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential.

The Healthy Cities initiative was launched first as a political, cross-cutting project with the aim of engaging local governments and working directly with local leaders and diverse stakeholders.

From its inception, the Healthy Cities initiative has been rooted in a firm set of values: the right to health and well-being; equity and social justice; gender equality; solidarity; social inclusion; and sustainable development. The Healthy Cities approach is based on the principles of intersectoral collaboration, community participation and empowerment.

Well-being is a political choice. It is the outcome of the policies, institutions, economies, and ecosystems in which people live. This requires a whole-of-society approach involving action across all levels, stakeholders and sectors, from communities and within organizations to regional and national government (7).



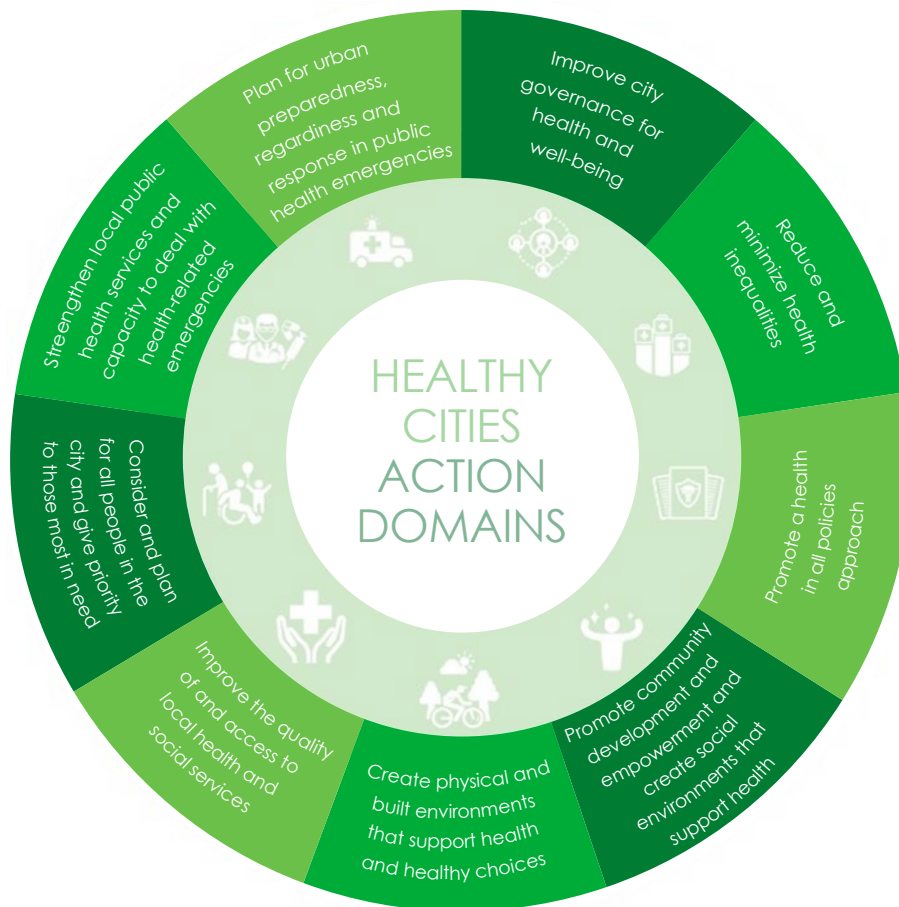
These values and principles are more relevant than ever (8), although over the years, their meaning, content and evidence base have evolved significantly. For instance, evidence for the underlying causes of health inequalities has vastly increased in the last 30 years. Similarly, terms such as intersectoral action for health and community empowerment have evolved conceptually in both scope and depth, although the goal of effectively reaching out to other sectors and engaging society remains as challenging as ever.

The main goals of the Healthy Cities initiative (9) can be articulated as:

1. promoting health and equity in all local policies and fully aligning with the Sustainable Development Goals agenda;
2. creating environments that support health, well-being, healthy choices and healthy lifestyles;
3. providing universal health coverage and social services that are accessible and sensitive to the needs of all citizens;
4. investing in health promotion and health literacy;
5. Investing in a healthy start in life for children and providing support to disadvantaged groups such as migrants, the unemployed and people living in poverty;
6. strengthening disease prevention programmes, with special focus on obesity, smoking, unhealthy nutrition and active living;
7. promoting healthy urban planning and design (10);
8. investing in green policies, clean air and water as well as child-friendly and age-friendly city environments and addressing climate change-related issues such as lowering emissions and identifying climate-resilient pathways;
9. supporting community empowerment, participation and resilience and promoting social inclusion and community-based initiatives; and
10. strengthening the city's public health services and capacity to respond to public health emergencies.

These goals are based on the current knowledge base on health and well-being and formulated to address the urban challenges that most significantly affect the health, well-being and living conditions of city residents. Fig. 1 presents these goals in nine main Healthy Cities action domains.

**Fig. 1. Overview of Healthy Cities action domains**



Source: Healthy Cities – effective approach to a rapidly changing world (9).

The Healthy Cities initiative can exert influence on health and equity with a wide range of mechanisms and processes, including the following.

**Regulation.** Cities are well positioned to influence and enact policies, laws and regulations and enforce them (such as land use, building standards, water and sanitation systems, occupational health and safety regulations and restrictions on tobacco use).

**Integration.** Local governments can develop and implement integrated policies and strategies for health promotion, social and sustainable development (such as integrating health in their overall city development strategy).

**Intersectoral governance.** Cities' democratic mandates convey authority and the power to convene partnerships and encourage contributions from many sectors and stakeholders from the private and voluntary domains (such as representation from multiple sectors in a city committee for urban planning).

**Community engagement.** Local governments have everyday contact with citizens and are closest to their concerns and priorities. They present unique opportunities for partnering with civic society and citizens' groups (such as youth councils so the next generation has a voice in local decision-making).

**Equity focus.** Local governments can mobilize local resources and deploy them to create more opportunities for poor and vulnerable population groups, and to protect and promote the rights of all urban residents, such as using the results of city health profiles to create targeted interventions) (9).

Effectively addressing today's public health challenges requires the full engagement of local governments.

To maintain its relevance, the Healthy Cities initiative was designed as a dynamic and open framework that would continually evolve and reinvent itself, integrating knowledge from practice and new evidence, as well as grounding itself in local concerns and perspectives. Moreover, Healthy Cities was created to generate knowledge for all urban communities to learn from and not an esoteric movement to benefit only its member cities. Thus, evaluation of Healthy Cities activities has always been an integral part of the approach and is available (11).



# 2

**Approaches the Healthy  
Cities initiative needs  
to implement to be  
successful**





The Healthy Cities initiative has tremendous potential to make a difference in peoples' lives and well-being, because it is based on an action model that uses the best available scientific evidence and modern approaches to revolutionize how cities understand and deal with health. To address complex urban priorities, the Healthy Cities initiative transcends the use of traditional methods and focuses on institutional changes at the city level to ensure that health is placed high on the political agenda.

In other words, how you position a healthy city initiative in your city or province really matters: the activities you put under its umbrella, the methods and approaches you use and how you balance various types of activities across the Healthy Cities action domains.

This chapter briefly discusses the concepts and approaches that are most essential to implementing a comprehensive Healthy Cities initiative. Chapter 1 outlined the key goals of the Healthy Cities movement; becoming aligned with these goals and priorities is an important step in the right direction. However, ultimately what matters is how a city plans to address these priorities. The value-based approaches of the Healthy Cities initiative are crucial in this process.

## 2.1 The Healthy Cities initiative recognizes the importance of the right to health

The WHO Constitution stresses that

“the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being ...”

Source: (12).

Healthy cities are conscious and committed to actions that promote the highest attainable level of health for all people, regardless of ethnicity, gender, age, social status or ability to pay. Upholding the values of the Healthy Cities initiative and applying a human rights lens when designing and introducing local policies will send a strong signal that a city truly cares about its residents and environment.

## 2.2 The Healthy Cities initiative focuses on both health and well-being

WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (12). This definition links health explicitly with well-being and conceptualizes health as a human right requiring physical and social resources to achieve and maintain it. The Geneva Charter for Well-being adopted at the 10th Global Conference on Health Promotion (7) states that “The aim of a well-being agenda is to create social, health, economic and environmental conditions that improve both individual and collective quality of life and give people and societies a sense of meaning and purpose. A focus on well-being includes ensuring equitable distribution of resources, thriving and sustainability and societies that are resilient, build capacity and are prepared to overcome challenges.” Giving priority to social development – health, education, safety, infrastructure, technology, governance and citizen empowerment – means investing in societal well-being. Such an investment proved crucial in withstanding the socioeconomic fallout from the pandemic. The explicit use of the term well-being is intrinsically more attractive to a wide range of stakeholders and legitimizes the use of subjective measures of perceived health and wellness.

## 2.3 The Healthy Cities initiative as a vehicle for promoting health

The Healthy Cities initiative has always been a relevant framework for bringing the health promotion agenda to the local level. The first International Conference on Health Promotion in 1986 held in Ottawa, Canada, resulted in the adoption of the Ottawa Charter for Health Promotion (4). The Ottawa Charter principles of creating supportive environments for health for all and making the healthy choices the easy choices perfectly capture the essence of the Healthy Cities approach and are especially appealing to politicians, professionals and the mass media. There are ample opportunities to promote health and well-being in different settings in the city, such as schools, workplaces, hospitals, universities, neighbourhoods, playgrounds and marketplaces.

The Geneva Charter for Well-being (7) introduced the goal of creating well-being societies through action in five areas.

- Value, respect and nurture planet Earth and its ecosystems.
- Design an equitable economy that serves human development within planetary and local ecological boundaries.
- Develop healthy public policy for the common good.
- Achieve universal health coverage.
- Address the impacts of digital transformation.

## 2.4 The importance of understanding and addressing determinants of health well-being and health inequalities

Traditional approaches to public health have largely been based on addressing risk factors and individual behaviour, with little attention to or understanding of the context in which people live (13–15). However, in recent decades, a wide range of determinants of health have been identified as affecting health and well-being: the conditions in which people are born, live, work and age, referred to as the social determinants of health (13). The social determinants of health approach emphasizes that the lifestyle causes of poor health reside in the social environment. The Healthy Cities initiative stresses the importance of considering the root causes of ill health, health inequalities, unhealthy behaviour and exposure to various risks – and acting on these causes. This is commonly referred to as upstream action.

There is now substantial scientific research on social determinants of health. These conditions are in turn influenced by structural drivers: distribution of money, power and resources, gender equity and social frameworks and values, all of which are also influenced by policy choices (13).

The social determinants of health can directly affect health outcomes through early childhood development, education, unemployment and job insecurity, working conditions, food insecurity, addiction, access to health services, transport, housing status, income and income distribution, gender, race, discrimination, social exclusion and social support.

Two important concepts at the heart of the social determinants of health approach in addressing inequalities are the social gradient and proportional universalism.

The social gradient means that people with higher socioeconomic status have better health.

Proportional universalism involves introducing universal interventions, rather than confining policies to those targeting people with lower socioeconomic status. In this context, universalist policies reflect efforts that are proportional to the needs across the social gradient.

The social determinants of health approach recognizes that disadvantage starts before birth and accumulates throughout life. The Institute for Health Equity developed the following policy objectives for addressing inequalities in health (16):

- giving every child the best start in life;
- enabling all children, young people and adults to maximize their capabilities and control over their lives;
- creating fair employment and good work for all;
- ensuring a healthy standard of living for all;
- investing in good housing, transport and the environment;
- creating and developing sustainable places and communities; and
- strengthening the role and impact of ill health prevention and health promotion.

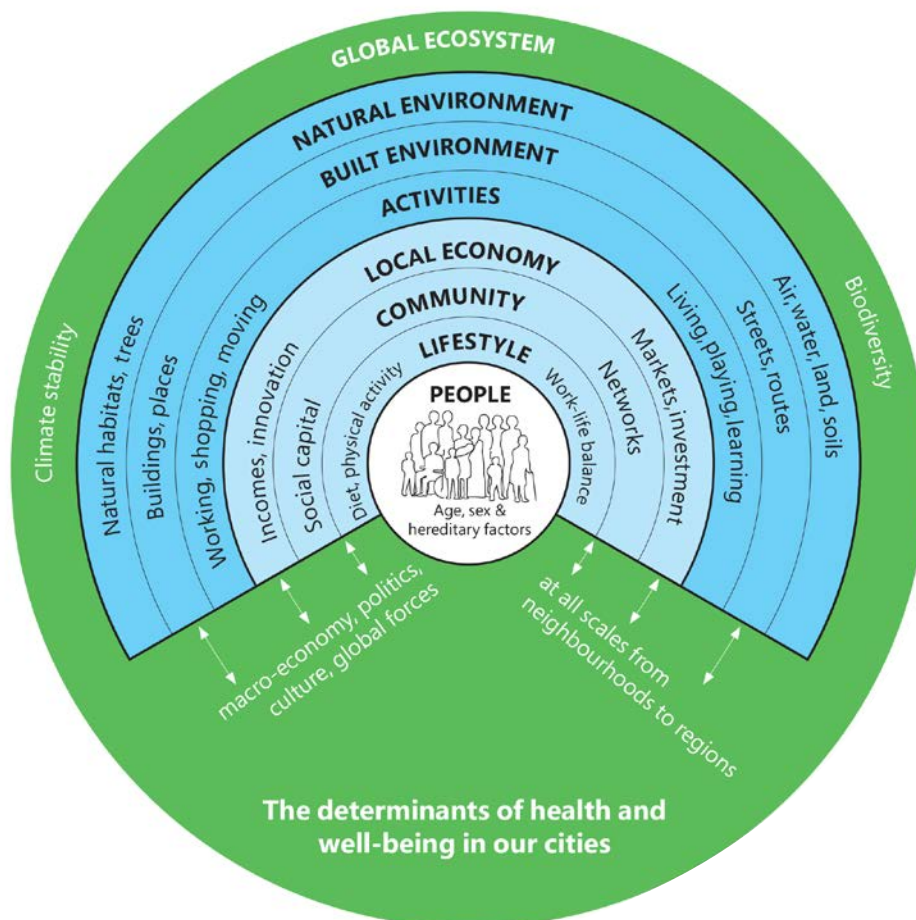
The social determinants of health approach provides a framework for establishing policies and programmes to reduce health inequalities. The most challenging issue for committed local leaders and professionals is how to best frame and address an inequalities agenda.

## 2.5 The Healthy Cities initiative and the urban environment

The specific urban context and how it affects health should not be overlooked (17,18). Despite the many benefits of urbanization, in all countries (rich and poor), there is still an unequal social distribution of health both within countries (the urban–rural divide) and within cities (the social gradient). Although people are generally healthier in urban areas than in rural areas, this can mask urban disadvantage, with health being as bad as or worse than in rural areas.

In urban areas, the social determinants of health covers policies and interventions across several policy domains (Fig. 2), including health, social services, the physical and built (19) environment, education, the economy, housing, security, employment, transport and sport.

**Fig. 2. The determinants of health and well-being in urban areas**



Source: Barton & Grant (20).

There is a reciprocal relationship between urban social conditions and the built environment. For example, urban planning can either contribute to or help to mitigate climate change, depending on how energy-efficient and carbon-intensive the city's built forms and transport systems are (21,22).

## 2.6 The Healthy Cities initiative and the Sustainable Development Goals

In 2015, the United Nations adopted the 2030 Agenda for Sustainable Development. It sets out 17 Sustainable Development Goals, which include 169 targets. These wide-ranging and ambitious Sustainable Development Goals are interconnected. Sustainable Development Goal 3 is to ensure healthy lives and promote well-being for all at all ages. But it is also cross-cutting, so that progress in implementing it (at all levels of government) contributes to progress towards other Sustainable Development Goals, and action on other Sustainable Development Goals in turn contributes to attaining Sustainable Development Goal 3. This includes contributing to Sustainable Development Goal 11 on making cities and human settlements inclusive, safe, resilient and sustainable.



Sustainable Development Goal leverages for health include (23):

- intersectoral action by placing health in all sectors of policy-making;
- strengthening health systems to achieve universal health coverage;
- respect for equity and human rights for all, leaving no one behind and empowerment of women;
- sustainable financing; and
- balanced research and innovation for medical, social and environmental determinants and solutions.

Each country has developed its own policy for implementing the Sustainable Development Goals at the national and local levels. Many cities, especially in the European Region, have already developed tools to track the implementation of the Sustainable Development Goals at the local level (24). The Sustainable Development Goals provide the means to integrate health and human development. In fact, because of their global political status, the Sustainable Development Goals provide an even more compelling imperative for action than does the science of the determinants of health. The Healthy Cities agenda and the Sustainable Development Goals agenda (25) go hand in hand and are mutually reinforcing.

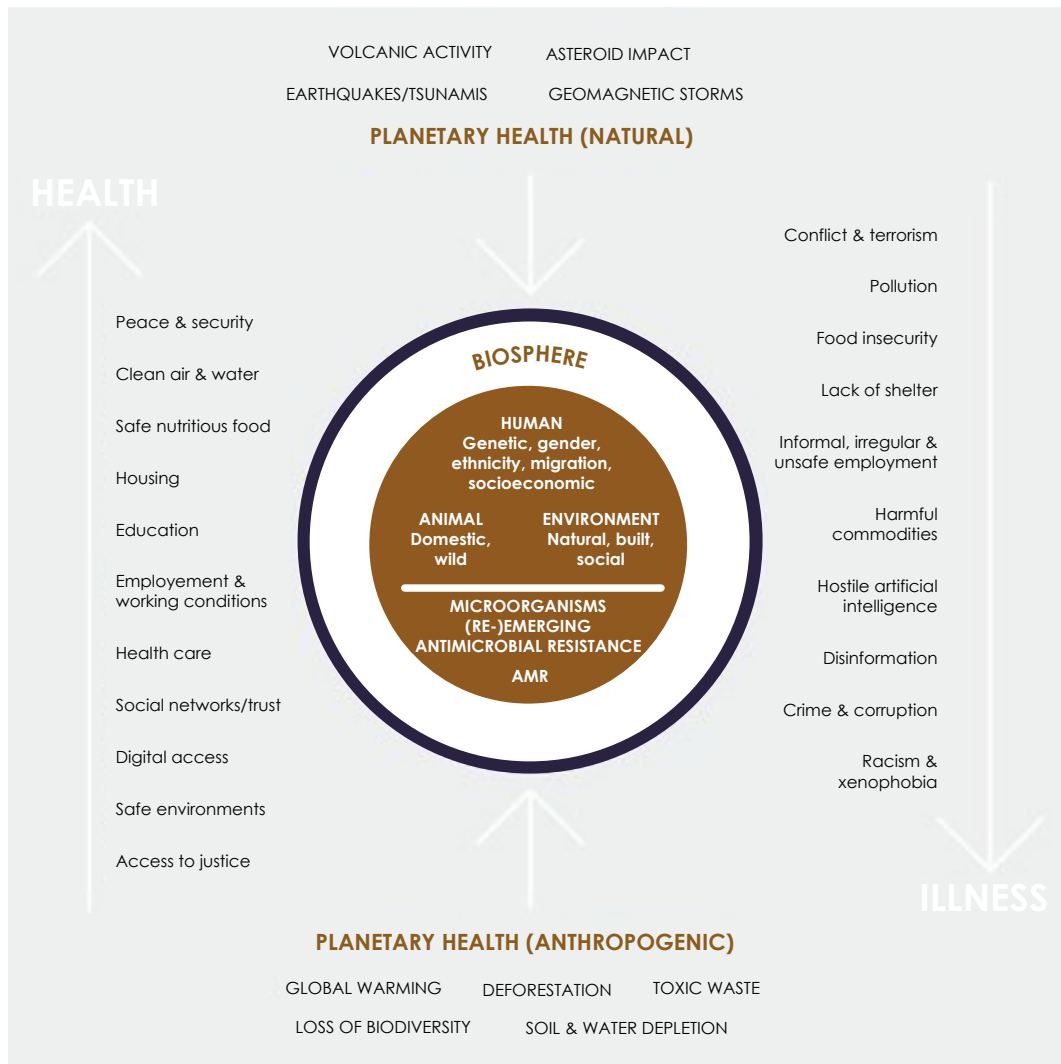
The Sustainable Development Goals offer a global framework of political responsibility and accountability, providing powerful political support nationally and locally to those who argue for more inclusive and sustainable economic, social and environmental policies. Addressing the Sustainable Development Goals at the local level is a valuable exercise of scrutinizing, rethinking and adapting local policies and strategies about development.

## 2.7 The One Health approach

The One Health approach, based on the premise that the health of humans, animals and ecosystems are interconnected, involves applying a coordinated, collaborative, multidisciplinary and cross-sectoral approach to address potential or existing risks that originate at the interface between humans animals and ecosystems. Close collaboration between the human and animal (domestic and wild) health and environment sectors is necessary for the effective prevention and control of emerging and re-emerging infectious diseases, to move towards optimal health outcomes for both humans and animals.

The One Health approach is especially relevant for food safety, the control of zoonoses, environmental health and combating antibiotic resistance. Fig. 4 shows the panorama of the determinants of health in today's world as they are linked to the One Health approach.

**Fig. 4. The determinants of health in the 21<sup>st</sup> century**



Source: European Observatory on Health Systems and Policies & McKee (26).

One Health, which recognizes the interconnection between people, plants, animals and their shared environment, is not a new concept but needs to be redefined in the 21<sup>st</sup> century because of escalating environmental changes and rapid changing demographics. Moreover, its adoption has at times been hampered by fragmented policy-making and financing and siloed organizational structures. COVID-19 has clearly demonstrated how when one part of One Health is at risk, the other parts are also in danger. Now, more than ever, a One Health approach urgently needs to be implemented to respond to threats to human health and progress towards sustainable development. The report of the Pan-European Commission on Health and Sustainable Development (26) offers detailed actionable recommendations that relate to all levels of government.



## 2.8 The life-course approach

Supporting good health and its social determinants throughout the life-course increases healthy life expectancy and enhances well-being and enjoyment of life, which in turn can yield economic, societal and individual benefits. Advantage and disadvantage accumulate across the life stages. For example, adopting healthy habits or being exposed to positive socioeconomic circumstances in the early years will also positively affect health in adulthood. Interventions to tackle health inequities and their social determinants can be implemented at any of the key life-course stages: maternal and child health; children and adolescents; healthy adults; and healthy older people. This approach aims to increase the effectiveness of interventions throughout the lifespan. It focuses on a healthy start to life and targets the people's needs at critical periods throughout their lifetime. It also promotes timely investments with a high rate of return for public health and the economy by addressing the causes – and not the consequences – of ill health.

## 2.9 Population-based approaches

A population-based approach to health focuses on improving the health status of the overall population and is in accordance with both the Healthy Cities and the social determinants of health approaches (6). Action mainly targets the health of an entire population or subpopulation groups rather than individuals, with emphasis at the community level. Focusing on the health of populations also requires reducing health status inequalities between population groups (27).

## 2.10 The Healthy Cities initiative promotes health literacy

Health literacy surpasses the narrow concept of health education (28). It is influenced by the sociocultural context within which people live and applies to individuals, communities and institutions. A healthy city provides individuals and communities with skills and knowledge for healthy living and the ability to navigate health, education and social services and resources across the city and in different settings in the pursuit of good health. Health literacy is critical to empowerment and contributes to the resilience of communities. It also influences how organizations communicate and interact with people. Health literacy addresses the social, environmental and political factors that determine health.

## 2.11 The Healthy Cities initiative promotes community resilience

Community resilience is defined as a community's sustained ability to respond to, withstand and recover from crises or hardship, such as pandemics, economic collapse or natural disasters (6,29,30). Resilient communities can minimize disaster, making the return to normal life as smooth as possible. Resilient communities can minimize disruption to everyday life and local economies in the face of disaster. The importance of building resilience was identified as a key aspect of dealing with the multiple societal effects of the COVID-19 pandemic. Healthy cities create strong and resilient communities by investing in social networking, social support, community development, developing skills and competencies and social cohesion and connection, minimizing vulnerabilities and strengthening the community's social capital.

## 2.12 The Healthy Cities initiative and city health diplomacy

To safeguard and promote health, local leaders must build partnerships and alliances at all levels of government: increasingly, this means being internationally active and influential. City health diplomacy can complement global health diplomacy (31) in processes and forums that shape and manage the global policy environment for health. Health is now a firm part of the global agenda, and public health challenges – such as noncommunicable disease epidemics, the effects of climate change, migration, food security and others – require both global action and local responses. The value and potential of city diplomacy has been long recognized (32) and is often related to the activities of city networks covering a wide range of thematic areas (33) such as climate change, environment, culture and health. Additionally, most cities invest in international relations with a wide range of external entities such as international organizations.

City health diplomacy can be exercised by participating in international networks, formal global or regional forums and multilateral city collaborations but also through platforms (both formal and informal) within the United Nations system and other international bodies concerned with urban development. The great challenge for local leaders today is to strengthen their diplomatic skills, including strategic thinking about when, where and how to be active and vocal and formulating a coherent approach to challenges the city encounters as it interacts with the wider world.

Mayors are emerging as powerful and influential agents for change, locally, nationally and internationally.

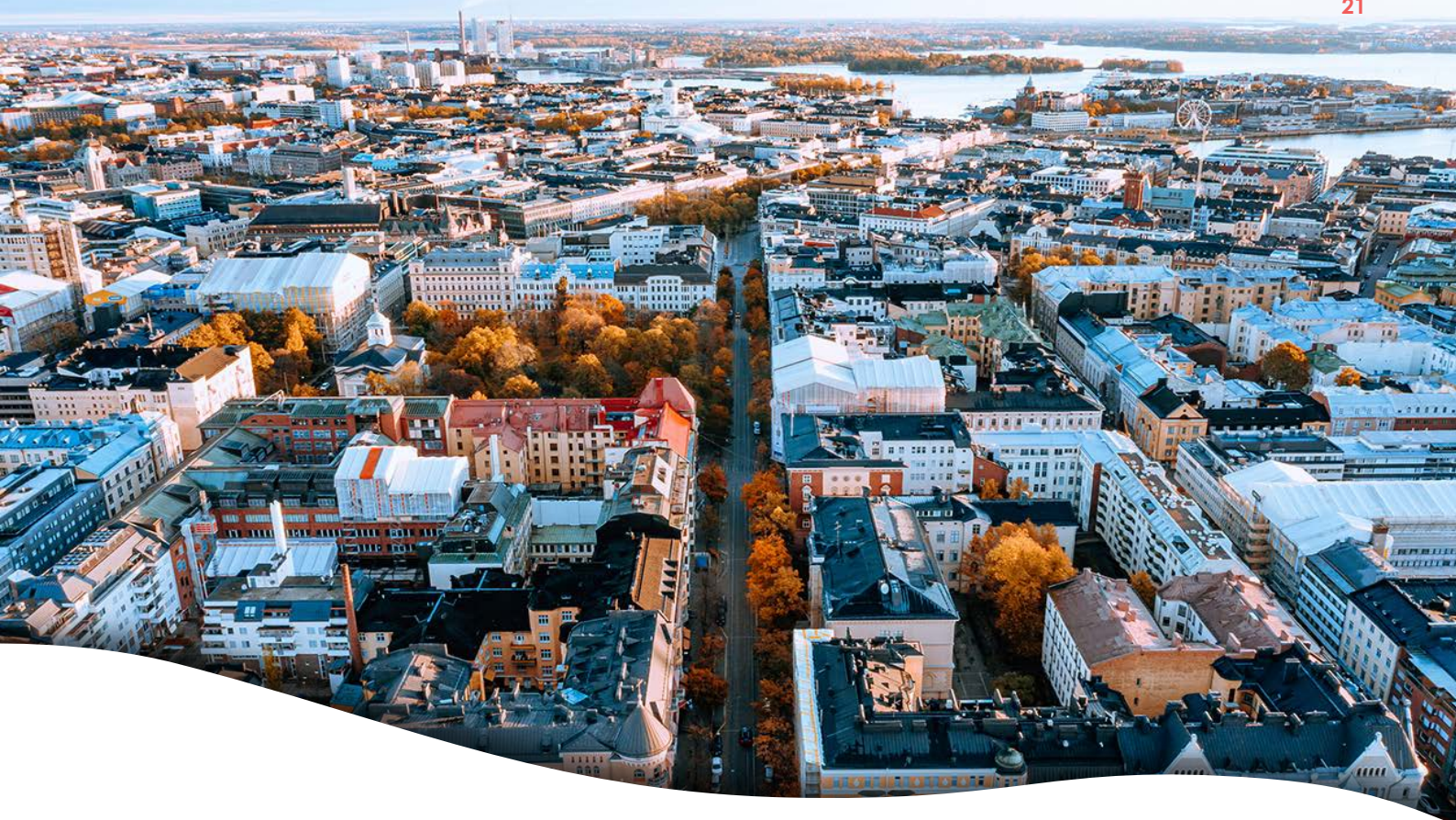
Health is a powerful theme for diplomacy that enables city leaders to argue convincingly for peace, equity, solidarity, tolerance, sustainability and human rights. Finally, city health diplomacy can operate effectively within the local municipal administration, bridging the gap between its political and executive organs (34).



The page features a decorative background with vertical bars in shades of blue and green, and a wavy blue ribbon-like shape across the middle. The number '3' is prominently displayed in a large, bold, blue font.

# 3

**Working across sectors:  
health in all policies, whole-  
of-government and whole-  
of-society approaches**

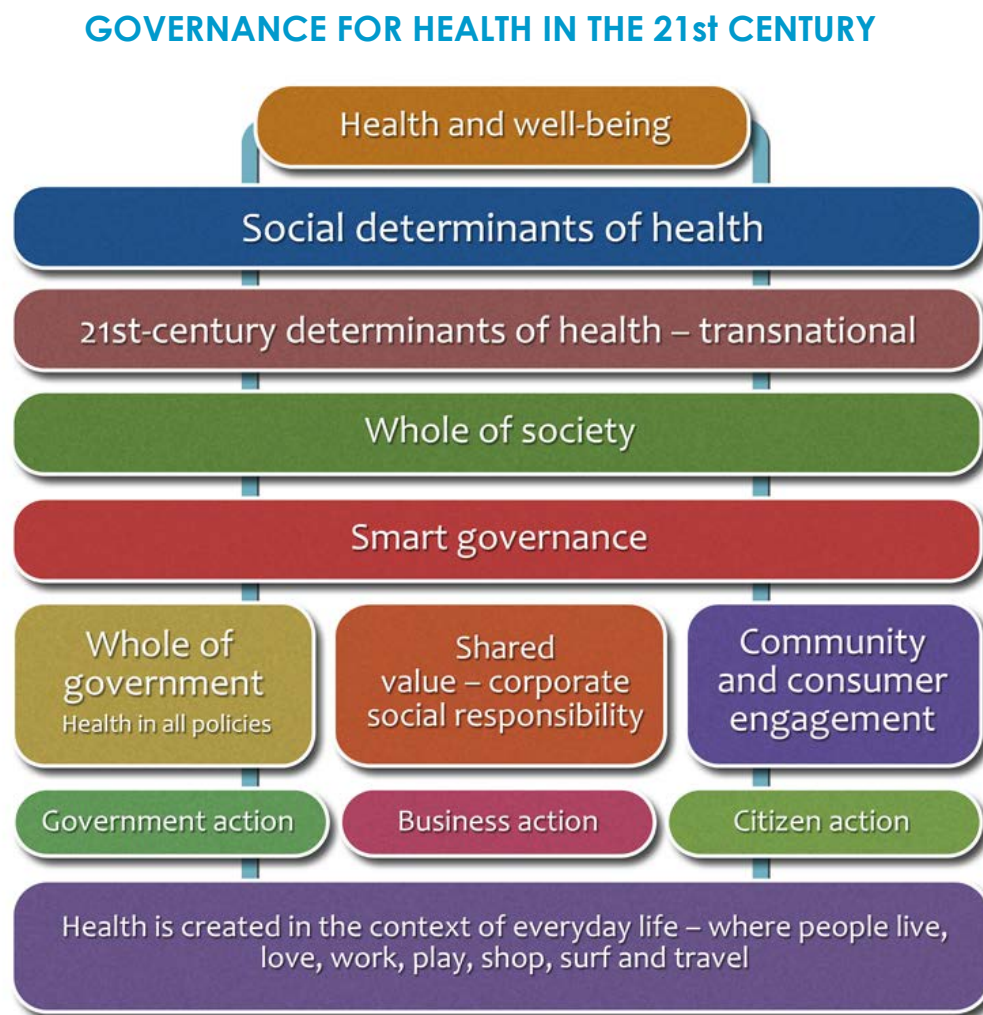


An intersectoral and multisectoral approach to health development has been one of the cornerstones of the Health for All and Healthy Cities movements. Today, the Healthy Cities initiative should be viewed as a whole-of-local-government project. Local governments are ideally positioned to enable and promote partnership-based policies and programmes for health, equity and sustainable development.

A continuum of complementary terms may be used to denote such partnerships (bilateral or multilateral, formal or informal) for health and well-being, involving different sectors and the wider society. These include: intersectoral and multisectoral collaboration; healthy public policies; health in all policies; and whole-of-government and whole-of-society approaches.

Governance for health (35) (in contrast to health governance, which is limited to the health sector) refers to the attempts of governments or other actors to steer communities, countries or groups of countries in the pursuit of health and well-being (Fig. 5).

Fig. 5. Developing governance for health



Source: adapted from *Governance for health in the 21<sup>st</sup> century* (35).

Implementing a full Healthy Cities agenda requires combining participatory governance for health approaches that involve different sectors and partners. Smart governance for health signifies that addressing complex issues in the pursuit of health for all requires that cities use a variety of governance approaches by collaboration, civic engagement, formal and informal acts and with a variety of hard and soft instruments.

The following are key approaches to governance for health.

**Health in all policies** (36) is an approach to public policy across sectors that systematically accounts for the health implications of decisions; seeks synergy; and avoids harmful health effects to improve population health, reduce risk and improve health equity. It improves the accountability of policy-makers for health effects at all levels of policy-making. It also emphasizes the consequences of public policies on health systems, determinants of health and well-being.

**Whole-of-government** activities (6,35) are multilevel (from local to global) government actions. This approach requires building trust, common ethics, a cohesive culture and developing new skills. It stresses the need for improving the coordination and integration of policies and strategies, centred on the overall societal goals for which the government stands. This approach requires addressing complex public health challenges through upstream action. In practice, a whole-of-local-government approach means that the government of the city, province or region works in a joined-up way to achieve shared goals through an integrated response to specific challenges; for example, giving all children a healthy start in life or addressing climate change. The success of this approach requires ensuring policy coherence and clear lines of shared accountability and increasing involvement of groups outside government.

**A whole-of-society** approach to health extends beyond institutions, acknowledging the contributions of all relevant stakeholders, including individuals, families and communities; intergovernmental organizations and religious institutions; civil society; academia; the media; voluntary associations; and, as appropriate, the private sector and industry, in supporting health development. Whole-of-society approaches are a form of collaborative governance that can complement public policy. By engaging civil society, communities, individuals and the private sector, the whole-of-society approach can strengthen resilience and increase the social capital of communities. The approach emphasizes coordination through normative values and trust-building among a wide variety of actors. The whole-of-society approach also mobilizes assets that can support positive health and well-being within communities, such as relevant skills, knowledge, social competencies, social networks, intergenerational solidarity, formal and informal voluntary organizations and mutual aid networks.

All three approaches position producing and protecting health high on the agenda of local governments. They promote policy coherence and synergy, accountability for health, coordination, trust-building and partnerships with a wide range of public, private and civic actors.

The various approaches of modern governance for health at the local level can be effectively employed to address and resolve complex urban health challenges, such as childhood obesity; addressing climate change; or increasing physical activity. These approaches offer the legitimacy and the means to give priority to common, whole-of-local government goals for health and sustainable development that would necessitate the contribution of multiple sectors.

Engaging with different sectors (37) requires knowledge and diplomacy. Scientific evidence can be difficult to understand and even more difficult to communicate to decision-makers and non-academics. Developing a common understanding of other sectors' goals and values is essential. For this purpose, WHO in the European Region developed a series of briefs aimed to facilitate work between the health sector and other sectors. These concise and evidence-informed briefs cover the following areas: education and early development (38); education and health through the life-course (39); social protection and health (40); agriculture and health through food safety and nutrition (41); foreign policy and health (42); social protection, housing and health (43); multisectoral action for the health of migrants (44); and transport and health (45).

Reaching out to other sectors – making a case for health  
What can you do for health and what can health do for you?

To be sustainable, mechanisms and processes for successful participatory governance for health and well-being should facilitate policy dialogue, strategic and integrated planning and the development of common goals with clear leadership and transparency. Establishing a high-level intersectoral committee for health development in cities is relatively easy, but keeping it alive can be a challenge over the longer term without careful planning. The leadership of a city's mayor or province governor is key. High-level steering and coordination committees can be supported by technical committees. The development and regular updating of a city's health profile can offer significant opportunities to engage and collaborate with numerous stakeholders, including academic institutions and the media.

The Healthy Cities, social determinants of health and Sustainable Development Goals agendas make an excellent case for breaking the silo mentality when working in cities. Virtually all important challenges that healthy cities need to address and the approaches that they need to apply require using health in all policies and whole-of-government and whole-of-society approaches.

Whole-of-society approaches should be based on appreciating community diversity, investing time and energy in listening to and engaging civic society. The Healthy Cities initiative has considerable power to create platforms for dialogue, debate, education, and creative and innovative thinking and encourages both formal and informal networking.





# 4

**Political leadership: the role of local governments in building consensus and strengthening commitment to health and well-being**



Leadership for health and health equity takes many forms and involves a range of diverse actors. Some examples include: international organizations setting standards; heads of national or subnational governments giving priority to health and well-being; health ministers reaching out to ministers in other sectors; parliamentarians expressing an interest in health; business leaders integrating health considerations into their business models; civil society organizations becoming increasingly active in managing disease and developing health; academic institutions providing evidence for the determinants of health and interventions that work; and local authorities taking on the challenge of universal health in all policies (35).

In the future, much of leaders' authority will reside not only in their position within government but also in their ability to convince other people that health and well-being are relevant in all sectors. Leadership will be not only individual but also institutional, collective, community-centred and collaborative and will require an entirely new set of skills. Many challenges to global health (such as the epidemic of noncommunicable diseases) are increasingly being addressed by different groups of stakeholders at the global, regional, national, and local levels (46).

Citizens' health and happiness depends to a great extent on the willingness of politicians to give priority to choices that address equity and the determinants of health. Ultimately, health is a political choice that should match city leaders' aspirations for protecting and constantly improving the health and well-being of all citizens. This means creating supportive social and physical environments that enable all people to reach their maximum potential for health and well-being.

Health must be high on the agenda as an explicit political choice.

City leaders should therefore visualize the type of society they want to create and to clearly identify the values that will underpin these visions in relation to health and well-being. Today, municipalities worldwide are evolving as key drivers of health, equity and sustainable development, providing leadership and innovation and often inspiring and leveraging action nationally and internationally.

From the start, involvement with the Healthy Cities initiative must be based on:

- the understanding that the meaning of health surpasses the absence of disease, encompassing physical, social, and mental well-being;
- an informed appreciation of the nature and influence of the environmental, biological, social and political determinants of health; and
- continually making the case that health is vital to individuals and the whole of society as a prerequisite for sustainable individual, social and economic development.

The integrated and comprehensive nature of the Healthy Cities and Sustainable Development Goal agendas means that implementation requires complex choices at the political, strategic and organizational levels. Achieving health and welfare gains will require high-level and extended political commitment, consensus and capacity. Giving priority to health must be an explicit political choice. Multisectoral governance is essential for policy coherence, synergy and coordination across sectors and provides a basis for accountability and transparency.

In the complex political world, comprising multiple tiers and numerous sectors and diverse stakeholders, local governments have both the power and the mandate to influence the determinants and inequities of health and well-being. They are well positioned to exert this influence through policy development, integrated strategies and plans, national and local collaborations and partnership-building across society as well as advocacy and mediation at all levels.

Cities can accomplish their considerable influence on several domains (47) through various policies and interventions, including those addressing social exclusion and support, healthy and active living (48) (such as bicycle lanes and smoke-free public areas), safety and environmental issues for children and older people, working conditions, preparedness to deal with the consequences of climate change, exposure to hazards and nuisances, healthy urban planning (49) and design (neighbourhood planning, removing architectural barriers and the accessibility and proximity of services) and participatory and inclusive processes for citizens.

Local leaders have the potential to make a difference to the health and well-being of local communities by harnessing the combined efforts of a multitude of actors (35).

In summary, local leadership for health and sustainable development means:

- having a vision and a good understanding of the importance of health in sustainable, social and economic development;
- advocating and actively implementing an agenda to address health inequalities and foster sustainable development;
- possessing the commitment and conviction to forge new partnerships and alliances;
- promoting accountability for health and sustainability by statutory and non-statutory local actors;
- aligning local action with national and international policies;
- anticipating and planning for change; and
- ultimately acting as a guardian, facilitator, catalyst, advocate and defender of the right to optimum health for all residents.

Effective leadership for health and well-being also requires a strategic approach, supportive institutional arrangements, open platforms for dialogue across society and aligning and connecting with other local, regional and national actors working in complementary areas, such as community development, urban regeneration plans, transport and ecological projects and policy for social support, culture and education.

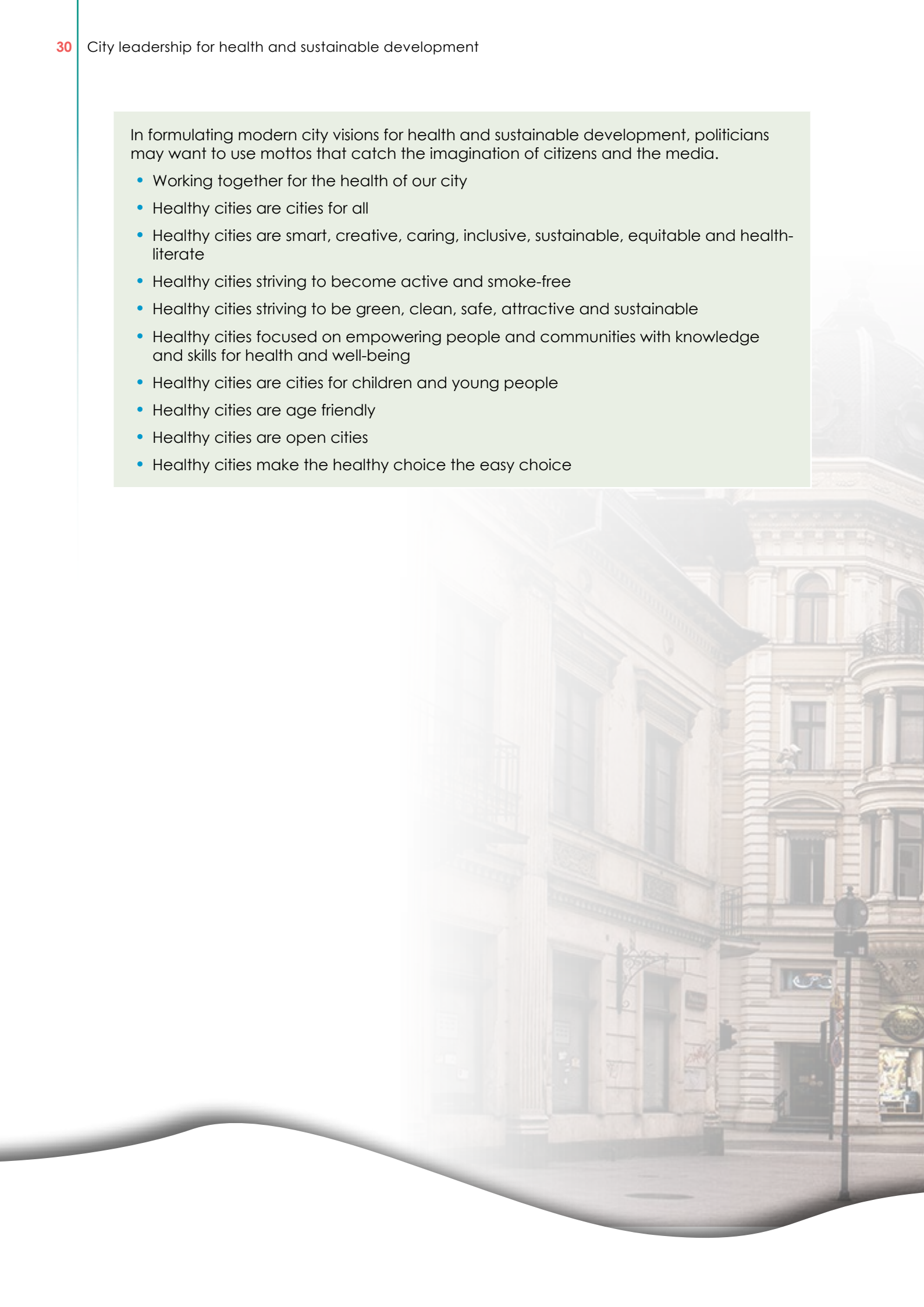
Political leaders should strive to create healthy cities – that is, cities for all their citizens.

How to develop and sustain healthy cities in 20 steps (50) provides guidance on how to support the process of creating a healthy city.

Public health priorities are not static. The COVID-19 pandemic has exposed vulnerabilities and amplified existing health inequalities. The climate change agenda is also a public health agenda at its core. The importance of local leadership and local preparedness and community action for health have been widely acknowledged as indispensable in tackling effectively public health crises (51).

In formulating modern city visions for health and sustainable development, politicians may want to use mottos that catch the imagination of citizens and the media.

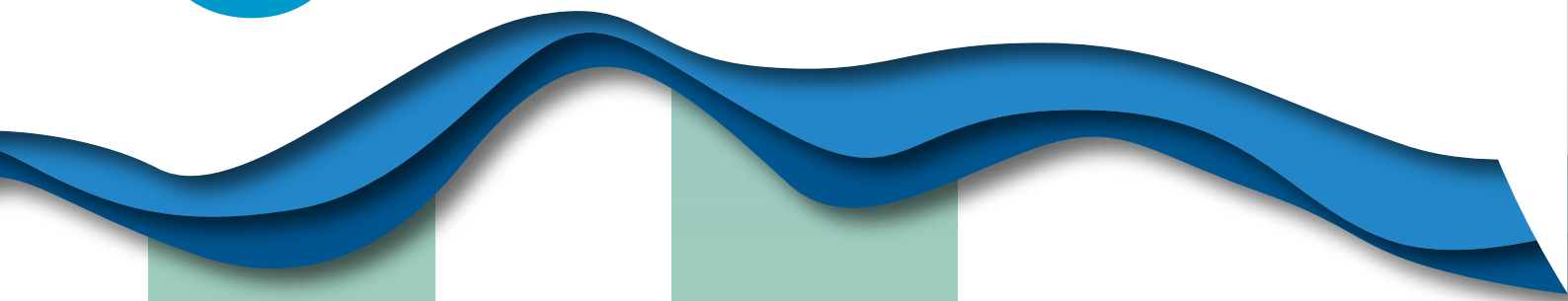
- Working together for the health of our city
- Healthy cities are cities for all
- Healthy cities are smart, creative, caring, inclusive, sustainable, equitable and health-literate
- Healthy cities striving to become active and smoke-free
- Healthy cities striving to be green, clean, safe, attractive and sustainable
- Healthy cities focused on empowering people and communities with knowledge and skills for health and well-being
- Healthy cities are cities for children and young people
- Healthy cities are age friendly
- Healthy cities are open cities
- Healthy cities make the healthy choice the easy choice





# 5

## Creating and sustaining a healthy city







The Healthy Cities initiative recognizes the key role played by mayors and local governments in putting health high on the political agenda of cities and fosters health and well-being through intersectoral governance and participation.

Healthy cities work if they are perceived as political and not partisan. City mayors and councillors are encouraged to provide leadership; orchestrating the contributions of many agencies and the formal role of regional and national governments.

Thus, in order to succeed, healthy cities require political support, strategic thinking, and the managerial means and resources to deliver results.

Box 1 is an overview of the steps needed for developing and sustaining a healthy city (50).

#### Box 1. Overview of 20 non-incremental steps for developing and sustaining a healthy city

Getting started	Getting organized	Taking action
1. Framework	8. Steer	15. Increase health awareness
2. Gathering support	9. Work setting	16. Advocate strategic planning
3. City health profile	10. Define functions	17. Intersectoral collaboration
4. Resources	11. Set up the secretariat	18. Community participation
5. Location of the secretariat	12. Plan	19. Promote innovation
6. Proposal	13. Build capacity	20. Ensure health in all policies
7. Approval	14. Establish accountability	

Box 2 identifies four prerequisites for successful healthy cities (1).

#### Box 2. Prerequisites for successful healthy cities

- Explicit political commitment and partnership agreements at the highest level in the city, making health, equity and sustainable development core values in the city's vision and strategies
- Promoting health in all policies, setting common goals and priorities and developing a strategy or plan for health, equity and well-being in the city and systematically monitoring the health of the population and the determinants of health in the city
- Organizational structures and processes to manage, coordinate and support change and facilitate national and local collaboration, local partnerships and action across sectors, along with active citizen participation and community empowerment
- Formal and informal networking and platforms for dialogue and collaboration with various partners from the public, private, voluntary and community domains

Strong political commitment to the values and goals of the Healthy Cities movement must be demonstrable and convincing. Formal support from the highest political position in the city is essential. This should be supplemented by a city council resolution in support of joining. A city vision and mission statement that explicitly integrates the Healthy Cities values can be a source of inspiration and strong legitimacy for innovative action to create healthy, inclusive and sustainable cities.

In order for politicians to demonstrate that health is a core value for the city, healthy cities must develop a city health development plan. From the start, healthy cities must clearly determine the goals and the time frame to achieve the ultimate goal of improving the health and well-being of citizens. This strategic document contains a comprehensive picture of a city's concrete and systematic efforts for developing health. It contains the city's vision and values and a strategy for achievement. It helps politicians to show that the vision, values and strategy are being translated into action areas as part of their operational planning. The city health development plan should be based on the findings of the city health profile (which provides an overview of the health of the population, including health inequalities and other relevant information), which helps to understand the gaps and opportunities related to the health and well-being of the population.

Healthy cities must have the authority and ability to manage change, including the necessary expertise, skills and staff seniority as well as resources, mechanisms and processes to work with different political sectors and civil society. The location of the healthy city office within the city administration is critical and ideally should be within the organizational structure of the mayor's office. A healthy city cannot reach its full potential if it is reduced to a technical project far from the policy and strategy locus of the city. The functions of the healthy city secretariat should be clearly communicated to all partners to establish and maintain good working relationships.

The healthy city project office is expected to fulfil five main types of functions:

- advocacy, mediation, communication, coordination and advising;
- engagement in policy and strategic planning processes;
- project management and intersectoral cooperation and dialogue;
- community development and relations; and
- collaboration with national counterparts and partners in local, national or international agencies, networks or institutions.

The healthy city coordinators play a crucial role. Their multifaceted role includes advocacy, partnership and alliance building with various sectors and stakeholders, managing the office, supporting health policy and health development planning processes and working closely with the city leadership. They provide continuity and visibility and build essential support within the city government and throughout the community. Leading the secretariat team is a big responsibility and requires many leadership qualities. The coordinators could have diverse backgrounds and must have communication and diplomacy skills as well as strategic thinking and strong understanding of Healthy Cities knowledge and methods. Further, the role of national healthy city coordinators needs to be emphasized. They have a crucial leadership, health diplomacy, partnership-building and supportive role at the national and international levels.

Intersectoral and collaborative work must be supported by appropriate mechanisms and processes. As a political project, healthy cities must be steered by the mayor along with senior officials from a wide spectrum of sectors. The involvement of nongovernmental organizations, academic institutions and other agencies can further strengthen the strategic and operational scope of the project. The mayor or other lead politician should have overall responsibility for the project. In many countries, a healthy cities initiative is directly supported by the health ministry and other ministries. National and local collaboration greatly enhances the delivery potential of healthy city projects.

Healthy cities should also facilitate and support the development of mechanisms and initiatives that empower and involve citizens and communities. Healthy cities can truly energize communities by supporting grassroots initiatives, listening and responding to local concerns and offering opportunities to community members to participate in city decision-making forums.

National networks of healthy cities form the backbone of the healthy cities movement in Europe (52,53). National networks of healthy cities have a dual role. First, they transmit knowledge from WHO to member cities. Second, they expand the narrow focus of individual cities. They enhance capacity and political leverage on the European stage. Compelling evidence indicates that national networks individually and collectively exert influence on central government policies and, reciprocally, on WHO itself. They create an effective platform to give visibility to local health challenges and to facilitate collaboration across levels of government. Networks maximize limited local resources by providing local governments with direct support through training, opportunities to share best practices and access to national and international expertise. Their functions and achievements have made national networks fundamental to the continuity of the WHO Healthy Cities programme over the years (52).

# Implementing the Healthy Cities initiative through phases

The WHO European Healthy Cities Network has evolved through a series of five-year work programmes or implementation frameworks called phases. These phases have served as a process and a platform for inspiration, learning and accumulating practical experience on how to improve health and well-being. They have also provided a benchmark to measure progress and a useful way to set priorities among the many interesting and challenging tasks involved in becoming a healthy city. Each phase has sought to innovate and enrich the practical understanding of how to address the broad determinants of health and systematically reduce health inequalities (52).

The goal of every city that wants to become a healthy city should be to ensure that relevant action is taken. However, there is no single recipe for their structure or implementation. The Healthy Cities implementation framework is adaptable and recognizes that each city is unique. Cities have the flexibility to identify and focus on their own local priorities.

The comprehensive action agenda of the Healthy Cities initiative is based on common values, overarching goals, priorities based on local needs and local context and using modern methods and approaches to address them. Taking a strategic focus means focusing on upstream, high-impact interventions to promote local health development and equity.

The WHO European Healthy Cities Network is in Phase VII (2019–2025) (54,55), which is defined by the pursuit of the following three goals:

- fostering health and well-being for all and reducing health inequalities;
- leading by example nationally, regionally and globally; and
- supporting the implementation of WHO strategic priorities.

Phase VII identifies six core themes:

1. investing in the people who make up our cities;
2. designing urban places that improve health and well-being;
3. fostering greater participation and partnerships for health and well-being;
4. improving community prosperity and access to common goods and services;
5. promoting peace and security through inclusive societies; and
6. protecting the planet from degradation, including through sustainable consumption and production.

**Fig. 6. Overview of the core themes of Phase VII of the WHO European Healthy Cities Network**



Phase VII was launched with the Copenhagen Consensus of Mayors – Healthier and Happier Cities for All – in 2018. Two years earlier, the 2016 Shanghai Consensus on Healthy Cities adopted at the International Mayors Forum on the occasion of the 9th Global Conference of Health Promotion (56) gave a significant political boost to the global Healthy Cities movement and stressed the need to invest in effective urban governance for health and to develop health development plans that address the core action areas of the Healthy Cities agenda.

As cities apply and highlight their key priorities in Phase VII (2019–2025), the interconnectedness of the Healthy Cities initiative and all the Sustainable Development Goals is well established and clear (Table 1).

**Table 1. Core themes and highly relevant priority issues of Phase VII**

Core themes of Phase VII					
People	Place	Participation	Prosperity	Peace	Planet
Highly relevant priority issues					
Healthy early years	Healthy places and settings	Healthy older people	Community resilience	Healthy urban planning and design	Climate change mitigation and adaptation
Healthy older people	Integrated planning for health	Reduced vulnerability	Healthy older people	Health as a bridge for peace	Protected biodiversity
Reduced vulnerability	Healthy transport	Increased physical activity	Mental health and well-being	Violence and injury prevention	Waste, water and sanitation
Mental health and well-being	Green spaces	Transformed service delivery	Healthy housing and regeneration	Human security	Health-promoting and sustainable municipal policies
Revitalized public health capacity	Energy and health	Health literacy	Integrated planning for health	Health security	
Healthy diet and weight		Culture and health	Indicators of health and well-being	Mental health and well-being	
Reduced harmful use of alcohol			Transformed economic models		
Tobacco control			Ethical investment		
Human capital			Universal social protection		
Social trust and capital			Commercial determinants of health		

Healthy cities can use a combination of entry points to formulate and develop their strategies and plans such as specific priority public health concerns or broader goals such as making the city inclusive, active or age-friendly. Strategies that aim to promote health often promote the achievement of other sectors' goals. Finally, the context within which public health is practiced at all levels today is characterized by the complexity of the policy environment, global interdependence and connectedness and uncertainty.



The page features a decorative design with two vertical bars at the top in shades of blue and two at the bottom in shades of green. A thick, dark blue wavy ribbon-like shape runs horizontally across the middle of the page, overlapping the bottom bars.

# 6

## **Making it happen: considerations for success**





Chapters 1–3 provided an overview of the content and scope of work of the Healthy Cities initiative as well as the main approaches and methods that should be used to achieve its goals. Chapter 4 elaborated on the critical importance of effective leadership for strengthening commitment to health and well-being. Chapter 5 provided an overview of how to create and sustain a healthy city, with a framework for defining goals and activities.

This final chapter highlights several critical issues or preconditions for politicians and decision-makers that can significantly increase the success of healthy cities, although these should not stand alone and should be considered with other information in this publication.

Before committing to establishing a healthy city, it is important to invest time to consider how your city or province will make the most of the Healthy Cities approach. Then, work with key partners to develop common understanding about the potential for added value and the scope and breadth of its activities. Appreciating the full scope of the Healthy Cities approach at the start has great potential in making a difference for your city.

The mandate and scope of each healthy city project depends on how it is perceived and positioned by city leadership. Politically empowered healthy cities operate very effectively in the policy and community domains and can be instrumental in ensuring strategic and partnership-based planning for health and equity.

Regular reporting of the city's health in a city health profile based on a set of core indicators (including disaggregated equity indicators) can be extremely helpful in stimulating interest and political support. What matters is not just the average health standard in a city but ensuring that the city's resources are equally distributed to everyone. City health profiles should be concise and easy for non-experts to understand and should be presented and debated in the city or provincial council.

One key aspect of the real-life success and sustainable evolution of the Healthy Cities initiative has been its ability to connect with other local strategies and programmes. This helps to highlight the relevance of health in all policies and to convene and facilitate intersectoral and community dialogue and collaboration.

Undertaking a strategic review to identify strengths, weaknesses, opportunities, challenges and priorities for future action is useful especially for established healthy cities. This will help to provide continuity despite changes in the local political climate.

Applying a whole-of-government approach, support from health ministries would strengthen the Healthy Cities initiative as an important national vehicle and platform for promoting health, equity, well-being and sustainable development at the local level.

Reaching out to different sectors is very challenging. A systematic stakeholders' analysis can help with this endeavour. Before starting to tell other sectors what they can do for health, understanding well their action vocabulary, values and goals and establishing a common language are also desirable. Health and well-being can often significantly contribute to achieving other sectors' goals, for a mutually beneficial partnership.

Formal and informal networking provides healthy cities with unique opportunities to nurture links with a wide range of stakeholders. Healthy cities build trust and promotes solidarity and community empowerment. They create platforms for dialogue, learning, sharing and consensus-building. They can also provide opportunities to engage with the private sector and promote social responsibility. Healthy cities can mobilize the wider society to meaningfully contribute to the process of shaping healthier and sustainable futures.

The accumulating evidence for the determinants of health is complex and can be hard to explain in plain and understandable ways. Champions and advocates for the Healthy Cities initiative must be able to competently navigate, broker and explain the main concepts and approaches on which the Healthy Cities movement is founded. Bilateral sectoral partnerships are easier to establish. Working with some sectors is historically more straightforward, but the challenge here would be to transcend traditional partnerships and focus more on upstream interventions that address the root causes of health and ill health.

Establishing multisectoral partnerships based on joint planning, funding and accountability is challenging. This can be achieved by establishing common goals, whose achievement will draw on contributions from different sectors with shared responsibilities and strong central leadership. All key stakeholders should define this common agenda from the initial stages of the project. Having a document with predefined goals and objectives before consultation and asking for contributions is not advisable. Ownership is key. It is better to have a less-than-perfect intersectoral strategy for health in the city in which different sectors can feel they were fully involved in its development than a document produced by one sector or expert that may have a high technical standard but lacks the spirit of genuine partnership.

Further, healthy cities must be well connected, synergistic and not antagonistic to the health system, especially primary health care and public health. Investing in health promotion and disease prevention is crucial. The Healthy Cities initiative advocates for population-based approaches to complement individual-based approaches.

In the European Region, WHO has invested in evaluating progress and achievements at the end of every phase (57–60). This publication has drawn on the lessons learned from almost three decades of the Healthy Cities initiative in Europe. The global and European Healthy Cities movements generate vast knowledge. The stories, projects and best practices from the cities and networks in the European Region have now been systematically documented and catalogued by the WHO Regional Office for Europe through an online database to be launched in Phase VII.

One of the greatest strengths of the Healthy Cities initiative is the diversity of political, social and organizational contexts within which it is being implemented across the world. Thus, engaging with the Healthy Cities and using its prominent trademark without seriously working towards its goals for health, equity and well-being would truly be a missed opportunity.

The anticipatory response of the Healthy Cities initiative towards cutting-edge ideas has made it attractive to cities in countries with both very well-developed and less-developed economies and health systems. The Healthy Cities movement is committed to change and innovation.

Today, the Healthy Cities initiative has both the credibility and the experience to play a much more significant role in countries' efforts to promote health and well-being.



## REFERENCES

1. Tsouros AD. Twenty-seven years of the WHO European Healthy Cities movement: a sustainable movement for change and innovation at the local level. *Health Promot Int.* 2015;30(Suppl. 1):i3–7. doi: 10.1093/heapro/dav046.
2. Declaration of Alma-Ata. Copenhagen: WHO Regional Office for Europe; 1978 (<https://apps.who.int/iris/handle/10665/347879>, accessed 23 July 2024).
3. Health for All targets: the health policy for Europe. Copenhagen: WHO Regional Office for Europe; 1993 (<https://apps.who.int/iris/handle/10665/341920>, accessed 23 July 2024).
4. Ottawa Charter for Health Promotion, 1986. Copenhagen: WHO Regional Office for Europe; 1986 (<https://apps.who.int/iris/handle/10665/349652>, accessed 23 July 2024).
5. WHO Healthy Cities project: a project becomes a movement: a review of progress 1987 to 1990. Copenhagen: WHO Regional Office for Europe; 1992 (<https://apps.who.int/iris/handle/10665/345408>, accessed 23 July 2024).
6. Health 2020: a European policy and framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (<https://iris.who.int/handle/10665/326386>, accessed 23 July 2024).
7. Geneva Charter for Well-being. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/the-geneva-charter-for-well-being>, accessed 23 July 2024).
8. Wilkinson RG, Pickett K. The spirit level: why more equal societies almost always do better. London: Penguin Books; 2010.
9. Healthy Cities – effective approach to a rapidly changing world. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/331946>, accessed 23 July 2024).
10. Barton H, Thompson S, Burgess S, Grant M, editors. *Routledge handbook of planning for health and well-being*. London: Routledge; 2017.
11. Green G, Tsouros A, eds. *City leadership for health. Summary evaluation of Phase IV of the WHO European Healthy Cities Network*. Copenhagen: WHO Regional Office for Europe, 2008 (<https://apps.who.int/iris/handle/10665/341089>, accessed 23 July 2024).
12. Constitution [website]. Geneva: World Health Organization; 2024 (<https://www.who.int/about/governance/constitution>, accessed 23 July 2024).
13. Wilkinson R, Marmot M. *Social determinants of health: the solid facts*. 2nd ed. Copenhagen: WHO Regional Office for Europe; 2003 (<https://apps.who.int/iris/handle/10665/326568>, accessed 23 July 2024).
14. Marmot M, UCL Institute of Health Equity. *Review of social determinants and the health divide in the WHO European Region. Final report, updated reprint 2014*. Copenhagen: WHO Regional Office for Europe; 2014 (<https://apps.who.int/iris/handle/10665/108636>, accessed 23 July 2024).

15. Rio Political Declaration on Social Determinants of Health. Geneva: World Health Organization; 2011 (<https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health>, accessed 23 July 2024).
16. Build back fairer in greater Manchester: health equity and dignified lives. London: UCL Institute of Health Equity; 2020.
17. Addressing the social determinants of health: the urban dimension and the role of local government. Copenhagen: WHO Regional Office for Europe; 2012 (<https://apps.who.int/iris/handle/10665/130067>, accessed 23 July 2024).
18. Healthy cities tackle the social determinants of inequities in health: a framework for action. Copenhagen: WHO Regional Office for Europe; 2012 (<https://apps.who.int/iris/handle/10665/112253>, accessed 23 July 2024).
19. Barton H. City of well-being – a radical guide to planning. London: Routledge; 2017.
20. Barton H, Grant M. A health map for the local human habitat. *J R Soc Promot Health*. 2006;126:252–3. doi: 10.1177/1466424006070466.
21. Carter J, Cavan G, Connelly A, Guy S, Handley J, Kazmierczak A. Climate change and the city: building capacity for urban adaptation. *Progr Planning*. 2015;95:1–66. doi: 10.1016/j.progress.2013.08.001.
22. Interdisciplinary action for urban health. London: LSE Cities; 2013 (<https://lsecities.net/media/objects/events/interdisciplinary-action-for-urban-health>, accessed 23 July 2024).
23. Sustainable Development Goals [website]. Copenhagen: WHO Regional Office for Europe; 2024 (<https://www.who.int/europe/about-us/our-work/sustainable-development-goals>, accessed 23 July 2024).
24. European cities localising the SDGs: experiences and lessons learned. Brussels: European Commission; 2021 ([https://knowledge4policy.ec.europa.eu/event/european-cities-localising-sdgs-experiences-lessons-learned\\_en](https://knowledge4policy.ec.europa.eu/event/european-cities-localising-sdgs-experiences-lessons-learned_en), accessed 23 July 2024).
25. Sustainable Development Goals. New York, United Nations; 2015 (<https://sustainabledevelopment.un.org/?menu=1300>, accessed 23 July 2024).
26. European Observatory on Health Systems and Policies, McKee M. Drawing light from the pandemic – a new strategy for health and sustainable development: a review of the evidence. Copenhagen: WHO Regional Office for Europe; 2021 (<https://apps.who.int/iris/handle/10665/345027>, accessed 23 July 2024).
27. A guide for population-based approaches to increasing levels of physical activity : implementation of the WHO global strategy on diet, physical activity and health. Geneva: World Health Organization; 2007 (<https://apps.who.int/iris/handle/10665/43612>, accessed 23 July 2024).
28. Kickbusch I, Pelican J, Apfel F, Tsouros AD. Health literacy: the solid facts. Copenhagen: WHO Regional Office for Europe; 2013 (<https://apps.who.int/iris/handle/10665/326432>, accessed 23 July 2024).

29. Framework for community resilience. Geneva: International Federation of Red Cross and Red Crescent Societies; 2018 (<https://www.ifrc.org/document/ifrc-framework-community-resilience>, accessed 23 July 2024).
30. Resilient cities [website]. Paris: Organisation for Economic Co-operation and Development; 2024 (<https://www.oecd.org/cfe/regionaldevelopment/resilient-cities.htm>, accessed 23 July 2024).
31. Kickbusch I, Lister G, Told M, Drager N. Global health diplomacy: concepts, issues, actors, instruments, fora and cases. New York: Springer Science & Business Media; 2013.
32. Acuto M, Morissette M. Connecting WHO Healthy Cities: a primer for city health diplomacy. Kuopio: City Leadership Initiative; 2015.
33. Acuto M, Morissette M, Tsouros A. City diplomacy: towards more strategic networking? Learning with WHO Healthy Cities. *Glob Policy*. 2017;8:814–22. doi: 10.1111/1758-5899.12382.
34. Kickbusch I, Kökény M, editors. Health diplomacy – European perspectives. Copenhagen: WHO Regional Office for Europe; 2017 (<https://apps.who.int/iris/handle/10665/338724>, accessed 23 July 2024).
35. Kickbusch I, Gleicher D. Governance for health in the 21st century. Copenhagen: WHO Regional Office for Europe; 2014 (<https://apps.who.int/iris/handle/10665/326429>, accessed 23 July 2024).
36. Health in all policies training manual. Geneva: World Health Organization; 2015 (<https://apps.who.int/iris/handle/10665/151788>, accessed 23 July 2024).
37. Kosinska M, Östlin P. Building systematic approaches to intersectoral action in the WHO European Region. *Publ Health Panorama*. 2016;2:124–9 (<https://iris.who.int/handle/10665/325600>, accessed 23 July 2024).
38. Health 2020: education and health through early development: sector brief on education. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/363213>, accessed 23 July 2024).
39. Health 2020: education and health through the life-course: sector brief on education. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/363218>, accessed 23 July 2024).
40. Health 2020: social protection and health: sector brief on social protection. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/363287>, accessed 23 July 2024).
41. Health 2020: agriculture and health through food safety and nutrition: sector brief on agriculture. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/363179>, accessed 23 July 2024).
42. Health 2020: foreign policy and health: sector brief on foreign affairs. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/363248>, accessed 23 July 2024).

43. Health 2020: social protection, housing and health: sector brief on housing. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/363268>, accessed 23 July 2024).
44. Health 2020: multisectoral action for the health of migrants: thematic brief on migration. Copenhagen: WHO Regional Office for Europe; 2016 (<https://apps.who.int/iris/handle/10665/363283>, accessed 23 July 2024).
45. Health 2020: transport and health: sector brief on transport. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/363314>, accessed 23 July 2024).
46. Kickbusch I, Thorsten B. Implementing a Health 2020 vision: governance for health in the 21st century. Making it happen. Copenhagen: WHO Regional Office for Europe; 2014 (<https://apps.who.int/iris/handle/10665/326390>, accessed 23 July 2024).
47. De Leeuw E, Tsouros AD, Dyakova M, Green G. Healthy cities: promoting health and equity – evidence for local policy and practice: summary evaluation of Phase V of the WHO European Healthy Cities Network. Copenhagen: WHO Regional Office for Europe; 2014 (<https://apps.who.int/iris/handle/10665/137512>, accessed 23 July 2024).
48. Edwards P, Tsouros AD. A healthy city is an active city: a physical activity planning guide. Copenhagen: WHO Regional Office for Europe; 2008 (<https://apps.who.int/iris/handle/10665/341088>, accessed 23 July 2024).
49. Barton H, Tsourou C. Healthy urban planning – a WHO guide to planning for people. London: Spon Press; 2000.
50. How to develop and sustain healthy cities in 20 steps. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/364675>, accessed 23 July 2024).
51. Healthy Cities for building back better: political statement of the WHO European Healthy Cities Network. Copenhagen: WHO Regional Office for Europe; 2020 (<https://apps.who.int/iris/handle/10665/340317>, accessed 23 July 2024).
52. National healthy cities networks in the WHO European Region. Promoting health and well-being throughout Europe. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/344404>, accessed 23 July 2024).
53. Terms of reference and accreditation requirements for membership in the Network of European National Healthy Cities Networks Phase VI (2014–2018). Copenhagen: WHO Regional Office for Europe; 2014 ([https://www.who.int/europe/publications/m/item/terms-of-reference-and-accreditation-requirements-for-membership-in-the-network-of-european-national-healthy-cities-networks-phase-vi-\(2014-2018\)](https://www.who.int/europe/publications/m/item/terms-of-reference-and-accreditation-requirements-for-membership-in-the-network-of-european-national-healthy-cities-networks-phase-vi-(2014-2018)), accessed 23 July 2024).

54. Implementation framework for Phase VII (2019–2024) of the WHO European Healthy Cities Network: goals, requirements and strategic approaches: final. Copenhagen: WHO Regional Office for Europe; 2019 (<https://apps.who.int/iris/handle/10665/346087>, accessed 23 July 2024).
55. Belfast Charter for Healthy Cities: operationalizing the Copenhagen Consensus of Mayors: healthier and happier cities for all: WHO European Healthy Cities Network International Healthy Cities Conference: Belfast, United Kingdom of Great Britain and Northern Ireland, 1–4 October 2018. Copenhagen: WHO Regional Office for Europe; 2018 (<https://apps.who.int/iris/handle/10665/345752>, accessed 23 July 2024).
56. Shanghai Consensus on Healthy Cities. Geneva, World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/359525>, accessed 23 July 2024).
57. De Leeuw E, Simos J. Healthy cities: the theory, policy, and practice of value-based urban planning. New York: Springer; 2017.
58. De Leeuw E. Evaluating WHO Healthy Cities in Europe – issues and perspectives. *J Urban Health*. 2013;90(Suppl. 1):14–22. doi: 10.1007/s11524-012-9767-6.
59. Tsouros A, de Leeuw E, Green G. Evaluation of the Fifth Phase (2009–2013) of the WHO European Healthy Cities Network: further sophistication and challenges. *Health Promot Int*. 2015;30(Suppl. 1):i1–2. doi: 10.1093/heapro/dav045.
60. Special supplement on Healthy Cities. *Health Promot Int*. 2009;24(Suppl. 1) ([https://academic.oup.com/heapro/issue/24/suppl\\_1](https://academic.oup.com/heapro/issue/24/suppl_1), accessed 23 July 2024).



## Annex 1. Political declarations

Copenhagen Consensus of Mayors: healthier and happier cities for all: a transformative approach for safe, inclusive, sustainable and resilient societies. Copenhagen: WHO Regional Office for Europe; 2018 (<https://iris.who.int/handle/10665/345938>, accessed 23 July 2024).

Healthy Cities for building back better: political statement of the WHO European Healthy Cities Network. Copenhagen: WHO Regional Office for Europe; 2020 (<https://apps.who.int/iris/handle/10665/340317>, accessed 23 July 2024).

Annual Business Meeting and Technical Conference 2022: local-level policy recommendations: operationalizing a One Health approach: political statement of the WHO European Healthy Cities Network. Copenhagen: WHO Regional Office for Europe; 2020 (<https://iris.who.int/handle/10665/366322>, accessed 23 July 2024).

United Nations General Assembly. Resolution 70/1. Transforming our world: the 2030 Agenda for Sustainable Development, 25 September 2015. New York: United Nations; 2015.



## Annex 2. Open letter to mayors and local political leaders

Dear Honourable Mayor,

You have the power and the means to make a tremendous difference in the health and well-being of your people. Health goes hand in hand with the social, economic and sustainable development of your city or province. The right political choices and actions can provide the opportunity for health and equity with contribution from all sectors.

Everyone strives for a city or province that is modern, open-minded, inclusive, healthy, active, prosperous, caring, green, clean, safe, attractive and sustainable. A city or province should be a place for all, where the entire population can have access to good living and working conditions and access to high-quality services. All children should have a healthy start in their lives, regardless of their families' social status. Communities should feel that they are listened to and are empowered. The neighbourhoods, streets and public spaces should be child friendly and older people friendly. A city should be well-prepared to deal with public health emergencies and climate change.

The COVID-19 pandemic has clearly demonstrated the vital role that city governments and local communities play in reaching the most vulnerable people in the population, the importance of resilience and active participation. As a member of Healthy Cities, you will benefit from knowledge sharing and first-hand experiences of other cities in order to move forward better.

You have a unique opportunity to fulfil your aspirations for a healthy population. Healthy Cities – a value-based, political project that has become a global movement – can help you to put health, equity and well-being at the heart of your policies and strategies. It offers you legitimacy as well as a framework and platform for working with different sectors and society as a whole on solutions that work. It also offers you the possibility to develop strategic synergy with the local implementation of the Sustainable Development Goals, an imperative for governments across the globe.

Your visionary local leadership is essential as well as your advocacy and diplomacy at the national and international levels. In order to fully benefit from the potential offered by the Healthy Cities initiative, comprehensive commitment is essential for success. By considering becoming a member, you will be committing to being a member of the cities of the world that are strongly committed to health, equity and well-being – healthy cities.



## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

### Member States

Albania	Lithuania
Andorra	Luxembourg
Armenia	Malta
Austria	Monaco
Azerbaijan	Montenegro
Belarus	Netherlands (Kingdom of the)
Belgium	North Macedonia
Bosnia and Herzegovina	Norway
Bulgaria	Poland
Croatia	Portugal
Cyprus	Republic of Moldova
Czechia	Romania
Denmark	Russian Federation
Estonia	San Marino
Finland	Serbia
France	Slovakia
Georgia	Slovenia
Germany	Spain
Greece	Sweden
Hungary	Switzerland
Iceland	Tajikistan
Ireland	Türkiye
Israel	Turkmenistan
Italy	Ukraine
Kazakhstan	United Kingdom
Kyrgyzstan	Uzbekistan
Latvia	

WHO/EURO:2024-9982-49754-74632 (PDF)

### World Health Organization European Region

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark  
Tel: +45 45 33 70 00 Fax: +45 45 33 70 01  
Email: [eurocontact@who.int](mailto:eurocontact@who.int)  
Website: [www.who.int/europe](http://www.who.int/europe)