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WHO European Healthy Cities Network Annual Business and Technical Conference

**Building healthy cities:
inclusive, safe, resilient and sustainable**

Pécs, Hungary, 1–3 March 2017

Abstract

The City of Pécs, Hungary, hosted the final Annual Business and Technical Conference of Phase VI of the WHO European Healthy Cities Network on 1–3 March 2017. The theme of the Conference – “Building healthy cities: inclusive, safe, resilient and sustainable” – was explored through a number of subthemes: transport and environment, migrants and refugees, healthy ageing, gender, and early life. Cities shared their experiences in parallel sessions, presenting posters, abstracts, case studies and examples of practices relevant to Conference themes. The City of Pécs demonstrated its work in a series of site visits to local projects. Participants discussed the preparations for the 30th anniversary of the Healthy Cities Network in 2018 as well as the vision and criteria for 2018–2022, and adopted the Pécs Declaration.

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Introduction

The City of Pécs, Hungary, hosted the final Annual Business and Technical Conference of Phase VI of the WHO European Healthy Cities Network on 1–3 March 2017. There were 263 participants in total, including representatives of 58 healthy cities, 17 national networks, two ministries of health and one WHO collaborating centre. See Annex 1 for the scope and purpose of the Conference, Annex 2 for the programme of work and Annex 4 for the list of participants.

The theme of the Conference was: “Building healthy cities: inclusive, safe, resilient and sustainable”. It was explored through a number of subthemes: transport and environment, migrants and refugees, healthy ageing, gender, and early life. Participants discussed the preparations for the 30th anniversary of the Network in 2018, as well as the vision and criteria for its next phase (2018–2022).

The objectives of the Conference were to:

- create the opportunity for dialogue to strengthen leadership and governance within the Network;
- explore the political vision and criteria for the future of the Network in its next phase;
- learn from the practices of healthy cities and national networks; and
- support the further development of the WHO flagship Healthy Cities training course.

In addition to the plenary sessions, the Conference featured two business sessions. In the first, entitled “Towards 2018–2022: the WHO European Healthy Cities Network”, participants discussed the conclusions of the Political Vision Group which met in Udine, Italy, on 14–15 November 2016. The second (which coincided with the final plenary meeting) reported on the work of the Network over the previous two years and looked forward to its next phase.

A wide range of parallel sessions also took place, consisting of roundtables¹, surgeries² and learning-through-practice sessions³. The City of Pécs demonstrated its work in a series of site visits that covered the rehabilitation of a public space; the rehabilitation of a segregated settlement; health care and health promotion for vulnerable communities; community-based prevention of drug use; health promotion in schools; and the collaboration between the University of Pécs and the City of Pécs on programmes to improve the health of migrants.

Other cities shared their experiences in parallel sessions and through posters, which were highlighted in a poster session on the final day. Two lunchtime sessions also took place: a training session by the Baltic Region Healthy Cities Association entitled “Listen to your people – their voice matters!” and a national network coordinators’ meeting.

Overall, the Conference comprised five plenary sessions, two business meetings (one coinciding with the final plenary) and 25 parallel sessions, as well as a lunch and dinner for political representatives.

¹ Roundtables are sessions with city representatives and experts aiming to clarify and explore the meaning and practical applications of the main themes of the Conference.

² Surgeries are discussion and debate sessions that address issues/challenges identified in cities in focus areas.

³ In learning-through-practice sessions, city representatives present their practices relevant to a Conference theme. These presentations are followed by questions and facilitated discussions to share learning across Network cities.

Wednesday, 1 March 2017

Plenary session 1 – Official opening

Chair: Zsolt Páva, Mayor of Pécs, Hungary

Following a performance entitled “Hungarian Rondo” by the Pannon Philharmonic Orchestra and Ballet Pécs, the Mayor of Pécs, **Zsolt Páva**, formally opened the Conference and welcomed participants. The City of Pécs, a founder member of the WHO European Healthy Cities Network, has incorporated Healthy Cities principles into its urban planning and participated in European initiatives on victim protection and tobacco control. Pécs has been a member of the Hungarian-Speaking Association of Healthy Cities since 1992. Its rapidly growing population has had a considerable social, economic and environmental impact, particularly in terms of air pollution, noise and high rates of physical inactivity. However, the city’s growing population has also enabled it to create state-of-the-art facilities for health care, recreation, sport and culture. Pécs was the European Capital of Culture in 2010. The Conference would provide a unique opportunity to discuss ideas and visions for the next phase of the Network, and ways of creating safe, liveable and sustainable cities.

József Betlehem, Ministerial Commissioner, State Secretariat for Health, Ministry of Human Capacities, Hungary, likewise welcomed participants. Life expectancy at birth in Hungary has increased, although it is still below the European average. The leading causes of death are cardiovascular disease and cancer. However, the number of years lived in good health is just as important as absolute life expectancy. Hungary has introduced screening and health promotion programmes, but the accessibility and sustainability of services are still a challenge. The recent expansion of the role of nurses should improve care, reduce waiting times for treatment and contribute to public health programmes. The Government’s Healthy Hungary strategy for 2014–2020 emphasizes primary health care and public health. The Ministry is currently preparing a new strategy for 2017–2026, intended to increase years lived in good health and health literacy, and to coordinate the contribution of public health services to disease prevention and mental health care. The Conference would provide a valuable opportunity to learn and share good practices.

Zsuzsanna Jakab, WHO Regional Director for Europe, herself a native of Hungary, addressed participants in a pre-recorded video message. Cities have an invaluable contribution to make to the implementation of the United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). Cities will exert an even greater influence as urban populations increase. A healthy city is resilient, sustainable and supportive to all its citizens. As the Network approaches its 30th anniversary, it will make a crucial contribution to the work of the WHO Regional Office for Europe with the valuable guidance of Monika Kosinska, who succeeded Agis D. Tsouros as the WHO Regional Focal Point for the Network.

Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe, noted that the Conference was taking place in a time of political, social and environmental change in Europe, influenced by new policy instruments such as the European health policy framework Health 2020 and the SDGs. These instruments emphasize action on the upstream determinants of health, the reduction of inequalities and the promotion of innovative intersectoral and whole-of-society, whole-of-government approaches. Cities have an essential contribution to make to the implementation of the SDGs at the local level. The Regional Office greatly appreciates the Network’s contribution to its activities in areas such as migration and health. A tool to assess the capacity of municipal health systems will be piloted soon, and a number of new tools on gender and health and environment and

health, developed by the Regional Office, would be introduced later in the Conference. The Conference would provide an opportunity for an inspiring discussion on the role of cities, which reflect the interaction between people and their physical, social and economic environments.

Plenary session 2 – Healthy cities: drivers for a sustainable future

The 2030 Agenda for Sustainable Development: the role of cities

Bettina Menne, Coordinator, Health and Development, WHO Regional Office for Europe, said that the challenging targets of the 2030 Agenda cannot be achieved unless cities become safer and more inclusive, resilient, and sustainable. SDG 3 on good health and well-being should be interpreted as referring to years of good health, rather than life expectancy in purely numerical terms.

The 2030 Agenda provides many opportunities for the creation of knowledge networks and collaboration platforms. The Network can contribute to those forums and to the country reports that will be prepared under the SDGs; 13 Member States of the WHO European Region are due to submit preliminary country reports later in 2017.

Some targets under SDG 11 on sustainable cities and communities are particularly suited to multisectoral action in cities. These targets deal with housing; transport; inclusive and sustainable urbanization; the impact of climate change and disasters; the environmental impact of cities; access to green and public spaces; and strengthening planning to promote positive links between urban, peri-urban and rural areas.

What needs to be done is clear, but Member States are not starting from the same point or aiming for the same objectives, and it is not clear whether they should be doing something new or merely continuing or adapting existing actions. Network members are encouraged to share their experiences of action at subnational, national and international levels.

Keynote address – Healthy cities: agenda for a sustainable future

Markku Wilenius, Professor of Futures Studies, University of Turku, Finland, stressed the importance of the human dimension of a liveable and sustainable city. Factors such as feeling respected and part of the community help people to perceive themselves as healthy. Implementation of the SDGs requires innovative solutions involving individual citizens as active participants rather than passive subjects of proposals by the so-called experts.

Cities should be seen as complex systems in which the various subsystems – governance, economy, environment, energy, mobility, education, health, etc. – interact with and influence one another. Cities are likely to take on more and more decision-making power as the 21st century progresses; as such, it is essential to find new, inclusive and participatory ways to govern and control them and determine which of the many possible interventions are likely to be most effective.

Industrial societies can be considered as moving forward in waves, in which a period of innovation, such as the invention of the steam engine, railways, automobiles or information technology, alternate with stagnation due to an economic or financial crisis. According to this theory, the world is currently in the sixth wave – that of intelligent technologies. The challenge of the sixth wave is to integrate people, nature and technology more intelligently and to ensure that technical innovations such as smartphones or the virtual world of Pokémon Go are put to good use.

A healthy city can be viewed in three dimensions. The first is “naturability” – protecting the natural environment and facilitating access to nature. The health benefits of access to green spaces in cities have been scientifically proven. The second is mobility – creating the conditions for innovative and sustainable transport systems, accessible to as many people as possible, and making it easy to walk or cycle. The final aspect is “culturability” – not only creating beautiful architecture and spaces filled with artwork, but also ensuring that cultural events, in the broadest sense, take place within them.

It is essential to create so-called conscious cities – human-centred cities with a long-term vision, free flows of information and people working together. The city of the future should support its residents in living in good health to the age of 150; produce more renewable energy than it uses; mine its waste to recover valuable minerals; remove pollution from the water, air and soil; and raise the consciousness of its inhabitants and everyone who visits it.

Healthy cities: drivers of an inclusive, safe, resilient and sustainable future

Monika Kosinska, Regional Focal Point, WHO European Healthy Cities Network, WHO Regional Office for Europe, outlined the preparations for the next phase of the Network in the context of implementing the SDGs. In the Shanghai Declaration⁴, the outcome document of the 9th Global Conference on Health Promotion (Shanghai, China, 21–24 November 2016), WHO Member States acknowledged that cities and communities are critical settings for health. WHO Director-General Margaret Chan called cities the “future of public health”.

Over the next year, the Network will pilot a flagship training course on innovation, governance and leadership that will be launched in February 2018. Another major event will be the Mayors’ Summit in Copenhagen, Denmark, in February 2018. The 30th anniversary International Healthy Cities Conference will also take place in 2018, ushering in the next phase of the Network.

A Political Vision Group met in Udine, Italy, in November 2016 to draw up a draft vision statement for the next phase of the Network. The final version is due to be adopted at the 2018 Mayors’ Summit. The draft vision statement defines healthy cities as places where physical and social environments are designed to empower and enable all people. It states that healthy cities are inclusive, safe, resilient and sustainable places built around people and communities, which lead innovation and drive equitable sustainable development through inclusive, coherent processes and participatory governance.

The present meeting must decide how those aims are to be achieved. Cities could be seen as settings and places, which would require improved urban development and planning, a bottom-up approach and a change from needs-based to asset-based planning. They could also be seen as places for people and communities, which would require the development of human and social capital, empowerment of citizens, and action to increase equity, human rights and community resilience. Finally, they could be seen as vehicles of processes for participatory governance and leadership for health and well-being for all. This would require using an accountable, whole-of-city approach, creating partnerships and promoting advocacy and engagement.

The priorities for the Network over the next phase are to increase the accountability of cities to WHO, and to create a city development plan with health and well-being at its centre to strengthen the Network’s global outlook and partnership with the Regional Office. Cities would collect data on indicators in years 1, 3 and 5 of the next phase.

⁴ Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Geneva: World Health Organization; 2016 (<http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/>, accessed 18 October 2017).

The new phase offers the opportunity to benefit from the enormous experience of diverse cities, which are close to individuals and communities even though their starting points vary greatly.

In summary, **Piroska Östlin** stated that the Network's task is to realize the global ambitions of the SDGs and Health 2020 at the city level, and thereby contribute to national and regional sustainability goals. Cities can provide valuable information for decision-makers, telling them what citizens feel is important for improving health, communication and intersectoral collaboration.

Thursday, 2 March 2017

Plenary session 3 – Healthy cities: drivers for inclusive societies

Co-Chairs: John Ashton, past President, Faculty of Public Health, United Kingdom; István Kiss, Director, Department of Public Health Medicine, University of Pécs, Hungary

An inclusive approach to equitable sustainable development in cities is critical for ensuring that no one is left behind in the effort to achieve improved health and well-being for all at all ages. Exclusion consists of dynamic, multidimensional processes driven by unequal power relationships interacting across four main dimensions – economic, political, social and cultural – and at different levels including individual, household, group, community, country and world.

These processes result in a continuum of inclusion/exclusion characterized by unequal access to resources, capabilities and rights, which leads to health inequalities. Exclusion and discrimination include many dimensions: socioeconomic, ethnic, cultural, identity, gender, sexual and many others. Inclusive cities and societies address the structural, physical and organizational barriers that prevent parts of the population from accessing public goods and services.

Keynote address – Promoting inclusive growth in cities

Emily Hewlett, Health Policy Analyst, Organisation for Economic Co-operation and Development (OECD), introduced the OECD Inclusive Growth initiative, launched in 2012 as a response to rising global inequality and the associated impact on economic growth. The richest 10% of the population of OECD countries now earns 10 times more than the poorest 10%. Good health is central to inclusive growth.

Even at the city level, inequality has an inherent spatial dimension: where people live influences their income, health and social mobility. Income inequality is actually rising faster in cities than in other settings. Local governments can set policies and make investments in economic development, urban planning, housing, transportation, public service delivery, education, and health, all of which promote inclusive economic growth.

The Champion Mayors for Inclusive Growth initiative, a global coalition of over 40 mayors launched in 2016, aims to facilitate the exchange of best practices and policy tools for more inclusive cities by bringing together stakeholders and collecting international data to assess inclusiveness and track progress across cities.

As part of its Health Policies for Inclusive Growth in Cities initiative, the OECD is developing city models to test the local impact of environmental policies, and advising countries on public health policy to narrow gaps in health outcomes.

Keynote address – Promoting inclusiveness through healthy cities: the story of Udine

Furio Honsell, Mayor of Udine, Italy, described the measures taken by local authorities to make the city healthier and more socially inclusive in the wake of the global financial crisis of 2008. The city is a member of the European Union Covenant on Demographic Change, of which Mr Honsell is currently President. Udine's proportion of elderly people is higher than both the Italian and the European Union average. The city authorities undertook an assessment of health inequities and took measures to improve the situation of elderly people, the Roma community, migrants, and lesbian, gay, bisexual and transgendered people. It sought to

improve ease of travelling in the city, and to provide physical activities for young migrants and disabled citizens.

Measures to promote the health of elderly people included the establishment of pharmacies in neighbourhoods with a large elderly population and a telephone hotline to arrange help or company for elderly people; training in computer literacy and resilience to adverse events; and advice on saving energy. For children, measures included the creation of toy libraries and walk-to-school initiatives. For migrants, the city provided vocational training and sporting opportunities. Projects aimed at the Roma community sought a 50% reduction in the number of people living in informal settlements and 100% school attendance and vaccination coverage.

Sebihana Skenderovska, Health Programme Coordinator, National Roma Centrum, the former Yugoslav Republic of Macedonia, described her organization's efforts to advocate for decent homes; access to health services, justice and the rule of law; and equal opportunities in employment and society for the country's Roma community. A 2007 survey of 2756 Roma women and girls aged 13–75 years showed that almost 90% of women of working age were unemployed and 14.5% had no personal identification documents, meaning that they could not officially register their children's births. Some 30% of women of reproductive age had already had more than three abortions. Later surveys showed that many pregnant women did not undergo the required gynaecological and obstetric examinations because of poor availability of relevant health professionals, discrimination and financial abuse.

The National Roma Centrum works directly with the community, monitoring and advocating for improved health and providing free legal aid. It runs campaigns with relevant stakeholders; prepares policy papers, financial assessments and case studies; conducts interviews; and undertakes monitoring, training and awareness-raising initiatives. Over 3000 Roma children have been enrolled in school and 210 informal Roma dwellings have been legalized.

Local authorities are called to show respect for all residents and display the political will to ensure equal participation in decision-making; improve the quality of life, work and education in cities; and strengthen intersectoral activity and coordination among sectors.

Friday, 3 March 2017

Plenary session 4 – Innovation and life-course approaches for health and well-being

Co-Chairs: Antonio de Blasio, Healthy City Project Coordinator and National Network Coordinator, Pécs, Hungary; Christoph Hamelmann, Head, WHO European Office for Investment for Health and Development

Resilient and empowered people and communities can respond more effectively to economic, environmental, cultural and social changes. Resilience is related to the capability of individuals and systems (families, groups and communities) to cope successfully in the face of significant adversity or risk.

Keynote address – Resilience: cities, communities and politics

David Stuckler, Professor of Political Economy and Sociology, University of Oxford, United Kingdom, explored the concept of resilience, which he defined as the ability of individuals, communities and entire societies to respond positively to shocks. A study conducted by the University of Oxford in 2015⁵ on health resilience among individuals in relation to economic crises showed that those who responded most successfully demonstrated positive adaptation – changing their behaviour to suit the new circumstances instead of trying to return to their previous situation.

At the city level, such changes could attract new residents and new opportunities, provided they are open to all groups in society; this was not the case in, for example, the recovery from Hurricane Katrina in New Orleans, United States of America. Successful examples of a resilient response to problems at the city level include the promotion of public transport in Bogotá, Colombia, and Oslo, Norway, and the *lixo que não é lixo* (garbage that isn't garbage) programme in Curitiba, Brazil, in which citizens receive public transport vouchers or fresh food when they collect and hand in recyclable waste.

Roundtable – Resilient cities

Aggeliki Oikonomopoulou, Director of Social Policy, Municipality of Agioi Anargyroi-Kamatero, Greece, described her municipality's efforts to mitigate the impact of the financial crisis in Greece and increase the resilience of community members. It aimed social policies at improving access to goods and services for all citizens in order to prevent social vulnerability, and promoting health by tackling factors that adversely affect quality of life. Community volunteers were an essential element. Participants set up food and clothing banks and toy libraries; restaurants and shops donated meals and goods; and physicians and pharmacists offered their services free of charge, including routine medical checks.

The municipality took measures to motivate citizens to assume a positive attitude to life and continue to seek employment. These included workshops for parents, focus groups, and problem-solving exercises facilitated by local professionals and municipality staff. Local authorities have been obliged to face challenges with no financial assistance from central government; however, the traditional Greek values of family solidarity have ensured the necessary political will to take on the task.

⁵ Glonti K, Gordeev VS, Goryakin Y, Reeves A, Stuckler D, McKee M et al. A systematic review on health resilience to economic crises. PLoS ONE. 2015;0(4):e0123117 (<https://doi.org/10.1371/journal.pone.0123117>, accessed 18 October 2017).

Kees Van Veldhuizen, Public Health Adviser, City of Rotterdam, Netherlands, described a programme in Rotterdam for elderly first-generation migrants at risk of loneliness, anxiety and depression. The activities focused on empowerment, maintaining existing abilities, maintaining good health, and coping with challenges and change. The programme also sought to gather evidence related to the specific context of Rotterdam and the target group. A study of five training groups for migrant women of Moroccan origin aged 55 years and over found that activities using established social groups, physical activity and storytelling were the most beneficial. The programme increased positive thinking, enthusiasm and awareness of healthy ageing issues among the participants.

Ursula Huebel, Healthy City Project Coordinator, Vienna, Austria, described the Moving Generations project in Vienna, an intergenerational project aimed at children aged 1–3 years and elderly people in residential care. Joint activities for the two groups have been conducted in residential homes and kindergartens, focusing on psychomotricity and a holistic view of the person. As in the Rotterdam project, results have been evaluated and the programme has been found to improve participants' active involvement and sense of well-being, provided that enough trained personnel are available to facilitate the group sessions.

Jesper Nielsen, Community Consultant, Horsens, Denmark, outlined the aims of the Safe Village initiative for small rural villages in Denmark, defined as rural settlements with fewer than 500 residents and without public facilities such as a kindergarten, school or elderly people's home. Each village received €15 000 to spend on jointly agreed, innovative community projects aimed at attracting newcomers, especially families, and increasing residents' sense of safety and community. The participatory budgeting approach has increased community involvement and residents' sense of pride in their village.

It is essential to find a balance between being prepared for adverse events and living in fear of the future. Identifying local problems and motivating local people to create tailored solutions is key. WHO and the Healthy Cities Network could provide a platform for the sharing of solutions and best practices.

Plenary session 5 (Business meeting 2) – Closing session

Co-Chairs: Joan Devlin, WHO Healthy Cities Secretariat, Healthy City Project Coordinator, Belfast Healthy Cities; Iwona Iwanicka, Healthy City Project Coordinator and National Network Coordinator, Łódź, Poland

Healthy Cities annual report

Monika Kosinska reviewed the activities of the Network over the previous year. Highlights included the first pilot of the flagship Healthy Cities training course in Turku, Finland, on 19–21 September 2016, the inaugural meeting of the Political Vision Group in November 2016, and the creation of working groups to prepare for major international conferences and contribute to the development of tools on migration and health and gender issues in cities. The Network now comprises 78 designated members, with a further 18 in the course of applying to join, in 30 countries or regions.

Future noteworthy events include the second pilot of the flagship training course later in 2017 and the Mayors Summit scheduled to take place in Copenhagen, Denmark, in February 2018. The coming year will mark the 30th anniversary of the foundation of the WHO Healthy Cities movement, the close of Phase VI and the next International Healthy Cities Conference, set to take place in October 2018.

Midway review

Joan Devlin presented the findings of the provisional midway review report of Phase VI of the Network. Questionnaires had been distributed to 76 members. Respondents considered the variety of stakeholders and the political support enjoyed by the Network to be the greatest factors in its success. In terms of main barriers, the shortage of financial and human resources was cited by over 50% and over 33% of respondents, respectively. Suggested solutions to those problems include an increase in intersectoral action and joint funding applications.

Respondents reported on the activities of the Healthy Cities steering groups, the commitment of political authorities and partners, the completion of city health profiles and annual reviews, and the membership of Healthy Cities working groups.

They suggested ways in which the Regional Office might best support the Network, including: providing support with skills in managing political and other change; developing city health profiles and tools and making the best use of them; and increasing financial resources and monitoring and evaluation. They also recommended buddying/mentoring and virtual meetings, and made suggestions for building capacity to implement Health 2020.

National network coordinators' meeting

Milka Donchin, National Network Coordinator, Israeli Healthy Cities Network, presented the report of the national network coordinators' meeting, which took place earlier that day. Networks throughout the WHO European Region reported on their progress. They called upon the Regional Office to provide them with information on the same basis as the project cities; provide data on the cost–benefit advantages of Healthy Cities activities; and encourage ministries of health to make use of their experience. The national networks should be more widely publicized and should conduct more joint training. Three working groups were created to develop a national network proposal on the vision, indicators and evaluation of the work of the national networks.

Towards 2018– 2022: the WHO European Healthy Cities Network

Joan Devlin presented the outcomes of the first business session on the vision for the next phase of the Network, which discussed the report of the Network's Political Vision Group. The next phase should reflect a more aspirational vision. It should be less complex than previous phases, with support for the focus on places (healthy communities/healthy cities), people (people as assets, future generations) and processes (participatory leadership and genuine engagement of citizens). Greater emphasis could be placed on inclusivity and countering inequalities.

In the implementation process, the Network should plan comprehensive interventions across sectors, with tools to measure their impact and indicators to measure well-being and quality of life. It should work more closely with WHO on the production and communication of activities; provide training for incoming politicians; and support mayors with data, tools and the sharing of experiences.

The Regional Office should supply the Network with knowledge about new public health risks, develop standards and systematic monitoring tools, and promote the visibility of the Network at the national level. Flagship training and regional training courses, case studies, annual meetings, and regular WebEx meetings are valuable. National network coordinators should continue to discuss the role of the national networks with cities and the Regional Office, recruit additional cities to the national networks and encourage cities to share knowledge at the national level.

The process of developing the next phase of the Network will continue with the pilot flagship training course later in 2017, the Mayors' Summit in 2018, the full flagship course in 2018, and the International Healthy Cities Conference in October 2018 that will mark the beginning of the next phase.

Rapporteur's report

Teresa Lander, WHO Regional Office for Europe, served as Rapporteur for the Conference. In her report, she highlighted some of the key discussion of the previous three days on ways of making cities more inclusive, safe, resilient and sustainable.

Emily Hewlett of OECD described the OECD Sustainable Growth Initiative, which promotes health as a means to inclusive economic growth and the reduction of inequality. Furio Honsell of Udine, Italy, explained how his city adapted to large influxes of migrants. David Stuckler of the University of Oxford, United Kingdom, defined resilience as the ability of individuals, communities and entire societies to respond positively to shocks, and described the city with the highest recycling rate in the world – Curitiba, Brazil – where residents from all social groups receive fresh food or transport vouchers for collecting and handing in recyclable waste.

A wide range of site visits showed how Pécs is dealing with the transformation of a former industrial site into a cultural quarter that includes a children's playground. Other visits demonstrated health promotion for vulnerable communities and health programmes for migrants.

Participants exchanged ideas and experiences through informal lunchtime and poster sessions and by networking in the corridors, and kept the outside world informed on Twitter and Facebook.

Pécs Declaration

Monika Kosinska read out a number of minor amendments to the draft outcome declaration of the Conference, which were approved. The Pécs Declaration was adopted by acclamation. The final text of the Declaration is reproduced in Annex 3.

International Healthy Cities Conference 2018

Monika Kosinska announced that the International Healthy Cities Conference to launch the next phase of the Network will take place in Belfast, United Kingdom, headquarters of the Healthy Cities Secretariat. **Joan Devlin** warmly invited all participants to attend the International Conference. George Diamondis from Visit Belfast presented a video on the city and the conference venue.

Closure of the session

Monika Kosinska thanked all participants for their valuable contributions and the Conference staff for their hard work.

Zsolt Páva, Mayor of Pécs, congratulated participants on a successful conference, and presented an award for the best poster to the Turkish Healthy Cities Association for a project entitled "Targeting early life for a healthier future: youth programmes and actions in Turkish cities". He declared the Conference closed at 17:50 on 3 March 2017.

Parallel sessions

Five sets of parallel sessions took place over the three days, comprising roundtables, learning-through-practice (LTP) sessions and surgeries on the subthemes of the Conference. Session rapporteurs recorded the main points arising from each session, which are reproduced briefly below.

A1 Roundtable – Transformation from setting to place

Chair: Heli Hätönen, Ministerial Adviser, Department for Promotion of Welfare and Health, Ministry of Social Affairs and Health, Finland

Increasingly, the earlier concept of settings⁶ is being replaced by the broader concept of place, which encompasses not only physical dimensions – the buildings, streets, urban layout and public and natural spaces – but also social dimensions including rights and power relationships. Place is more complex to define and measure, requiring a systems approach and a recognition of the emotional and affective factors that influence trust and governance.

As with settings, the Network can contribute to the continuous evolution of the concept of place, and to the new tools and methodologies required to implement the place approach. One such tool, the Place Standard tool⁷, was developed by NHS Health Scotland in compliance with a statutory requirement to consult all population groups in local planning procedures, and backed by strong political will. Its success in reaching a wide range of social groups is attributed to its emphasis on the way people feel about the places where they live and its strong visual impact.

A2 Roundtable – Sustaining healthy cities

Chair: Joan Devlin

Case studies from Healthy Cities associations in Czechia, Ireland and Hungary explored cities' complex, crowded governance structures, which include four levels (city, regional, national and international) and policy-makers working across and between sectors. These governance structures can catapult city politics into multipolar political environments. Of immediate relevance is the need for cities to align their policies with the 2030 Agenda for Sustainable Development.

The Network needs to seek points of entry, overlap and convergence and strengthen its links with other networks, while encouraging synergy and collaboration and avoiding competitiveness. Resources and technical capacity for policy implementation must be closely aligned with policy goals. Promoting whole-of-government, whole-of-society and health-in-all-policies approaches encourages city residents to participate in the policy process and enhances the legitimacy of city governments.

⁶ The concept of healthy settings has been used predominantly in the public health field since it was introduced in the 1986 WHO Ottawa Charter for Health Promotion, which highlighted “supportive environments for health”. This is rooted in health promotion; the 1991 WHO Sundsvall Statement on Supportive Environments for Health emphasized the notion that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”.

⁷ Place Standard [website]. Glasgow: NHS Health Scotland, Scottish Government, Architecture and Design Scotland; 2017 (www.placestandard.scot, accessed 18 October 2017).

A3 LTP – Tackling equity: successful interventions

Chair: Johanne Bilotft Hansen, Consultant, Danish Healthy Cities Network

Case studies from Modena, Italy; Turku, Finland; Västra Götaland Region, Sweden; and Waterford, Ireland, explored the challenge of combining action plans from different sectors. Embedding cultural change into existing structures and management systems is essential for success. Participation and involvement strengthen the confidence and well-being of vulnerable groups, and baseline data enable success to be measured. A whole-of-society approach is needed at both strategic and local levels; this targets vulnerable groups and their related networks, such as families, schools and migrant communities, to catalyse integration across society. It also uses text messages and social media to reach left-out groups. All the case studies set ambitious goals, and yielded results that were even better than expected.

A4 LTP – Integration across policy silos

Chair: Jo Jewell, Technical Officer, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe

Many seemingly intractable noncommunicable diseases common in cities share a range of integrated environmental and nonenvironmental risk factors. Three case studies from Barcelona, Spain; Bursa, Turkey; and Jerusalem, Israel, focused on integrated action to tackle these causes. Planning and design have a considerable impact in making healthy choices the easier ones. Political buy-in, public pressure, economics and national/local legislation are all drivers of political decisions. Equity, innovative approaches to problem-solving, and monitoring and evaluation must be part of the process.

A5 LTP – Age: innovative methods

Chair: Josephine Jackisch, Public Health Specialist; WHO Adviser

Three action-research programmes from Balçova, Turkey; Kadıköy, Turkey; and Kuopio, Finland, demonstrated innovative approaches to providing services for ageing populations that were adopted by city administrations and partners. These included participatory budgeting, large-scale health screening, and awareness-raising among elderly people about the services available to them. The measures increased elderly people's sense of ownership of the services and created friendships. Elderly people's lack of knowledge about the services available to them indicates the need for more information-sharing and outreach.

B1 Roundtable – The many ways to health through sustainability

Chair: Marcus Grant, Editor-in-Chief, *Cities and Health*; WHO Adviser

Health can be promoted in different ways through actions and actors whose main focus may be on other aspects of sustainable development. Presentations on a people-centred city health tool (Pécs, Hungary), healthy urban planning (Jerusalem, Israel) and green spaces (WHO European Centre for Environment and Health) highlighted ways to align initiatives into a coherent agenda for a healthy city; how to turn political support statements into concrete action; and the importance of city development and planning policies.

B2 Parallel session – Migration and health

Chair: István Szilard, Professor and Institute Director, Department of Public Health Medicine, University of Pécs, Hungary

The increasing number of migrants arriving in the WHO European Region in recent years presents challenges for all levels of government in responding to the public health challenges of migration, particularly in countries of initial reception, but also in transit and destination countries. WHO has responded with a series of assessments of health preparedness in receiving countries, and the creation of a knowledge hub and newsletter in collaboration with the University of Pécs, Hungary. In September 2016, the WHO Regional Committee for Europe also adopted the Strategy and action plan for refugee and migrant health in the WHO European Region⁸, which provides the legal basis for rights-based access to health services for migrants. Participants commented on the draft toolkit for assessing municipal health system capacity to manage large numbers of refugees, asylum seekers and migrants recently arrived in cities.

B3 Surgery – Strengthening leadership for change and intersectoral working in cities

Chair: Tamsin Rose, Director, Progress Works; WHO Adviser

The challenges that impede intersectoral working are political (frequent changes of elected officials, short-term policy-making), economic (budget constraints), structural (lack of clearly defined responsibilities and coordination), human-related (staff shortages, staff feeling threatened, disempowered, unmotivated, overstretched) and partnership-related (limited engagement by and with stakeholders).

In response to these challenges, public health leaders must communicate well with their own and other sectors, and inspire, motivate and empower their staff. The way in which a problem is framed (for example, as a professional or a community issue) influences the way it is communicated and the solutions that are selected. Participatory, whole-of-society methods and approaches are essential to address complex problems. For example, a single caseworker could coordinate the work of the various departments or agencies dealing with a teenager who self-harms.

B4 LTP – Equity from the start: multiagency investment in early years

Chair: Piroska Östlin

Case studies from Cork and Galway, Ireland, and Swansea, United Kingdom emphasized that giving children the best start in life is critical to reducing inequalities across the life-course. Action to mitigate the negative impact of deprivation improves life chances for children and supports vulnerable parents. Investment in the early years of children's lives shapes their educational attainment and life choices, and can deliver significant savings in the longer term. Integrated multidisciplinary teams must be established to provide an early response to families' identified needs and to address gaps in service provision in a client-led service. It is essential to engage closely with and listen to parents from pregnancy onwards, and to provide training in emotional literacy and support for parents with their own adverse childhood experiences, for example, in the care system. Data profiling and communication, especially on social media, are particular challenges.

⁸ Strategy and action plan for refugee and migrant health in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf, accessed 18 October 2017).

B5 LTP – The politics of action: value of scientific monitoring and evaluation

Chair: Tony Fitzgerald, City Councillor, Cork, Ireland

City decision-makers must balance competing calls for resources. In theory, the public health sector should have the skills and capacity to compile a compelling evidence-based case. Case studies from Carlisle, United Kingdom; Karşıyaka, Turkey; Sant Andreu de la Barca, Spain; and the French National Healthy Cities Network illustrated the power of networks to disseminate best practices and showed how urban problems with negative health impacts (for example, noise and air pollution) can be addressed using health-promoting solutions. The data collected increased political leverage and ensured that more resources were made available to tackle the problems.

C1 Roundtable – Inclusive cities

Chair: Christoph Hamelmann

Exclusion that occurs at social, environmental, political and economic levels contributes greatly to health inequities. Inclusion must incorporate shared decision-making processes. While often disproportionately benefiting the poor in material terms, targeted interventions may be stigmatizing and may re-enforce lines of inclusion and exclusion. WHO supports universal proportionalism, which involves developing policies and interventions that benefit everyone while paying greater attention to those in most need and in the most vulnerable positions.

A people-centred approach characterizes health as an investment with increasing returns. Given that health is affected by a number of determinants across sectors that are often located upstream of health activities, this shift in thinking also encourages collaboration, innovation and coproduction of health and well-being across and between sectors and with civil society. Interventions at the local level must be aligned, coherent and designed to join up with broader health and welfare systems at all levels of governance so they can be scaled up effectively.

C2 Parallel session (with Regions for Health Network and Schools for Health in Europe Network) – Environment and health

Chair: Monika Kosinska

The Sixth Ministerial Conference on Environment and Health will take place on 13–15 June 2017 in Ostrava, Czechia. The ministers of environment and health of all 53 Member States of the WHO European Region will be invited, and for the first time, the subnational/regional and local level will be represented. The priority areas for discussion include health in cities and regions, air quality, drinking-water, chemical safety and climate change. At the subnational level, there is scope for Healthy Cities to collaborate with the European Union Committee of the Regions, potentially through a joint working group, and with the WHO European Regions for Health Network.

Participants noted the lack of references in the draft outcome document of the Ministerial Conference to the social determinants of health and to equity and empowerment. The document should stress the responsibility of the present generation to improve environment and health conditions for future generations. Action on environment and health will need to be planned for the long term, with health actors represented on all city decision-making bodies, and tailored to local conditions.

C3 LTP – Schools: a setting for active citizenship

Chair: Katrine Schjøning, Chief of Public Health, City of Copenhagen, Denmark

Involving young people in decision-making on key issues can have an impact on the place where they live, increase their educational attainment, raise their awareness and empower them. Case studies from Belfast and Carlisle, United Kingdom, and the Czech Republic National Network focused on schools that developed ways to encourage children to participate in decision-making processes. These included action plans, school forums, youth forums, youth roundtables and additional teaching resources. Children could suggest proposals for improvement and connect directly with the city administration and/or mayor. Their main priorities were clean, safe and green spaces for children, less traffic in areas inhabited by families, liveable and connected communities, and pop-up child-friendly places. Teachers, students and parents should be involved in all action and provide feedback on successes in order to reduce resistance to change. The role of mobile phones and other technology should be recognized.

C4 LTP – Age: action programmes

Chair: Yongjie Yon, Technical Officer, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe

Two case studies from long-established healthy cities (Łódź, Poland, and Newcastle, United Kingdom) demonstrated how action programmes fit into an overarching and sustainable city strategy. Using existing cultural/outpatient centres and/or existing structures in cities requires little funding and makes better use of existing resources. It is important to engage with local actors (universities, nongovernmental organizations, elderly people's organizations and the business sector). In low-resource communities, resources should be focused on providing activities for elderly people rather than on research, evaluation or data collection. For groups such as people with dementia, small changes can make a big difference – for example, creating access for disabled people, installing better signage, conducting awareness-raising among staff, and listening to users and making small changes to meet their concerns.

C5 LTP – The long game: the value of longitudinal data

Chair: János Girán, Senior Lecturer, Department of Public Health Medicine, University of Pécs, Hungary

City decision-makers must balance competing calls for resources, and high-quality historic and/or evaluation data sets can help make the case. Case studies from Rijeka, Croatia, the National Healthy Cities Network of Sweden and the Turkish Healthy Cities Association concluded that initiatives or policies that are viewed as long-term must also measure change in the long term. If things are getting better, particularly with regard to engaging citizens, then it may or may not matter to know why. New forms of data and new ways of collecting and analysing them should be considered, for example, discourse analysis or data science. Data collected in connection with implementation of the SDGs may create synergies with other agendas at the local level.

D1 Parallel session (with Regions for Health Network and Schools for Health in Europe Network) – Leaving no child behind

Chair: Piroska Östlin

Cities and regions play a role in the implementation of international commitments to improve the health and well-being of children and adolescents, including the outcomes of the international conference “Promoting intersectoral and interagency action for health and

well-being in the WHO European Region” (Paris, France, 7–8 December 2016). New types of action and collaboration among networks are needed to reach the most vulnerable children. Schools are seen as a natural entry point for health-promotion activities, but they have many other competing priorities, and parents may be primarily concerned with academic achievement. Moreover, children from vulnerable groups (for example, ethnic minorities, migrant communities) may not attend school. Schools should increase their links with communities and families, including fathers and grandparents. Reliable age- and gender-disaggregated data are required, along with better publicity at the local level about existing activities run by civil society organizations, sickness insurance funds or churches.

D2 LTP – Promoting health: effective messaging

Chair: Marcus Grant

Improving people’s access to health information and their capacity to use it is a top priority in all cities. Creating new opportunities to promote health through a digital world or by using health literacy techniques helps build resilient and sustainable communities. Within this, bridging the digital divide and creating innovative solutions can motivate, inspire and promote self-management for better health. E-exclusion, a lack of access to information and communication technologies (ICT), is a threat; e-inclusion is a necessity. Technology and health-promoting activities encourage people to engage and take on even unchallenging tasks. ICT projects should involve both online and offline activities. Lifelong learning encourages action and includes people from all generations. Working together across sectors and national networks and with universities is useful for the process of developing health literacy programmes.

D3 LTP – Age: knowledge transfer

Chair: Manfred Huber, Coordinator, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe

Cities can support older people in gaining knowledge and experience and using these skills to help others. Three case studies from Nilüfer, Turkey; Riga, Lithuania; and Turku, Finland, highlighted successful approaches such as combining cultural activities, health promotion and intergenerational activities; targeting older men by mapping existing volunteer networks and conducting surveys and training activities; and developing guidelines for voluntary work targeting older people. Motivating older people to engage in voluntary work can be challenging; when people are active earlier in life, it is easier to persuade them to volunteer. Society’s attitude towards older people must change from seeing them as a burden on society to recognizing them as assets.

D4 LTP – Innovative solutions: creating sustainable futures

Chair: Sarah Simpson, Director, EquiACT; WHO Adviser

Addressing inequalities in health in the most vulnerable population groups is a challenge for all cities. Cities have a critical role in finding solutions and in creating a sustainable and equal future for all residents. Case studies from Cankaya, Turkey; Udine, Italy; and the Hellenic Healthy Cities Network, Greece, emphasized that economic crises, migrant flows and gender equality issues will not be resolved soon, and require innovative solutions and the sharing of experiences. The global financial crisis can be turned into an opportunity to support equity by deploying community resources (food banks, volunteers, churches), motivating citizens, and promoting positive attitudes and values. The promotion of equality between women and men requires a variety of activities (childcare, skills training for women) and cross-sectoral collaboration. Migrants should be seen as an asset, but the great variety of problems associated

with migration must be recognized. Technological innovations can support participation and help vulnerable groups such as the Roma community.

D5 LTP – Changing behaviour: strengthening capacity for improved health

Chair: Milka Donchin

Tackling inequalities among citizens requires a strong focus on disadvantaged groups. Adults who experience problems with substance abuse, alcohol and mental health are often hard to reach and have complex needs. Settings approaches to supporting improved mental health can have positive results. Case studies from Frederiksberg, Denmark; Liverpool, United Kingdom; and Turku, Finland showed that multisectoral approaches – such as integrated health and social care by multiprofessional teams – are crucial in dealing with alcohol/substance-abuse problems. Good arguments and evidence are needed to proceed from pilot projects – such as a street drinkers’ project to reduce police callouts or the number of people taken into custody – to regular services. All case studies had sufficient levels of evaluation, but it is difficult to show that early intervention will pay off many years later.

E1 Parallel session – Gender and health

Chair: Sarah Simpson

Participants gave feedback on the first draft of a tool for assessing and monitoring women’s health and well-being in European cities. The tool is being developed within the implementation of the Strategy on women’s health and well-being in the WHO European Region⁹, which was adopted at the 66th session of the WHO Regional Committee for Europe in 2016. Many, although not all, countries have gender-disaggregated data, but the information is not always used appropriately to generate solutions. Gender-conscious societies such as those in Scandinavia may refuse to collect or use disaggregated data because of their desire to promote gender-blind policies, but this may be to the detriment of certain groups such as migrant women.

The draft tool suggests four areas for action: governance and policy; multiple discrimination; links with other determinants of health; and systemic issues (life-course approach, gender bias). These areas are more manageable than those of longer agendas, such as the Healthy Cities checklist. It is important to look for positive developments as well as problems, and to study men’s health as well as women’s.

E2 LTP – Responding to population change

Chair: Zsuzsanna Nagy, Project Coordinator, Healthy City Foundation, Pécs, Hungary

City populations are changing radically through emigration and ageing processes. To maintain stable and healthy populations, cities are acting to provide age-friendly environments and intergenerational activities that meet the needs of both young children and older people. Case studies from Udine, Italy, and Vienna, Austria, demonstrated the relationship between WHO policy frameworks, scientific data and action on the ground. Scientific evaluation is very important for creating an evidence base, but is not always feasible or practical for cities and may stifle innovation. A robust evaluation framework is needed for cities to use in the future.

⁹ Strategy on women's health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/data/assets/pdf_file/0020/314534/66wd14e_WomensHealthStrategy_160519.pdf?ua=1, accessed 18 October 2017).

E3 LTP – Participation: essential in creating resilient communities

Chair: Iwona Iwanicka

Building capacity and strengthening participation of citizens in decision-making is key to creating and sustaining strong local communities. Participation requires cooperation across city departments, residents' groups and nongovernmental organizations, and tools to support city officials in handing over decision-making processes to citizens. Three case studies from Horsens, Denmark; Turku, Finland; and Udine, Italy, focused on participation at various levels within government, across sectors, and with citizens and politicians. Participation of city residents in the processes of city life is critical. Various methods can be used to achieve this, for example, participatory budgeting and advisory groups. It is important to focus on different groups, including children and youth.

E4 LTP – Resources for multilevel health

Chair: Ida Legnemark, Chair, National Healthy Cities Network of Sweden

Case studies from Belfast, United Kingdom; Rotterdam, the Netherlands; and the Danish Healthy Cities Network demonstrated how providing training and knowledge across communities and sectors enhances local resources for health; creates opportunities for civil society, community champions and other sectors to take responsibility for health; and plays an increasingly important role in reducing health inequities. Mental health activities for migrants in Rotterdam focused on migrants' abilities and strengths. A focus on community championship in Denmark meant that professionals had to let go and accept greater public governance. In Belfast, activities concentrating on professionals working in the community have become a key area of work.

E5 LTP – Big visions, involvement and equity

Chair: Helen Wilding, Healthy City Project Coordinator, Newcastle, United Kingdom

Three case studies from Carlisle, United Kingdom; Pécs, Hungary; and Turku, Finland, showed innovative ways in which healthy city programmes can involve residents in the policy process. Participation of relevant stakeholders is key, and can be sought by using a range of engaging arguments and giving other sectors and the community reasons for getting involved. The use of data is key to delivering outcomes, but the number of indicators should be limited and some should be derived from other sectors. Methods of thinking differently should be used to inspire innovation, and to focus on assets rather than barriers. Discussions covered ways of changing the relationship between community and state, assessing equity and inequity, and measuring the value added by the national healthy cities networks. Effective ways of benchmarking cities against key indicators are needed.

Annex 1. Scope and purpose



WHO European Healthy Cities Network
Annual Business and Technical Conference

Building healthy cities: inclusive, safe, resilient and sustainable
Pécs, Hungary, 1–3 March 2017

Version: 09/02/2017
Original: English

Provisional scope and purpose

Within a complex world of multiple tiers of government, numerous sectors and both public and private stakeholders, cities are uniquely placed to provide leadership for health, given local governments' capacity to have a direct influence on the determinants of health and well-being, inequities and sustainable development.

The WHO European Healthy Cities Network was launched in 1988 as a political, cross-cutting and intersectoral initiative to be implemented through direct collaboration with cities. It is now a principal political and strategic vehicle for promoting whole-of-government and whole-of-society approaches within the WHO European Region.

Strengthening urban health to address the public health challenges of the 21st century requires a renewing of the political vision and leadership for Healthy Cities, and meaningful deliberation and integration of the concepts of promoting inclusiveness, improving health equity, and creating conditions for sustainable and resilient communities. These endeavours are required not only in order to make citizens healthier and happier, but also more economically productive.

Health and well-being for all is a central focus of the Sustainable Development Goals (SDGs). Without health, many of the SDGs will not be reached: at the same time, health benefits from progress towards the other SDGs. Local governments have the authority and the capability to create conditions to promote healthy living and high quality of life for everyone who lives, works and visits their cities. Strategic decisions made in sectors such as housing, transport, energy, land-use planning, urban agriculture and waste management all have significant impacts on the health of urban populations, as do policies related to education and human services.

Key actors and stakeholders in cities in urban planning, governance and finance must incorporate health as a central consideration in their decision-making processes. Depending on how they are made, and whose voices are heard in the decision-making process, such decisions can pose risks and impose costs – or they can yield substantial health benefits, unlock economic progress and foster environmental resilience.

This will be the final Annual Business and Technical Conference of Phase VI of the WHO European Healthy Cities Network. The WHO European Network consists of almost 100 cities. In addition, 20 accredited National Healthy Cities Networks in Europe have more than 1400 cities and municipalities as members.

The Conference will be strategic and visionary in nature in preparation for the next phase of Healthy Cities, and will include a strong political vision presented by the newly formed Political Vision Group with political participation from the participating cities and networks.

The theme of the Conference – inclusive, safe, resilient and sustainable cities, with equity and governance integrated throughout – will be explored through a number of subthemes: transport and environment; migrant and refugees; healthy ageing; gender and early life.

A special feature of the Conference will be the dedication of significant time to preparation for 2018, which celebrates 30 years of Healthy Cities, and to the vision and criteria for the new phase, 2018–2022. There will be opportunities for dialogue among politicians and coordinators, learning and training for all delegates, and surgeries offering the opportunity to consider city results from the midway review as well as other city challenges in improving health and reducing health inequities.

The Conference objectives are:

- to create the opportunity for dialogue to strengthen leadership and governance to accelerate action to improve health for all and reduce health inequities within the future of Healthy Cities, and to strengthen the process of implementing the 2030 Agenda for Sustainable Development at the local level;
- to debate and explore the political vision and criteria for the future of Healthy Cities, and further develop the building blocks of Healthy Cities for 2018–2022;
- to demonstrate and learn from the practices of Healthy Cities and national networks and the important contribution that Healthy Cities is making to improve health and well-being at the local and urban levels, especially in relation to inclusiveness, sustainable development and resilience; and
- to support the further development of the WHO flagship Healthy Cities training course programme and implementation package for the new phase through interactive training and surgeries that will strengthen key Healthy Cities capacities and skills.

The expected participants will be:

- delegations from the city or municipality members of the WHO European Healthy Cities Network, which will include the mayor or lead politician, the coordinator and selected focal points identified to work on the Conference and Phase VI core themes;
- delegations from National Healthy Cities Networks, which will include the political chair of the network, the coordinator, a representative of the health ministry and the regions and one or two observers from member cities;
- invited dignitaries, keynote speakers, resource experts and advisers; and
- representatives from European Region countries currently not involved in the Healthy Cities movement.

Annex 2. Programme



WHO European Healthy Cities Network Annual Business & Technical Conference - Pécs, Hungary, 1-3 March 2017
Building Healthy Cities: inclusive, safe, resilient and sustainable #pecs2017 #healthycities



Wednesday 1 March		Thursday 2 March		Friday 3 March		
REGISTRATION FROM 07:30		08:30-10:00	Healthy Cities: Drivers for inclusive societies	09:00-10:30		Healthy Cities: Drivers for resilient communities
09:00-10:00	Official Opening • Cultural presentation Welcoming speeches	Plenary 3:	• Keynote and speakers	Plenary 4:	Keynote and Roundtable	
10:00-10:30	Coffee break	10:00-13:00	1- Public space rehabilitation 2- Segregated settlement rehabilitation 3- Healthcare and health promotion for vulnerable communities 4- Community based drug prevention 5- Health promotion in schools 6- University of Pécs & City of Pécs cooperation on migration health programs	10:30-11:00	Coffee break	
10:30-12:30	Healthy Cities: Drivers for a sustainable future • Keynote and speakers	City of Pécs site visits:		11:00-12:30	Parallel Sessions D:	• D1 - Parallel session (with RHN ² & SHE ⁴) - Leaving no child behind • D2 - LTP ¹ - Promoting health: effective messaging • D3 - LTP ¹ - Age: knowledge transfer • D4 - LTP ¹ - Innovative solutions: creating sustainable futures • D5 - LTP ¹ - Changing behaviour: strengthening capacity for improved health
12:30-14:00	Lunch • 12:30 - Group Photograph • Politicians' Lunch (Room 103)	13:00-14:30	Lunch • 13:30-14:30 - Training: Baltic Region Healthy Cities Association: Listen to your people – their voice matters! (Room 118)	12:30-14:30	Lunch	• 13:00-14:30 - National Network Coordinators Meeting (Room 118) • 13:45-14:30 - Poster presentations (First Floor)
14:00-15:30	• A1 - Roundtable - Transformation from setting to place • A2 - Roundtable- Sustaining healthy cities • A3 - LTP ¹ - Tackling equity: successful interventions • A4 - LTP ¹ - Integration across policy silos • A5 - LTP ¹ - Age: innovative methods	14:30-16:00	Parallel Sessions C:	14:30-16:00	Parallel Sessions E:	• E1 - Parallel session - Gender & health • E2 - LTP ¹ - Responding to population change • E3 - LTP ¹ - Participation: essential in creating resilient communities • E4 - LTP ¹ - Resources for health at multi-level • E5 - LTP ¹ - Big visions, involvement and equity
15:30-16:00	Coffee break	16:00-16:30	Coffee break	16:00-16:30	Coffee break	
16:00-17:30	Parallel Sessions B:	16:30-18:00	Business Session 1:	16:30-18:00	Business Session 2:	• Official closing
	• B1 - Roundtable - The many ways to health through sustainability • B2 - Parallel session - Migration & health • B3 - Surgery - Strengthening leadership for change and intersectoral working in cities (16:00 – 18:00) • B4- LTP ¹ - Equity from the start: multi agency investment in early years • B5 - LTP ¹ - The politics of action: value of scientific monitoring and evaluation		• Towards 2018-2022: The WHO European Healthy Cities Network			
Social event 18:30	Welcome reception Venue: E78 Zsolnay Cultural Quarter	Social event 19:00	Politicians' dinner Venue: Pezsgoház Étterem	Social event 19:30	Farewell dinner Venue: Expo Centre	

1 – Learning through practice 2 - WHO Regions for Health Network 3 – Committee of the Regions 4 – Schools for Health Europe

Annex 3. Pécs Declaration



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**



WHO European Healthy Cities Network

Annual Business and Technical Conference

Building healthy cities: inclusive, safe, resilient and sustainable

Pécs, Hungary, 1–3 March 2017

Original: English

2017 Healthy Cities Pécs Declaration

We, the mayors and political leaders of cities gathered at the Annual Business and Technical Conference in Pécs, Hungary, on 1–3 March 2017, reconfirm our commitment to the values and principles of the Healthy Cities movement, and to creating places that empower and enable all people to enjoy improved health and well-being and fully exercise their human rights.

We are aware that making improved health and well-being for all a priority for cities is crucial to laying the foundations for a future of healthy sustainable development. We recognize our political responsibility to work towards the creation of societies that are inclusive, safe, resilient and sustainable, and that allow all people to lead more empowered, healthy, happy, safe and fulfilling lives.

We understand that the good health and well-being of all people living in a city is one of the most effective markers of any city's sustainable development, and we therefore strongly confirm our unanimous support for the United Nations 2030 Agenda for Sustainable Development and the 17 global Sustainable Development Goals (SDGs), which have health and well-being for all at their core.

We fully support the renewed political impetus that the 2030 Agenda has given to working towards a future defined by sustainable development, reduced inequalities and leaving no one behind. None of this can be achieved without the involvement and leadership of cities.

We emphasize that cities are both key partners in the implementation of the 2030 Agenda and agents for achieving a future that is sustainable, inclusive, safe and resilient, and that we will make bold political choices to improve the health and well-being of all people in our cities, with a focus on a bottom-up approach of empowerment.

We welcome and fully endorse the outcome of Habitat III, the 2016 United Nations Conference on Housing and Sustainable Urban Development: the “New Urban Agenda”, adopted at the 68th Plenary Meeting of the 71st session of the United Nations General Assembly.

We welcome and fully endorse the 2016 Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development¹⁰ and commit to its main principles: we recognize that health and well-being are essential to achieving sustainable development; we will work to promote health through action on all the SDGs and beyond; we commit to the challenge to take transformative action and make bold political choices for health and well-being; we will ensure that good governance is at the centre of all work for health and well-being; and we will ensure that cities and communities fulfil their potential as enablers of health and well-being for all.

We recognize that cities are places where planning and policy-making are closest to people and communities, and that we must incorporate their views, voices and needs at all times. We commit to removing barriers to empowerment for all groups at risk of vulnerability, and to using participatory and empowering methods of governance to support the full realization of human potential and capabilities for all ages, in the city environment.

We understand the critical importance of creating a sustainable and equitable future for our young and future generations, and commit to implementing the outcomes of the high-level conference “Promoting intersectoral and interagency action for health and well-being in the WHO European Region” held in Paris in December 2016. In this spirit, we strongly support strengthening collaboration between the WHO European Healthy Cities Network, the WHO Regions for Health Network and the Schools for Health in Europe Network. We recognize the importance of ensuring that all schools in a healthy city are places that promote health and well-being for all, challenge stereotypes and contribute to the reduction of inequalities.

We acknowledge the importance of achieving gender equality as a fundamental element of the Healthy Cities movement; in this spirit, we fully endorse and commit to act as partners in the implementation of the Strategy on women’s health and well-being in the WHO European Region, adopted at the 66th session of the WHO Regional Committee for Europe.

We acknowledge the important role of cities throughout the European Region in addressing issues arising from shifting trends in migration, and therefore fully endorse and commit to act as partners in the implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region, adopted at the 66th session of the WHO Regional Committee for Europe.

In recognition of the importance of establishing partnerships with academia, we commit to exploring the possibility of a Region-wide subnetwork of universities within the WHO European Healthy Cities Network, in order to promote collaboration and support the future work of the Network throughout the Region.

We commit to sharing experiences and best practices with each other as we journey towards making our cities the healthiest, happiest and most sustainable places they can be. We urge the World Health Organization and Member States to support us fully in this effort and to strengthen healthy city networks in all regions, globally. We commit to come together at regular intervals as political leaders of the Healthy Cities movement to demonstrate and ensure our political commitment to address the challenge of creating a future that is healthier and happier for all.

¹⁰ Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Geneva: World Health Organization; 2016 (<http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/>, accessed 23 February 2017).

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