World Health Organization

REGIONAL OFFICE FOR **Europe**

International Healthy Cities Conference

Health and the City: Urban Living in the 21st Century
Visions and best solutions for cities committed to health and
well-being

Athens, Greece, 22–25 October 2014

Athens Declaration for Healthy Cities

Political statement and action commitments for the WHO European Healthy Cities Network and Network of European National Healthy Cities Networks in Phase VI

Strengthening urban leadership for health,
health equity and well-being for all

Political statement

We, the mayors and senior political representatives of cities gathered at the 2014 International Healthy Cities Conference in Athens, Greece confirm our commitment to the values and principles of the Healthy Cities movement.

In an increasingly urban and interdependent world, **we will step up leadership** individually and collectively to make our cities healthy, safe, fair, inclusive, resilient and sustainable.

We recognize that:

- the well-being, health and happiness of our citizens depends on our willingness to give priority to the political choices that address the determinants of health throughout the lifespan;

- the quality of urban life requires our urgent action to combat climate change and how it affects health; and

- the social diversity and trust essential to vibrant communities can only be fostered if we counteract the policies that lead to increasing social divides and health inequities.

We will therefore **advocate forcefully for investing in cities and their people** and will significantly increase our **engagement in city diplomacy** – between cities and with many other stakeholders. In particular, we will strongly engage in formulating and implementing the United Nations post-2015 agenda (worldwewant2015.org).

We declare our commitment:

- **to integrate health and sustainable development considerations** in how we plan, design, maintain, improve and manage our cities and neighbourhoods and use new technologies;

- **to use our public platforms and networks** to alert decision-makers to the risks of policies, such as austerity measures, that can increase inequalities in health, deprive people of access to fundamental services and undermine their physical and mental health and well-being;

- **to raise awareness on the need for whole-of-government and whole-of-society action** on the determinants of health; to apply our convening power to bring together, engage and motivate all relevant stakeholders in taking action for health; and to exploit our influence to advocate with all sectors to address health concerns in their policies;

- **to advocate for the use of health, health equity and well-being as a barometer** (key outcome measure) of social and economic development and progress, on all levels, towards reducing poverty, promoting social inclusion and eliminating discrimination;

- **to embrace our unique leadership roles**, as facilitators, social innovators and brokers, locally, nationally and internationally in advocating for investment in health; and

- **to continue to share new knowledge** on more effective and efficient policy and governance approaches to address the emerging and continuing health challenges we face.

Health will play an ever more important role in national, regional and global agendas, and networks of cities will play a decisive role in shaping agendas on global health, environment and development policies and goals. We therefore **call on national governments and international agencies** globally:

- to recognize **the importance of the local and urban dimension** of making and implementing national and international health policies;

- to mobilize **additional resources** and legal instruments, where appropriate, to support health equity, social inclusion and sustainable development policies;

- to use **the experience and insights of cities** in analysing and responding to local health conditions through intersectoral and participatory approaches to inform national and international health strategies and to encourage **local government representatives** to participate in delegations to meetings of relevant international forums; and

- to **support national healthy cities networks** in their coordinating, capacity-building and diplomacy roles.

We call on all city and health leaders and everyone who lives in urban settings to join us in this endeavour to create a healthier and sustainable future.

Action commitments for the WHO European Healthy Cities Network and Network of European National Healthy Cities Networks in Phase VI

We, the mayors and senior political representatives of European cities gathered at the 2014 International Healthy Cities Conference in Athens, Greece on 25 October 2014 on the threshold of launching the sixth phase of healthy city action that will inspire and guide our work in the next five years, commit ourselves to:

1. Reaffirm our commitment to healthy city principles and values related to equity, empowerment, partnership, solidarity and sustainable development (Box 1) that build on the WHO Constitution and the Universal Declaration of Human Rights that states that: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Box 1. Healthy city principles and values

- **Equity:** addressing inequity in health and paying attention to the needs of those who are vulnerable and socially disadvantaged; inequity is inequality in health that is unfair and unjust and avoidable causes of ill health. The right to health applies to everyone regardless of sex, race, religious belief, sexual orientation, age, disability or socioeconomic circumstance.

- **Participation and empowerment:** ensuring the individual and collective right of people to participate in decision-making that affects their health, health care and well-being. Providing access to opportunities and skills development together to empower citizens to become self-sufficient.

- **Working in partnership:** building effective multisectoral strategic partnerships including civil society and other non-state actors to implement integrated approaches and achieve sustainable improvement in health.

- **Solidarity and friendship:** working in the spirit of peace, friendship and solidarity through networking and respect and appreciation of the social and cultural diversity of the cities of the healthy cities movement.

- **Sustainable development:** the necessity of working to ensure that economic development – and all its enabling infrastructure including transport systems – is environmentally and socially sustainable: meeting the needs of the present in ways that do not compromise the ability of future generations to meet their own needs.

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2. Acknowledge and work to realize our unique leadership roles locally, nationally and internationally as both advocates for and custodians of our people's health and well-being by securing the highest level of political commitment to strengthen and scale up efforts to improve and protect all our citizens.

3. Transparently represent the interests of and ensure the full participation of all citizens to whom we are accountable in the policy process.

4. Use our public platforms and networks to engage others by: raising awareness about the root causes of ill health within our urban contexts; applying our convening power to bringing together and engaging all relevant stakeholders in taking action for health; and exploiting our influence to advocate with all sectors to address health concerns in their policies.

5. Support and strengthen healthy cities networks as dynamic platforms for exchange of information and expertise (Box 2) and as vital vehicles for crisis management and collective city health diplomacy.

Box 2. Strategic approaches of healthy cities

- To promote action to put health high on the social and political agenda of cities

- To promote policies and action for health and sustainable development at the local level emphasizing addressing the determinants of health, equity in health and the principles of Health for All and health in all policies

- To promote intersectoral and participatory governance for health, health and equity in all local policies and integrated planning for health

- To generate policy and practice expertise, good evidence, knowledge and methods that can be used to promote health in all cities in the European Region

- To promote solidarity, cooperation and working links between European cities and networks of local authorities and partnerships with agencies concerned with urban issues

- To increase the accessibility of healthy cities networks to all Member States in all WHO regions

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6. Recall and work to realize the agreements and commitments of previous declarations and political statements related to healthy cities (1986–2014) incorporating and giving local expression to relevant WHO, United Nations and European Union conventions, declarations, charters, strategies and action plans on health promotion, preventing noncommunicable diseases, equity, healthy public policies and environmental health (Annex 1).

7. Take advantage of new opportunities and evidence for effective and efficient action, including:
   - new technologies – scientific, pharmaceutical and communication based – that have greatly improved life expectancy, health, diagnostic and treatment possibilities, information collection, dissemination, digital connectivity and access in recent decades;

   - new research-based knowledge on the social determinants of health and mechanisms by which the distribution of resources and the capacity for self-determination within societies affects and creates health and reduces health inequities;

- new insights on how health and economic performance are interlinked and the impact of local, national and international health systems on economies as innovators, employers, landowners, builders, consumers, innovators and competitors for people, ideas and products;

- new evidence of how mayors and other policy-makers and public health advocates are changing governance structures and mechanisms to enable better collaboration and bring together diverse players, coalitions and networks, including community, government and business representatives, as whole-of-government and whole-of-society approaches; and

- new roles that mayors and other decision-makers and public health agencies can usefully adopt in today's challenging policy environment (Box 3).

Box 3. New health roles for mayors and other public officials

Mayors and other senior city civil servants can enhance health and well-being by:
- adopting an extended understanding of health that considers the health effects of all policies;
- calling on all sectors to make better use of multistakeholder involvement and decentralized decision-making where it can make a difference;
- assigning the resources and, above all, the time to building intersectoral trust and understanding;
- facilitating and brokering the identification of interdependent goals jointly with partners in other sectors and communities and taking on the role of network manager, with skill and respect for network partners;
- supporting local, national, regional and global dialogue on societal values and goals, of which health, health equity and well-being should be essential components;
- supporting new collaborative opportunities to develop practical initiatives that help cities in tackling global and local challenges; and
- using new understanding about how the built environment and new technologies affect the health of our citizens and can be used to create smarter cities.[1]

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8. Address emerging and continuing concerns and challenges related to our people's health and well-being; including: the need to narrow inequalities in health, the growing burden of noncommunicable and chronic diseases, including mental health disorders; injuries and violence; and global public health threats, including emerging and remerging infectious diseases, climate change and the continuing economic crisis.

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[1] A city can be defined as smart when investment in human and social capital and traditional (transport) and modern information and communication technology infrastructure fuels sustainable economic development and a high quality of life, with wise management of natural resources, through participatory action and engagement

Health 2020 – this is our time

9. Welcome and embrace Health 2020 – the European policy framework supporting action across government and society for health and well-being as our common health policy framework and dedicate ourselves to work towards its common targets (Box 4) and goals.

Box 4. Health 2020 targets

1. Reduce premature mortality in the WHO European Region by 2020
2. Increase healthy life expectancy in the WHO European Region
3. Reduce inequalities in health in the WHO European Region
4. Enhance the well-being of the population of the WHO European Region
5. Ensure universal coverage and the right to the highest attainable level of health
6. Set national goals and targets related to health in Member States

Indicators agreed on by Member States will support these targets.

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10. Understand and commit ourselves to ensuring that the cities of the WHO European Healthy Cities Network and national healthy cities networks serve as key vehicles and use our influence (Box 5) for delivering Health 2020.

Box 5. Healthy cities influence health, well-being and equity

Regulation. Cities are well positioned to influence land use, building standards and water and sanitation systems and enact and enforce restrictions on tobacco use and occupational health and safety regulations.

Integration. Local governments have the capability of developing and implementing integrated strategies for health promotion.

Intersectoral partnerships. Cities' democratic mandate conveys authority and sanctions their power to convene partnerships and encourage contributions from many sectors.

Citizen engagement. Local governments have everyday contact with citizens and are closest to their concerns and priorities. They present unique opportunities for partnering with the private and not-for-profit sectors, civic society and citizens' groups.

Equity focus. Local governments have the capacity to mobilize local resources and to deploy them to create more opportunities for poor and vulnerable people and to protect and promote the rights of all city residents.

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11. Use Health 2020 as a timely and strong unifying framework for Phase VI of the WHO European Healthy Cities Network.

Commitments and themes in Phase VI of the WHO European Healthy Cities Network

12. Declare that political commitment remains fundamental to implementation.

13. Acknowledge that the concept of city planning for health remains valid and desirable and that health in all policies work will be taken forward with a new major focus on building community resilience and health literacy.

14. Understand that, in delivering Health 2020 in cities, Phase VI will support and encourage cities to strengthen their efforts to bring key stakeholders together to work for health and well-being, harnessing their potential for social innovation and change and addressing local public health challenges.

15. Recognize that every city is unique and will pursue the overarching goals and core themes of Phase VI according to our local situation and identify areas for priority action that could yield maximum health benefits for our local populations.

16. Use different entry points and approaches but remain united in achieving the overarching goals and core themes of Phase VI.

17. Use Phase VI as a unique platform for joint learning and sharing expertise and experience between cities, the subnational level and countries.

18. Use new evidence and knowledge and build on the themes of Phase V and the Phase VI framework in addressing goals and core themes.

Goals and themes

19. Dedicate ourselves to working towards the following two strategic goals of Health 2020 that provide the overarching umbrella of Phase VI:

    - improving health for all and reducing health inequities; and
    - improving leadership and participatory governance for health.

20. Promote systematic action to address health inequalities through whole-of-local-government approaches, strong political support and emphasizing building capacity for change.

21. Understand that effective leadership for health and well-being requires political commitment, a vision and strategic approach, supportive institutional arrangements and networking and connecting with other people who are working towards similar goals.

22. Appreciate that local leadership for health means: having a vision and an understanding of the importance of health in social and economic development;

having the commitment and conviction to forge new partnerships and alliances; promoting accountability for health by statutory and non-statutory local actors: aligning local action with national, European and global policies; anticipating and planning for change; and ultimately acting as a guardian, facilitator, catalyst, broker, advocate and defender of the right to the highest level of health for all residents.

23. Where appropriate, develop policies and interventions within a life-course approach that include action on children's well-being and early childhood development; improving employment, working conditions and lifelong learning; enhancing the conditions of life for older people; improving social protection and reducing poverty; addressing community resilience; enhancing social inclusion and cohesion; mainstreaming rights and equality regardless of sex, ethnicity or sexual orientation.

24. Welcome city health diplomacy as a new theme to explore in Phase VI, reflecting new opportunities for working across cities internationally but also linking with the national and global public health agendas.

25. Appreciate that the core themes in Phase VI will be based on local adaptation of the four priorities for policy action of Health 2020:

- investing in health through a life-course and empowering people;
- tackling the European Region's major health challenges of infectious and noncommunicable diseases;
- strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- creating resilient communities and supportive environments.

26. Understand that the four themes are not separate areas of action but are interdependent and mutually supportive. Taking action on the life-course and empowering people will support tackling the burden of disease and strengthening public health capacity. Cities will achieve greater health effects when they link up policies, investment and services and focus on reducing inequality.

27. Focus our efforts to address the core themes of Phase VI of the WHO European Healthy Cities Network supported by WHO and collaborating institutions and share our learning to benefit all cities in Europe and beyond.

Collaboration and partnership

30. Acknowledge the fact that cities cannot act alone and that, within the WHO European Region, national and regional governments as well as the European Union and the WHO Regional Office for Europe have a key role to play.

31. Call on the WHO Regional Office for Europe:

- to provide strategic leadership and technical support for action towards the goals of Phase VI (2014–2019) of the WHO European Healthy Cities Network;

- to encourage, enable and coordinate capacity-building and networking for healthy cities in all Member States of the European Region, especially those that have not been involved so far in the Healthy Cities movement; and

- to promote and encourage the development of local action components and recognize the role of local governments in all relevant WHO strategic objectives and technical areas; and

- to encourage increased involvement of other professions and disciplines in the healthy cities agenda, recognizing their critical contribution to health and well-being.

Conclusion

We, the mayors and senior political representatives of European cities gathered at the 2014 International Healthy Cities Conference in Athens, Greece on 25 October 2014 are convinced that the future prosperity of our urban populations depends on our willingness and ability to seize new opportunities to enhance the health and well-being of present and future generations in Europe and beyond.

Annex 1. Previous commitment documents

- Ottawa Charter for Health Promotion (1986)

- Athens Declaration for Healthy Cities (1998)

- Action for Equity in Europe: Mayors' Statement of the WHO European Healthy Cities Network in Phase III (1998–2002) (2000)

- WHO Framework Convention on Tobacco Control (2003)

- Belfast Declaration for Healthy Cities: the Power of Local Action (2003)

- Designing Healthier and Safer Cities: the Challenge of Healthy Urban Planning – Mayors' and Political Leaders' Statement of the WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks (2005)

- *Health for All: the policy framework for the WHO European Region – 2005 update* (WHO Regional Office for Europe, 2005)

- *Gaining health: the European Strategy for the Prevention and Control of Noncommunicable Diseases* (WHO Regional Office for Europe, 2006)

- European Charter on Counteracting Obesity (WHO Regional Office for Europe, 2006)

- Aalborg +10 – Inspiring Futures (2006)

- The Tallinn Charter: Health Systems for Health and Wealth (WHO Regional Office for Europe, 2008)

- *Prevention and control of noncommunicable diseases: implementation of the global strategy. Report by the Secretariat* (WHO, 2008)

- *Closing the gap in a generation: health equity through action on the social determinants of health* (Commission on Social Determinants of Health, 2008)

- Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011)

- Rio Political Declaration on Social Determinants of Health (2011)

- Liège Healthy City Commitment (2011)

- *Health 2020: a European policy framework and strategy for the 21st century* (2012)

- Global action plan for the prevention and control of noncommunicable diseases 2013–2020

- *Implementing a Health 2020 vision: governance for health in the 21st century – making it happen (2013)*

- *Contributing to social and economic development: sustainable action across sectors to improve health and health equity, WHA67.12 (2014)*