



Zagreb Declaration for Healthy Cities

Health and health equity in all local policies



This Declaration expresses the clear and strong commitment of political leaders of cities in Europe to strengthen and champion action on health, health equity, sustainable development and social justice. It celebrates and builds on 20 years of knowledge, experience and public health accomplishments of the European Healthy Cities movement. It highlights continuing action and value priorities and identifies new challenges, evidence and approaches, such as outlined in the final report of the Commission on Social Determinants of Health, for cities to address and adopt as they work to protect and enhance the health and well-being of all their citizens. It reviews plans and priorities for Phase V (2009–2013) of the WHO European Healthy Cities Network and national healthy cities networks in Europe and identifies how regional and national governments and WHO can support and benefit from these approaches.

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We, the mayors and senior political representatives of European cities gathered at the 2008 International Healthy Cities Conference in Zagreb, on the threshold of launching a fifth phase of healthy city action that will inspire and guide our work in the next five years, unanimously declare the following.

Values and principles of action

1. We fully endorse, draw inspiration and understand the implications of the WHO position on health: “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.” Health is a precondition for well-being and the quality of life. It is a benchmark for measuring progress towards the reduction of poverty, the promotion of social inclusion and the elimination of discrimination. Good health is fundamental to sustainable economic growth.
2. We recognize that our cities’ action for health goes beyond high-quality, accessible health care and encompasses disease prevention, health promotion and systematic action on inequality in health, the risk factors for noncommunicable diseases and injuries and the social, economic and environmental determinants of health.
3. We understand that we have a unique leadership role to play in securing the highest level of political commitment to strengthen and scale up our efforts to improve and protect the health of our citizens by using: our public platforms to raise awareness about the root causes of ill health within our urban contexts and champion healthy city principles, values and approaches in addressing these challenges: our convening power to bring together and engage all relevant stakeholders in taking action for health; and our influence to advocate with all sectors to address health concerns in their policies.
4. We affirm our commitment to the Healthy Cities principles and values related to equity, empowerment, partnership, solidarity and sustainable development (see Box 1); and to approaches identified and agreed in earlier Healthy Cities declarations and political statements (1988–2008) 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. These include the following:
 - 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)
- *Health in all policies: prospects and potentials* (Ståhl T et al., eds. Helsinki, Ministry of Social Affairs and Health, Finland, 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)

Box 1. Healthy Cities principles and values

- **Equity:** addressing inequality 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 all 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 with positive thinking to empower citizens to become self-sufficient.
- **Working in partnership:** building effective multisectoral strategic partnerships 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 supportive infrastructural needs 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.

5. We celebrate and embrace Healthy Cities as a dynamic concept and movement that has evolved through times of peace and war, by responding to changing social, demographic and epidemiological landscapes, technological developments and new scientific evidence. New problem-solving approaches have been developed in synergy with and have been informed by WHO strategies and priorities globally and in the European Region. During the past 20 years, Healthy Cities has served as a unique multicountry public health local action initiative that takes account of and responds to emerging public health threats and their implications for the urban environment.

New concerns and challenges

6. We will build on this learning as we look to address new and continuing concerns and challenges related to:
 - narrowing inequality in health, social exclusion, preventing and addressing specific health threats, especially to vulnerable groups, including our children, older people and migrant populations. We recognize inequity in health not only as an affront to human dignity but also as a risk to social stability and economic performance.
 - the growing burden of noncommunicable and chronic diseases, injuries and violence, which result in premature deaths, disability, suffering and enormous economic costs, which we recognize as avoidable through investment in action and conditions that support healthy living and well-being;
 - emerging public health threats, including climate change and how it can affect the health of our citizens as well as urban environments and critical infrastructure; and
 - how the built environment and new technologies affect the health of our citizens and the importance of integrating health and sustainable development considerations in how we plan, design, maintain, improve and manage our cities and neighbourhoods and use new technologies.

Report of the Commission on Social Determinants of Health

7. We receive with enthusiasm and conviction the evidence and recommendations outlined by the Commission on Social Determinants of Health in *Closing the gap in a generation: health equity through action on the social determinants of health* (WHO, 2008). In particular, we welcome the recommendation of placing health and health equity at the heart of urban governance and planning. We are proud that Healthy Cities recognized early the significance of the social determinants of health and placed action related to them at the centre of its agenda. The new evidence presented by the Commission (Box 2) provides us not only with inspiration and solid arguments for our Phase V actions towards health and health equity in all local policies (see no. 8) but also gives us an opportunity to add our voices to national and global efforts to address social injustice.

Box 2. Commission on Social Determinants of Health: overarching recommendations and principles for action

- Improve daily living conditions: the circumstances in which people are born, grow, live, work and age
- Tackle the inequitable distribution of power, money, and resources: the structural drivers of the conditions of daily life – globally, nationally, regionally and locally
- Measure and understand the problem and assess the impact of action: expand the knowledge base, develop a workforce that is trained in the social determinants of health and raise public awareness about the social determinants of health.

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

8. We hereby pledge to strengthen political commitment and solidarity to achieve health and health equity in all local policies as the overarching goal of Phase V of the WHO European Healthy Cities Network (2009–2013) and agree that our Phase V action priorities will be geared towards:
 - making **health, health equity, social justice** and **sustainable development** key values in our vision for developing our cities and introducing appropriate processes to assess health impact and ensure capacity-building to enable all sectors to maximize their contribution to this goal;
 - promoting **ethical governance** through value-based policies and strategies and supported by strong mechanisms for transparency and accountability;
 - using our **civic leadership** to bring together and improve communication between strategic partners and stakeholders and combined organizational resources to improve living, social, economic and environmental circumstances resulting in risk conditions that adversely affect physical and mental health and well-being;
 - **leading by example** and advocating and actively promoting health and health equity in all local policies and action plans initiated by the public, corporate and voluntary sectors; and
 - **promoting integrated and systematic approaches** with specific objectives and measurable outcomes, where appropriate, to developing health and institutional changes that support interdisciplinary and intersectoral work.
9. We pledge to focus our efforts to address the core themes of Phase V of the WHO European Healthy Cities Network (Box 3) supported by WHO and collaborating institutions and to share our learning to benefit all cities in Europe and beyond.

Box 3. Core themes of Phase V of the WHO European Healthy Cities Network

The choice of core themes offers the opportunity to work on priority urban health issues that are relevant to all European cities. Topics that are of particular concern to individual cities and/or are challenging and cutting edge for innovative public health action are especially emphasized. Healthy Cities encourages and supports experimentation with new ideas by developing concepts and implementing them in diverse organizational contexts.

1. Creating caring and supportive environments

A healthy city is a city for all its citizens: inclusive, supportive, sensitive and responsive to their diverse needs and expectations.

2. Healthy living

A healthy city provides conditions and opportunities that encourage, enable and support healthy lifestyles for people of all social groups and ages.

3. Healthy urban environment and design

A healthy city offers a physical and built environment that encourages, enables and supports health, recreation and well-being, safety, social interaction, accessibility and mobility, a sense of pride and cultural identity and is responsive to the needs of all its citizens.

Partnership

10. Cities cannot act alone. Within the European Region of WHO, national and regional governments have a key role to play. They influence the pace and sustainability of modernization, multifaceted economic development and the pattern of urban development. They also provide the fiscal and legislative framework for health and the determinants of health. We therefore, call on:

- **national and regional governments in the European Region:**
 - to recognize **the importance of the local dimension** of national health policies and acknowledge that cities can significantly contribute to developing and achieving national strategies for health, health equity and sustainable development;
 - to use, in their national health strategies, **the experience and insights of cities** in analysing and responding to local health conditions using intersectoral and participatory approaches;
 - to examine how **additional resources** and legal instruments, where appropriate, could be made available to support health equity and sustainable development policies;
 - **to support national Healthy Cities networks in Europe** in their coordinating and capacity-building role; and
 - to encourage the participation of **local government representatives** in Member States' delegations to meetings of WHO's governing bodies and other relevant international forums;

- **the WHO Regional Office for Europe:**
 - to provide strategic leadership and technical support for action towards the goals of Phase V (2009–2013) 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;
 - to encourage increased involvement of other professions and disciplines in the Healthy Cities agenda, recognizing their critical contribution to health and well-being.

We, the mayors and senior political representatives of European cities gathered at the 2008 International Healthy Cities Conference in Zagreb on 18 October 2008 are convinced that our implementation of the commitments to the values, principles and actions outlined in this Zagreb Declaration for Healthy Cities will bring about changes that will substantially improve the health and well-being of our citizens and significantly reduce the social injustice that costs so many lives and is responsible for so much human misery in Europe and beyond.