

WHO European Healthy Cities Network Hybrid Annual Healthy Cities Business Meeting and Technical Conference

UN City, Copenhagen, Denmark, 22–24 November 2022

Healthy Cities Leading by Example: One Planet, One People, One Health





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Foreword

I am very proud to present you the report of the 2022 Annual Business Meeting and Technical Conference of the WHO European Healthy Cities Network hosted at UN City in Copenhagen, Denmark on 22–24 November 2022. The aim of the Conference was to bring together both political representatives and technical focal points from cities in the WHO European Healthy Cities Network and national healthy cities networks. Under the theme Healthy Cities Leading by Example: One Planet, One People, One Health, the Network intensified discussions on operationalizing a One Health approach at the local level and shared concrete actions for local governance.



In addition, the Conference served as a forum for representatives from across the WHO European Region, including politicians and policy-makers, to interact and build bridges. The sessions provided the framework for wider discussions on how the six Ps of Phase VII have been applied within the Network and how they can further direct healthy city policies in the future. The three days were buzzing with lively discussion and debate – not only during the interactive sessions but also around the coffee tables!

The Conference comprised four plenary sessions, two business meetings, coordinators' meetings and committee meetings, 17 parallel sessions, including working groups and workshops, WHO side events, networking events and site visits. A total of 67 abstracts were presented during the parallel sessions. The first hybrid Annual Business and Technical Conference included representatives from 59 cities and 16 national networks from 34 countries. The scope and purpose of the Conference is attached in Annex 1, the Conference programme in Annex 2 and Annex 3 shares Conference statistics. Since this Conference took place in a hybrid format, we are pleased to share video recordings with the Network that will be made available on the Healthy Cities SharePoint.

The Healthy Cities secretariat wishes to thank wholeheartedly all contributors to and participants of this event for making it an informative and enjoyable Conference. We are looking very much forward to a successful 2023 and are excited to convene again in Utrecht, Netherlands for the next conference.

Kira Fortune

Regional Adviser for Healthy Cities, Health Promotion and Well-being
WHO Regional Office for Europe

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Setting the Scene:

Tuesday, 22 November 2022

OPENING CEREMONY



The Conference was opened with the speech of **Hans Henri P. Kluge**, WHO Regional Director for Europe, who highlighted the potential of the WHO European Healthy Cities Network and resilience as crucial aspects for the new policy implementation. He acknowledged the participants as the change-makers leading by example. **Nino Berdzuli**, Director, Country Health Programmes, WHO Regional Office for Europe, welcomed the participants and highlighted the ability of the Network to implement innovations by adapting quickly to the challenges and translating the policies to the local level. Local solutions are a key to solving the global challenges we face. Speaking from WHO headquarters, **Ruediger Krech**, Director, Health Promotion, WHO, noted that the healthy cities translate the policies into practice, working globally. Also remotely, **Ilona Kickbusch**, Founding Director and Chair, Global Health Centre, Graduate Institute for International and Development Studies, Geneva, Switzerland, reminded participants that health is created in the place where people live their everyday lives.

Further, **Kira Fortune**, Regional Adviser for Healthy Cities, Health Promotion and Well-being, WHO Regional Office for Europe, recognized the Network's resilience over the past two years and the commitment of the members in translating the goals of Phase VII into practice. At the end of the opening session, **Tony Fitzgerald**, Political Representative for Cork Healthy Cities, Ireland and Member, Political Committee, WHO European Healthy Cities Network, presented the draft Political Statement on operationalizing a One Health approach. One Health is not a new concept, but it had to be redefined in the 21st century given the importance of the interdependence of human, animal and environmental health accompanied by escalating environmental changes.

In times of multiple crises, we need to take forward the One Health approach, and collaborate closely across sectors.


Hans Henri P. Kluge

I am proud to see the Network as a whole adapting so quickly to crucial issues on the global health agendas and translating these issues into actions on the local level. This is not an easy task, but this movement is truly ahead of the curve in taking on future challenges and thinking ahead.

Nino Berdzuli

By working together, across sectors, we can move mountains together.

Kira Fortune



We need to realize the One Health agenda in order to be better prepared for the next pandemic. The permacrisis experienced today – environmental, social, misinformation, health and economic – calls for resilient governance.

Ruediger Krech

Cities are at the forefront of handling health crises. Success requires co-creation, experimentation, learning and change.

Ilona Kickbusch

We are currently facing the challenges that no one sector or country can address on their own, thus, the Network is more important than ever.

Tony Fitzgerald



WHO EUROPEAN HEALTHY CITIES NETWORK BUSINESS MEETING SESSION 1

The annual business meeting was conducted with the aim of discussing business matters and summarizing the previous working year. The items presented included an activity report for 2021, a financial overview, status of designation and accreditation of individual WHO European Healthy Cities Network member cities and national healthy cities networks. The Network currently includes 88 flagship cities – 44 designated cities and 44 applicant cities. The plenum celebrated the newly designated cities as well as the newly accredited national networks. At the end of 2021, 20 networks are engaged – 14 accredited national networks and six applicant national networks.

The Phase VII working groups and task forces and their working agenda were introduced by the corresponding working group leads. The Network has four working groups and task forces: Place Health Inequalities and Well-being Working Group, Environment and Health Working Group, Healthy Ageing Task Force and Alcohol Task Force.

The business meeting also reviewed the procedures for nomination and elections for members of the Advisory Committee for 2022–2024.

PLENARY SESSION 1 – ONE HEALTH



The first plenary session of the conference gathered to discuss One Health. Moderator **Josef Konvitz**, member of the Scientific Committee of the Network, called for the need to learn from the COVID-19 pandemic and the need for considerable shift in priorities and perspectives. Thus, reminding about the goals of the session that was set to: define the meaning and utility of the One Health approach for the Healthy Cities movement, promote the benefits of using the One Health approach in healthy city projects for city leaders, developers and coordinators and to discuss the implications of operationalizing the One Health approach for cities and communities. This group of experts represents some of the best minds advancing work on One Health in the European Region.

In her opening remarks, keynote speaker **Evelyne de Leeuw**, Professor of Urban Health and Policy at UNSW Sydney, Australia, unpacked the concept of One Health, stressing that urban health is One Health. Concepts similar to One Health are planetary health, eco-health and urban ecology. This encompasses One Health, which in accordance with the One Health Joint Plan of Action 2022–2026, is “the main approach for addressing the complex health challenges facing our society, such as ecosystem degradation, food system failures, infectious diseases and antimicrobial resistance”. Connecting One Health to Healthy Cities, Evelyne referred to the cross-sectionality of the work in the cities and the need for the work across the governance levels to create better policies for change. Responding to the question on how to operationalize this, **Céline De Laurens**, Vice Mayor for Health of the City of Lyon, France, opened with the statement that the sanitary context is changing the paradigm of putting health in the centre and not people. Providing some recommendations on how to operationalize the One Health approach in cities, Céline's key messages were that we must strengthen the presence and collaboration of the scientific representatives from animal health, be aware that One Health must not set up a false dichotomy between infectious and non-infectious diseases, should take into account the smallest organisms and should collectively identify cultural changes that affect how we operationalize One Health.

Danilo Lo Fo Wong, Programme Manager, Control of Antimicrobial Resistance, WHO Regional Office for Europe, commented that currently we are in the fourth wave of One Health and people are realizing how human health, animal health and the environment are interconnected. **Simona Seravesi**, Consultant on One Health, WHO Regional Office for Europe, noted that One Health is not only a concept but also a tool for thinking outside the box, stressing that we need to invest in One Health to invest in the future. **Paola Angelini**, Public Health Service, Emilia-Romagna Region, Bologna, Italy, remarked that efforts across sectors and participation need to be coordinated to consider the values and needs of the community. Moderator **Josef Konvitz** commented that we need to accelerate lessons from the pandemic and make sure that we can scale them up. In the round-table discussion on how to operationalize the One Health approach and boost participation, the panellists raised the need to rediscover the relationships and interconnection between people and animals, the need for integrated and global thinking, better communication, coordination and collaboration as well as applying the future mindset.

In addition, **Nino Berdzuli**, Director, Country Health Programmes, WHO Regional Office for Europe, highlighted whole-of-society planning, participation and engagement as well as the critical role of cities in solving global problems. **Kira Fortune**, Regional Adviser for Healthy Cities, Health Promotion and Well-being, WHO Regional Office for Europe, agreed that global, regional, national and local coordination and cooperation are needed as well as better tools and methods to implement One Health locally.

There is a deficit in global public goods; crises follow one another and overlap. That is why we need innovation and investment in health as well as resistance and inclusive policies.

Josef Konvitz

Cities are key to taking action to address the permacrisis.

Evelyne de Leeuw

We need to focus more attention on sustainable health or the One Health approach, since there will be no humans without the health of the ecosystems.

Céline De Laurens

The participants were also asked what One Health meant to them. The word generated the below-mentioned answers. Governance, planetary boundaries and collaboration were some of the most common words in the visual document, thus representing some of the most salient points and themes.

What does One Health means to you?





Taking stock of progress

Wednesday, 23 November 2022

PLENARY SESSION 2 – ONE PLANET: CITIES TAKING CLIMATE ACTION



The session focused on identifying innovative solutions for cities to promote sustainable production and consumption patterns to reduce their carbon emissions, to highlight the need to transform urban space into health-promoting and inclusive places, to foster discussions and means to learn from other cities on their approaches to protect the planet from further degradation and to highlight the role of cities in achieving global targets. This session was opened by moderator **Nathalie Roebbel**, Unit Head, Urban Health, WHO, who highlighted the need for the work on one urban health. The first keynote was delivered by **Graham Alabaster**, Head, Geneva Office, UN Habitat, who highlighted the need to rethink urban health and services. He stressed that pattern of urbanization is changing in all regions, and deforestation, intensive agriculture, intensive animal production, pollution migration, unplanned urbanization, climate change, COVID-19 and conflicts around the world affect migration and urban changes more than ever before. The COVID-19 pandemic has exposed many existing inequalities and divisions in urban health. Nevertheless, the agile performance of city governments in managing the pandemic was critical. City administrators are the only people who know and fully understand their community. Today, they need to find solutions to multiple problems: water use, food production, solid waste and wastewater pollution, hazardous substances, noncommunicable diseases but also infectious diseases. **Bettina Menne**, Coordinator, Healthy Settings, WHO Regional Office for Europe, focused on the concept of one planet and the need for working towards a healthy low-carbon future. Stressing two response mechanisms, adaptation and mitigation, she said that we need to invest in greener transport, greener energy and sustainable foods and diets.

It is important to discuss how the cities address climate change and the degradation of ecosystems. With increasing urbanization, cities must innovate for the solutions to solve the global issues.

Nathalie Roebbel

All the challenges impact the mental health of the city inhabitants and call for multistakeholder and systemic approaches.

Graham Alabaster

Climate change is a threat to human well-being and planetary health. It is important to recognize that climate change is happening now and that the future does not look better. Extreme weather events, floods, fires and droughts cause anxiety and distress.

Bettina Menne



After the keynote presentations, city representatives were requested to address what their cities do for planetary health. Dagur Eggertsson, Mayor of Reykjavik, Iceland highlighted the city's commitment to the Kyoto Declaration and the work of the Conferences of the Parties as well as the Reykjavik Declaration for Climate Change. Recently, Reykjavik started to document its carbon footprint. For Utrecht, Netherlands, Miriam Weber, Healthy City Coordinator, noted that health is at the centre of all the city's policies. The city promotes healthy active living for everyone and is committed to integrated, holistic and joint efforts. Utrecht is committed to the concept of a 15-minute city: neighbourhoods in which the services can be reached within 15 minutes. Nalan Fidan, Healthy City Coordinator, Bursa, Türkiye, spoke about the climate change adaptation plan as well as green spaces and green corridor projects that help to minimize the effects of climate change. She also recognized the awareness-raising role of the WHO European Healthy Cities Network. Pekka Vähäkangas, Vice Mayor, Kuopio, Finland, presented the commitment of Kuopio to build the sustainable city. Already since 2007, development projects must conduct climate impact assessment. Various innovative solutions, including cooling buildings with lake water, were also addressed. Closing the session, moderator Nathalie Roebbel reminded the participants that urban health is a priority for public health globally and is recognized in global processes within WHO.

It was concluded that cities must make it easy for people to make good choices. They need to apply an integrated approach by bringing together sectors, data, narratives, local, national, regional, international, people, government and businesses. Learning from each other is critical to develop the innovative solutions, and cities are incubators for the innovations.



PLENARY SESSION 3 – HEALTHY CITIES AROUND THE WORLD



Initiated by WHO in 1986, Healthy Cities spread rapidly across the world. Opening this session, moderator **Kira Fortune**, Regional Adviser for Healthy Cities, Health Promotion and Well-being, WHO Regional Office for Europe, reminded participants that Healthy Cities is a global movement across all six regions of WHO. Since its inception, Healthy Cities has been dedicated to promoting the life-course approach, including the healthy ageing agenda. This plenary brought together Healthy Cities advocates from around the world to discuss how they are creating healthy cities for the ageing population.

Geoff Green, Emeritus Professor of Urban Policy, Sheffield Hallam University, United Kingdom, has worked on the healthy ageing theme for decades now and co-authored *How to develop and sustain healthy cities in 20 steps*. He presented five critical success factors for a healthy city:

- WHO seal of approval to the activities at the local level, including inspirational policy frameworks;
- city leadership: acting on the determinants of health;
- creating and sustaining working groups, including the one on active and healthy ageing;
- mobilizing the resources of the cities, WHO and the European Union; and
- technical and political co-creation.

Speaking from Japan, **Keiko Nakamura**, Director, WHO Collaborating Centre for Healthy Cities and Urban Policy Research; President, Promotion Committee for Healthy Cities; and Head, Secretariat of the Alliance for Healthy Cities, Tokyo, Japan, brought an example of the Alliance for Healthy Cities, which was established in 2003. It brings together cities and non-city members and operates with a key commitment to diversity and inclusiveness as well as the physical and social determinants of health. **Suvajee Good**, Regional Focal Point for Healthy Cities and Health Promotion, WHO Regional Office for South-East Asia, shared the experience of the South-East Asia Healthy Cities Network, which is a relatively new initiative rolled out across 11 countries. She deep-dived into the example of Bhutan and the case of promoting gross national happiness over gross domestic product and productivity.

Sharing his experience as Head of the Development Planning Agency, Research and Development, Wajo Regency, Sengkang, Indonesia, **Andi Pallawarukka** said that the strength of the Healthy Cities programme is an opportunity to share and learn. In the case of Wajo Regency in Indonesia, the healthy cities agenda includes work on poverty, substance abuse, child marriage and school dropouts. He shared a proposal to promote the Healthy Cities programme through retired civil servants, who have knowledge and experience and are a valuable asset for the development of the South-East Asia Healthy Cities Network. **Stefania Pascut**, Healthy City Coordinator in Udine, Italy, noted that the term VUCA (volatile, uncertain, complex and ambiguous) world introduced to her during the WHO European Healthy Cities Network training course on health diplomacy in Turku, Finland in 2016 had a great impact on her and her understanding of the role of cities in addressing global challenges. This state requires a different response than business as usual from all levels of governance. It calls for: vision, understanding, clarity and agility. Stefania advocated more strongly harmonizing theory and practice as well as expertise and experimental knowledge. **Samar Elfeky**, Regional Adviser, Health Promotion and Social Determinants of Health, WHO Office for the Eastern Mediterranean, praised the opportunity to attend the event and learn from the WHO European Healthy Cities Network. She shared the experience from the WHO Eastern Mediterranean Region in developing the regional network, noting that Healthy Cities must cover all topics “from paediatric to geriatric”. Faten Ben Abdelaziz, Head, Unit of Health Promotion and Well-being, WHO, noted that thanks to Healthy Cities, the visions of mayors are well reflected in the global public health agenda.

In her closing remarks, moderator **Nathalie Roebbel** acknowledged the importance of Healthy Cities in delivering WHO policies and the strong recognition of the importance of the urban health agenda. To move forward, the cities need to build capacity and have high-level political support. Cities are a valuable source of knowledge and key platforms to connect the crucial actors to drive the change.

Cities are not only settings but also the actors empowered to initialize a change.

Geoff Green

Sustainability depends on governance structure, multisectoral action and accountability.

Suvajee Good

In the area of healthy ageing, the WHO European Healthy Cities Network has changed paradigms.

Stefania Pascut

We should translate the WHO guidelines into the local context. The strength of the network is development of the concepts and driving the change.

Samar Elfeky

- Over 70% are productive age (15-64 years)
- Growing proportion of elderly age (10.7% in 2020 to projected 19.90% in 2045)



The **Healthy City approach** implementation started in **1998** with six (6) cities/regencies. By 2021, more than 200

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Moving forward

Thursday, 24 November 2022

PLENARY SESSION 4 – ONE PEOPLE



Opening this session, moderator **David Barrett**, Internal Communications and Media Manager, WHO Regional Office for Europe, noted that cities all over the European Region have been increasingly burdened in recent years: the pandemic and its socioeconomic effects, the effects of climate change threatening livelihoods and recent geopolitical tensions. As a result, cities have experienced rapid change in the needs of their people. In addition, never before have more people moved in Europe. According to the World Migration Report, 101 million people in Europe live outside of their country of origin in 2020. A principle of the Copenhagen Consensus of Mayors (2018) is that we commit to take action together to improve the health and well-being of everyone who lives, loves, learns, works and plays in our cities. The objectives of this session were therefore to identify solutions on how cities can tackle migration and equity with various settings and means, share and promote good practice examples from cities on creating empowering communities for people and highlight the importance of participatory and inclusive governance that enables everyone to be involved in the decisions that affect them regardless of their sex, gender, religion, ethnicity, sexual orientation, political ideology, culture, disability, nationality or place of origin.

In his prerecorded message, **Michael Marmot**, Director of the UCL Institute of Health Equity, London, United Kingdom, explained the rationale behind studying health inequalities for policy-making in cities. He defined three main reasons for the transformative work of the local governments: limited action at the national level; local government is much closer to the social determinants of health;

and real commitments and action are happening at the level of the cities and neighbourhoods. Jessica Allen, Deputy Director of the UCL Institute of Health Equity, deep dived into the topic of the health inequalities, providing the overview of the work of the Institute as well as the initiative to establish the Health Equity Places Network starting in January 2023.

Katja Iversen, executive adviser, author, and global advocate on sustainability, global health and gender equality and part of the Universal Well-being Economy Initiative of the WHO Regional Office for Europe, presented the concept of the economy of well-being, bringing together health and economic and social determinants. The bottom 20% of the population in the WHO European Region experiences more illness limiting daily life, poor life satisfaction, poor mental health and poor self-reported health. Public investment, spending and resources should be guided by the extent to which a policy, service or organization can improve population and societal well-being. Well-being is a “new GDP” and should be based on dignity, nature, connection, fairness and participation. The key question is what cities, communities and local authorities can do to make well-being the new GDP – as the world goes beyond COVID-19 and cost-of-living crises. **Javier Segura del Pozo**, former public health officer and member of the Scientific Committee, WHO European Healthy Cities Network, recognized that we are all concerned about health equity but the key question is what we can do beyond worrying. Public health advocacy has the power to influence the social determinants of health and change policies.



There is a need for data analysis, convening, consultations, workshops, gathering community perspectives, assessment of policies and actions on how well we tackle the local problems. The analysis of the statistics of the neighbourhoods help to mobilize the needed resources.

Jessica Allen

We need an economy that is based on well-being for all, not profit for a few. It is important to remember that people want to thrive and not just survive. They want to live in healthy and safe communities and expect their authorities to deliver public policies that secure a better life today and for future generations.

Katja Iversen

Community health is very important – this means working within communities, solving the problem of loneliness and mistrust and caring for the most vulnerable.

Javier Segura del Pozo



Following the keynote presentations, the round-table consisting of mayors from Poland, Greece and Cyprus discussed the responsibilities and activities of the cities in taking care of the growing migrant population. **Adam Wieczorek**, Deputy-Mayor, Łódź, Poland, noted that 2022 brought a huge change in Poland's experience in immigration. About 1.3 million refugees from Ukraine are registered in the national database, including about 85 000 in Łódź alone. The refugees are well taken care of in terms of accommodation and benefit from the same rights to universal health coverage and education as Polish citizens. **Ioannis Fostiropoulos**, Mayor, Palaio Faliro, Greece, shared the experience of his municipality with the refugee crisis in September 2015, which surprised the local community but also quickly mobilized the volunteers to help people with accommodation, food and health issues. Ioannis highlighted the importance of paying attention to how we communicate and how we build trust, which are key ingredients in becoming one people.

Andreas Christofidis, Municipal Councillor, Geroskipou, Cyprus, spoke about the huge humanitarian tragedy because of the conflicts in Syria, Africa and Asia and the ways Cyprus and the Municipality of Geroskipou are trying to address it with limited financial and human resources. He mentioned that there is a burden to infrastructure and the economy. The mayors raised issues related to upgrading the services offered to citizens and refugees, with innovative ideas and targeted actions – investing in human capital, since it is the most valuable asset the municipalities have – and involving the community in action. They also praised the WHO European Healthy Cities Network as a platform to share, learn and offer practical experience to each other.

WHO EUROPEAN HEALTHY CITIES NETWORK BUSINESS MEETING SESSION 2

Opening business meeting session 2, **Kira Fortune**, Regional Adviser for Healthy Cities, Health Promotion and Well-being, WHO Regional Office for Europe, welcomed the participants and reminded participants that the objectives of the session were to share the Political Statement, announce the results of the Advisory Committee elections and the host city of the Conference in 2023 and share the rapporteur's report. **Daniel de-la-Rosa-Villahoz**, Mayor of Burgos, Spain, presented the Political Statement, thanking the participants for the days of rich discussion, sharing of good practice and collaboration. On Wednesday, 23 November the Political Committee of the WHO European Healthy Cities Network convened a meeting to discuss the Political Statement, including local-level policy recommendations on One Health. The Political Committee agreed that the Political Statement is both comprehensive and necessary. The Political Statement Subcommittee reviewed the recommendations and comments received from 10 cities and national networks. The large majority of these recommendations and additions have been included in the final version of the Political Statement. The Political Statement was adopted by acclamation.

Karolina Mackiewicz, Conference rapporteur, gave a brief overview of the key messages and observations from the three-day Conference. We are now meeting in a VUCA (volatile, uncertain, complex and ambiguous) world in which we need a new normal that goes beyond the "life after the pandemic". Thus, she reminded participants that cities are not only settings but also actors. They have the power to act and to change things. In addition, local solutions and real actions in our cities and neighbourhoods are key to solving global challenges. Multistakeholder and systemic approaches are needed to address current problems and find solutions. We will be able to move mountains together.

The results of the Advisory Committee elections were presented. The following will be representing the WHO European Healthy Cities Network in the Advisory Committee for the 2022–2024 period.

City representatives	National network representatives
<ul style="list-style-type: none"> • Ingunn Jacobsen, Horsens, Denmark • Denise Cahill, Cork, Ireland • Anne McCusker, Belfast, United Kingdom 	<ul style="list-style-type: none"> • Johanna Linnarson, Swedish Healthy Cities Network • Selma Šogorić, Croatian Healthy Cities Network • Maude Luherne, French Healthy Cities Network

To conclude the business meeting, the host of the Conference in 2023 was presented. The Conference, which will also mark the 35th anniversary of the Network, will be hosted in November 2023 in **Utrecht, Netherlands**.



Parallel sessions and workshops



The parallel sessions are platforms for cities and national networks of healthy cities to share experiences, good practices, challenges and lessons learned with other colleagues across the WHO European Healthy Cities Network. The sessions included presentations followed by a moderated discussion. Session rapporteurs recorded the main points arising from each session, which are reproduced briefly below. Arts and health intermissions, showcasing visual, digital, and artwork from across the WHO European Healthy Cities Network, were also held throughout the Conference.

During the three-day Conference, six sets of parallel sessions (A–F) took place over the three days, showcasing 67 accepted abstracts. The parallel sessions were planned around the six subthemes of the Conference.

1. Planet and place

- a. One Health – building a resilient future
- b. Sustainable urban design and healthy placemaking

2. People and prosperity

- a. Prosperous lives for all – creating economies of well-being
- b. Building back fairer – lessons learned from COVID-19

3. Peace and participation

- a. Creating inclusive communities – migration and health
- b. Fostering a coalition for mental health for a healthier future

► OPERATIONALIZING ONE HEALTH – PARALLEL SESSION A.1

The session focused on action-oriented approaches to One Health by cities and national networks as well as research papers prepared by universities and public health offices. Some of the common characteristics of the papers reflected the discussion earlier in the plenary session and included: integrating sectors to address One Health, engagement at all levels of government and multilevel government, engagement in the participation of communities, community-driven solutions and sharing and increasing information.

Dresden's example of empowering local communities provided excellent advice to address One Health at the local level. Kuopio's presentation emphasized key elements of One Health, including sharing information and knowledge; collaboration; action to support the most vulnerable people; outlining the rapid impact assessment for co-creation; and outlining factors that should be addressed in the future. The presentations from Lyon and the Italian Healthy Cities Network offer much learning for cities and national networks across the WHO European Region, examining vector-borne diseases; the links between animal and human health and the threats posed by these vectors to human health; and the steps being taken to improve the capacity of vector risk assessment.

► TACKLING THE MENTAL HEALTH BURDEN – PARALLEL SESSION A.2

From Frederiksberg, Denmark, the work focused on young people's attitudes and mindset towards alcohol and binge drinking. From Northern Ireland, the project was addressed by working on addiction recovery in Derry City & Strabane, United Kingdom. The work has shown that physical activity together with focusing on mental health and community building has been a useful way to recover from addiction.

The presenter from Novi Sad, Serbia, shared the work on establishing a mental health festival, building on theoretical methods of health promotion, advocating for better mental health in society through social marketing intervention and community organization methods. The City of Rennes shared experiences on how its local mental health council helps to improve mental health. They have been working on social housing, awareness-raising events and focusing on art and mental health. Rijeka, Croatia reported on the online psychological counselling called "It's all ok". From 2018 to 2022, young people had the opportunity to receive anonymous counselling on mental health.

► CITIES BUILDING BACK BETTER – PARALLEL SESSION A.3

This session focused on working with communities to leave no one behind. It reflected on the impact of the COVID-19 pandemic and the great challenges it presented in supporting those who never needed support before and who had not previously identified themselves as vulnerable. The presenter from Cork, Ireland talked about a community response within 24 hours, comprising more than 30 organizations to support a population of 220 000 people with more than 100 languages spoken. In another presentation from Cork, a needs assessment completed with 224 older

people in Cork informed actions and support on issues of isolation, loneliness, groceries, family support and online connection. The presentation also highlighted the use of the WHO-5 Well-Being Index to create a baseline knowledge of participants and measure change. Another example came from Carlisle, United Kingdom, where following the COVID-19 pandemic, a social prescribing approach was taken to engage and connect the most vulnerable members of the community. From Iceland, a first health impact assessment was presented. The data collected provided a picture of the impact of COVID-19 on various groups and inform future work to support the issues identified. Lastly, PSYCHED was a programme providing Positive Support You Can Have Every Day. The programme identified a range of supports for frontline workers across the public, private and community sectors to support mental health and remove the associated stigma.

Across all presentations, the six Ps framework of Phase VI was used to create the conditions for health and well-being to support people in cities during COVID-19. The aspects of partnership and participation were at the fore of the work of cities as they used flexible approaches to deliver strategic priorities at the local level. The WHO-5 Well-Being Index and health impact assessment tools enabled evidence and data to be collected. Common themes of loneliness, isolation and Zoom fatigue were identified and supported. COVID-19 disrupted the normal way of working, and innovative practices and partnerships flourished.

► **COLLABORATION ACROSS SECTORS – PARALLEL SESSION A.4**

This session shed light on the rise of cross-sector collaboration and how it is helping the cities in the WHO European Healthy Cities Network. From Türkiye, the focus was on business and markets in a locality with high social needs. The outcome led to problem-solving skills through social entrepreneurship which, in turn, led to fewer mental health problems among young people. From Czechia, the focus was on strategic management, identifying a need for managing many plans and ensuring networking cooperation between the owners of each of these plans. Utrecht, Netherlands focused on a quadruple helix stakeholder method in which the approach was based on healthy cities by design.

► **PLACE STANDARD – FROM THEORY TO GOOD PRACTICE – PARALLEL SESSION B.1 WORKSHOP**

This session was an opportunity for participants to learn about the origins of Place Standard and its successful application across Scotland and throughout the WHO European Healthy Cities Network. The latter is now overseen by the Network's Place, Health, Inequalities and Well-being Working Group. This was followed by two recent examples of application: Frederiksberg, Denmark and Carlisle City, United Kingdom.

Both cases studies highlighted the key role of political and executive leadership in adopting a place-based approach to the co-production of city solutions based on the expressed needs and ideas of local people of all ages and population groups. The session was completed with an update on new versions of Place Standard and an open invitation to the working group.

► TAKE CARE OF YOUR VOTERS! PARALLEL SESSION B.2 WORKSHOP

In the first part of the session, the Danish Healthy Cities Network and the Norwegian Healthy Cities Network co-presented an engaging overview of the techniques, practices and approaches to engaging political leaders into the public health agenda. The co-presenters highlight that the Sustainable Development Goals represent a framework for planning that links public health work to a broader societal context, in which we have to work across many sectors to achieve sustainable societies – especially emphasizing the link between public health work and social sustainability.

The second part of the session involved a workshop with all participants (including members attending the session virtually) to explore ways to encourage politicians to better engage in public health issues. Using a creative approach to gathering data, the participants contributed collectively to co-produce ideas and activities towards a roadmap for engaging politicians in public health.

► HEALTHY PLACEMAKING – PARALLEL SESSION C.3 WORKSHOP

The session focused on the overview and context of what placemaking is. The session was about strengthening the connection between people and the places they share; placemaking refers to a collaborative process by which we can shape our public realm to maximize shared value.

Cork, Ireland presented playful placemaking as a lever for healthy urban planning. Another example came from Netherlands, focusing on creating a slow city – a tool to create quiet and relaxing places in growing cities. Further, a workshop involved imagining your perfect place in a city where you are 100% relaxed, where you slow down and where you recharge your battery.

► EMPOWERMENT THROUGH DIGITAL HEALTH – PARALLEL SESSION C.4 WORKSHOP

The Danish Healthy Cities Network presented a knowledge-sharing platform of quality-assured case-studies, using tobacco prevention as a pilot but now expanded to a wider range of health topics. Key messages included the power of aggregating examples into master cases incorporating the commonalities between examples.

The third case study from Nice, France used the territorial exposome concept to apply cross-sectoral population health analysis to small-area populations using econometric modelling, based on reviewing scientific literature relating to a specific condition. Breast cancer screening was used in the first case to validate the econometric model, due to the completeness of screening data available through a regional cancer registry. The model went beyond stratifying small-area populations in relation to screening uptake; it modelled aggregated social and environmental determinants of propensity to attend screening, such as whether women owned cars or were single, and was able to identify populations with higher and lower than expected screening uptake than their socioeconomic characteristics alone would suggest. This was then followed up with community-based qualitative investigation. The econometric model can be applied to other health issues, and the project is currently undergoing peer review before scientific publication.

► LEAVING NO ONE BEHIND – PARALLEL SESSION C.5

Six examples of initiatives were presented: two in the same city (Cork, Ireland) on youth and AIDS, Udine, Italy on domestic violence, Zagreb, Croatia on mental health literacy for teachers (focus on youth), the Turku, Finland accessibility council and Łódź, Poland accessibility coordinator and projects to aid people with disabilities. The participants had an intervention on how many of these innovations could be transferred and adapted elsewhere – and if many can be, what can be done to facilitate their diffusion. The examples directly called attention to the pervasive, negative impact of myths and misinformation that generate fear and uncertainty and impose stigma on many people in our cities.

► CITY HEALTH PROFILES FOR AN EQUITABLE FUTURE – PARALLEL SESSION D.2 WORKSHOP

This session gave an overview and introduction to the pilot project taking place during 2021 with 5 cities. The WHO European Healthy Cities Secretariat along with the WHO European Office for Investment for Health and Development collaborated to support five cities in the process of creating new city health profiles, and these cities came to share their experiences. The key takeaway message is that the process of creating city health profiles is very individual to a city, and you should not compete with other cities; rather cities should work cohesively to improve indicators of health and equity so that when they renew a profile a few years later, there is measurable progress and positive change.

With practical examples, the City of Limassol, Cyprus demonstrated the innovative way of profiling the health of neighbourhoods within a city. Further, the City of Pécs, Hungary presented how the city profile was used within the scope of the 6 Ps of Phase VII. It was stressed that a profile can use much available data from other city initiatives like public transport services, local tax discounts or social welfare programmes. These data can often be used to lessen the effort of the city.

► HEALTHY PLACEMAKING – PARALLEL SESSION E.3

Cities presented an array of valuable projects that reflect the need for transforming city areas into green places and investing and using them. A common issue during the discussion was the accessibility of green spaces. To find solutions for making green spaces more accessible, healthy urban planning and city mapping are applied to urban areas. Innovative playgrounds, interactive projects and engaging the community are ways to transform spaces into places that people want to visit and spend time at. The excellent planning strategies of Helsinki, Finland present an overview of the transformation the city has been fostering with countless citywide programmes and policies over the last 10 years. Cities need to plan well ahead with strategic objectives that inspire thematic policies and programmes. Plans on how to implement strategies and with whom to collaborate will finally inspire the targeted projects for cities.

Increased population growth and urbanization is making improving the urban environment even more crucial, such as: reducing air pollution, increasing physical activity, providing green space and carrying out urban planning to prevent sprawl and decrease the magnitude of urban heat islands.

► FOSTERING GREATER PARTICIPATION – PARALLEL SESSION E.4

The session demonstrated various statements and things to remember and be aware of when you invite and involve people in decision-making. For instance, participatory budgeting, questionnaires, surveys, round-table discussions, voting and involving via emotional maps. It showed that participating is not just participation – but you need to consider who it is for, why engaging them is important and what the result should be. When involving stakeholders, you cannot work in silos – you need to be working together.

Local residents have special knowledge of what is happening locally, so they are a huge resource for acting locally. Co-creation has great potential to achieve equity in health and often makes solutions more sustainable. Put your professional selves in the background – and see what happens in the meeting with each other! The session showed many ambitious ways to co-create and build trust with the communities.

► HEALTHY CITIES FOR HEALTHY CHILDREN – PARALLEL SESSION E.5

In this session, five initiatives on healthy cities for healthy children were presented. Kuopio, Finland presented food education mentoring for the whole municipality, implemented in schools and early education centres, aiming at promoting well-being and healthy eating patterns and reducing health inequality. Belfast presented the Walking Bus pilot, which seeks to reduce car dependence and informs the Healthy Transport programme. Horsens, Denmark focused on the Horsens Grief Action Plan and initiatives to help children, adolescents, families and schools coping with grief and loss.

Tepebaşı, Türkiye highlighted the project Two Hands Are Better Than One, a Children's Symphony Orchestra that has proved to prevent negative groupings between children (7–17 years old). Belfast, United Kingdom, shared experiences from the Pharmacy Schools Programme – improving the health literacy of schoolchildren, which aims to influence children's (4–11 years) individual lifestyle decisions and decisions on treatment and self-care.

► ECONOMY OF WELL-BEING – PARALLEL SESSION E.6

The well-being economy approach is underpinned by the principle that public investment, spending and resources should be guided by the extent to which a policy, service or organization can improve population and societal well-being. Horsens, Denmark talked about bringing together the municipal job centre and local businesses. The residents' budget in Turku, Finland is built on decision-making democracy in which the city allocates €3 million every two years in the city's basic budget to enable residents through a certain process to give priority to projects that meet relevant needs. Food systems introduced by the French Healthy Cities Network give insight into the existing national and local frameworks for food and health.

The City of Reykjavik Health Promotion Fund (Iceland) provides extra funding for the city districts to implement appropriate actions to meet the needs of vulnerable groups in accordance with the City's public health policy. Already it has proven that little goes a long way when such funding is allocated to local structures that have the capacity and connections needed to spot the main challenges and co-create solutions.

► MENTAL HEALTH HIGH ON THE AGENDA – PARALLEL SESSION F.7

In recent years, the important role of mental health in achieving global development goals has been increasingly acknowledged. Depression is one of the leading causes of disability. The COVID-19 pandemic has further increased the burden for individuals and communities.

The key takeaways throughout the presented abstracts were awareness and community engagement. Awareness and acknowledgement of the severity of the mental health burden is still lacking across the spectrum. Especially at the workplace, conversations are lacking and stigma is strong and persistent. Social inclusion was brought up as a concept that is part of the solution. Community engagement can be used as a powerful tool to spread good practice examples and provide support. The community champions programme of Belfast, United Kingdom is training volunteers to motivate and empower people to seek support and services by creating local groups and activities. The PSYCHED initiative of Cork, Ireland is improving workplace mental health promotion by providing measurable checklists and promoting good practices. Mental health continues to need awareness and funding throughout the city level to implement sustainable programmes and initiatives that effectively support those in need.

► LESSONS LEARNED FROM COVID-19 – PARALLEL SESSION F.8

This second COVID-19 session emphasized the lessons learned by cities and municipalities. The pandemic has forced governance to rethink practices and innovate into new territories, with new partners. Cities have also suffered, especially within health promotion, as crisis management had a higher priority and required the attention of the entire healthcare workforce. A continued theme throughout the presentations was lessons learned about communication and trust. Another lesson learned for cities was that collaboration with all sectors is necessary to establish rapid solutions. When dealing with tasks that transcend borders, creative solutions with new stakeholders are needed.

The connection between the One Health approach was made, since cities have used similar tools. Many cities have invested in digital innovation systems that can support better health and care. Using real-time analytics, including integrated data, enabled Liverpool, United Kingdom to reduce COVID-19 hospital admissions and overall cases. Newcastle, United Kingdom shared its approach on addressing vaccine inequalities with an innovative approach. Including the wider determinants of health in the data lead approach enabled the city to pinpoint where action is needed. Udine, Italy inspired with its mental and emotional health programmes for schools. Key lessons included that vulnerable groups need special attention regarding loneliness and depression. Cities need to increase their capacity to reach these most vulnerable groups, and health systems need to be resilient. The French Healthy Cities Network divided the lessons learned into communication, cooperation, digital tools and the use of determinants of health in crisis management, which reflects the approaches and lessons learned from the other presentations very well.



Annex 1.

Scope and purpose



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.

The theme and subthemes of the 2022 WHO European Healthy Cities Annual Business Meeting and Technical Conference build on the Copenhagen Consensus of Mayors from 2018. The theme is Healthy Cities Leading by Example: One Planet, One People, One Health. The WHO European Healthy Cities Network welcomes the call to action of the Pan-European Commission on Health and Sustainable Development and will take forward the recommendation to operationalize the One Health approach at the local level and to intensify the conversation about the interaction between human, animal and environmental health in the context of Phase VII. The subthemes that will be explored in the parallel sessions as well as workshops include sustainable urban design, creating inclusive societies, healthy placemaking, lessons learned from the COVID-19 pandemic, creating economies of well-being, migration and health and fostering coalitions for mental health for a healthier future.

A key strategic mechanism of the WHO European Healthy Cities Network is the Annual Business Meeting and Technical Conference. These meetings bring together both political representatives and technical focal points from the WHO flagship cities and the national networks. The WHO European Healthy Cities Network comprises 88 flagship WHO cities and 20 national healthy cities networks, together having more than 1300 cities and municipalities as members in total.

This will be the third Annual Business Meeting and Technical Conference to be held in Phase VII (2019–2025) of the WHO European Healthy Cities Network.

The meeting will be delivered as a hybrid conference and organized and coordinated by the WHO European Healthy Cities Secretariat in the Division of Country Health Programmes.

The meeting objectives are:

- to demonstrate and learn from the practices of cities in the WHO European Healthy Cities Network and national networks and the important contribution that healthy cities are making to improve health and well-being at the local and urban levels;
- to learn about emerging issues and connect with new agendas when relevant and appropriate;
- healthy cities connecting with the outcomes of the 72nd session of the WHO Regional Committee for Europe at both the political and strategic levels, including specific commitments by mayors to the One Health approach;
- for the Secretariat to report back on the 2022 activities of the WHO European Healthy Cities Network and the planning of priority actions for 2023; and
- to hold an election for vacant seats in the Advisory Committee of the WHO European Healthy Cities Network.



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 meeting and Phase VII 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

Session	Time	Tuesday, 22 November 2022
	07:45–08:45	Registration (foyer)
Opening session Room: Auditorium 2 & 3	09:00–10:00 <i>Interpretation available</i>	Official opening Moderator: David Barrett, Internal Communications and Media Manager, WHO Regional Office for Europe Conference Rapporteur: Karolina Mackiewicz, Consultant, WHO Regional Office for Europe Welcoming speeches <ul style="list-style-type: none"> • Hans Henri P. Kluge, WHO Regional Director for Europe • Nino Berdzuli, Director, Country Health Programmes, WHO Regional Office for Europe • Ruediger Krech, Director, Health Promotion, WHO • Ilona Kickbusch, Founding Director and Chair, Global Health Centre, Graduate Institute for International and Development Studies, Geneva, Switzerland; • Kira Fortune, Regional Adviser for Healthy Cities, Health Promotion and Well-being, WHO Regional Office for Europe • Tony Fitzgerald, Political Representative for Cork Healthy City, Ireland and Member, Political Committee, WHO European Healthy Cities Network
Room: Atlantic Ocean	10:00–10:30	Coffee break <i>Coffee, water and refreshments will be served in the Atlantic Ocean</i>
Business meeting 1		
Room: Auditorium 2 & 3	10:30–12:00 <i>Interpretation available</i>	Welcome 2022 report of activities <ul style="list-style-type: none"> • All meetings and webinars held in 2022 • Advisory Committee report • Publications • Review of working group activity • Review of the Advisory Committee election procedures • Brief financial overview • Recognition of the newly designated cities in the WHO European Healthy Cities Network and accredited national networks
Room: Atlantic Ocean/ Indian Ocean	12:00–13:00	Lunch

Plenary session 1	13:00–14:30	One Health – cities operationalizing a One Health approach
Room: Auditorium 2 & 3	Interpretation available	<p>Moderator: Josef Konvitz, member, Scientific Committee, WHO European Healthy Cities Network</p> <p>Keynote address</p> <p>Evelyne de Leeuw, Director, Healthy Urban Environments Collaboratory and Professor of Urban Health and Policy, University of New South Wales, Sydney, Australia and member, Scientific Committee, WHO European Healthy Cities Network</p> <p>Céline De Laurens, Vice-Mayor, Lyon, France</p> <p>Round-table discussion</p> <ul style="list-style-type: none"> • Evelyne de Leeuw • Danilo Lo Fo Wong, Programme Manager, Control of Antimicrobial Resistance, WHO Regional Office for Europe • Simona Seravesi, Consultant on One Health, WHO Regional Office for Europe • Céline De Laurens • Paola Angelini, Public Health Service, Emilia-Romagna Region, Bologna, Italy <p>Closing remarks</p> <ul style="list-style-type: none"> • Nino Berdzuli • Kira Fortune
Room: Atlantic Ocean	14:30–15:00	Coffee break <i>Coffee, water and refreshments will be served in the Atlantic Ocean</i>
Parallel sessions A	15:00–16:15	A1 Operationalizing One Health
Room: Auditorium 1 & 2		<p>Abstract 90: French Healthy Cities Network: Céline De Laurens <i>One Health policy in Lyon</i></p> <p>Abstract 14: Türkiye: Emine Didem Evci Kiraz <i>Health-oriented climate change adaptation planning for municipalities: intervention study in Türkiye</i></p> <p>Abstract 35: Dresden, Germany: Paula Aleksandrowicz, Marië Gronwald <i>Empowering local communities to adapt to heat</i></p> <p>Abstract 56: Finland: Jyri Wuorisalo <i>Climate security – leave no one behind</i></p> <p>Abstract 104: Italian Healthy Cities Network: Paola Angelini <i>Innovative strategies for vector-borne diseases and vector control: application in municipalities of the Italian Healthy Cities Network</i></p>

Room: Auditorium 1	15:00-16:15	A2 Tackling the mental health burden
		Abstract 45: Frederiksberg, Denmark: Ditte Buch Herskind <i>Reducing the intake of alcohol and drugs among young people and postponing the onset of alcohol consumption</i>
		Abstract 49: Derry City & Strabane, United Kingdom: Gary Rutherford <i>Fostering coalitions for mental health: building communities of addiction recovery through physical activity in Derry City & Strabane</i>
		Abstract 80: Novi Sad, Serbia: Snezana Ukropina <i>Review of methods in health promotion: Mental Health Festival, experiences in 2016–2020</i>
		Abstract 91: Rennes, France: Yannick Nadesan <i>The example of Rennes local mental health council</i>
		Abstract 79: Rijeka, Croatia: Jadran Mandekic <i>Svejeok (It's all ok) – online psychological counselling</i>
Room: Press room	15:00–16:15	A3 Cities building back better
		Abstract 105: Cork, Ireland: Ann Doherty <i>Cork City Community Response Forum</i>
		Abstract 31: Cork, Ireland: Denise Cahill <i>Engaging older people during periods of isolation: a survey of older people in Cork, Ireland</i>
		Abstract 41: Carlisle, United Kingdom: Darren Crossley & Jeannie Pasley <i>Thriving Communities Carlisle: a peace and participation case study, showcasing coalitions for mental health for a healthier future</i>
		Abstract 85: Reykjavik, Iceland: Huguó Snorraddóttir <i>Health impact assessment of the indirect effects of the COVID-19 pandemic on health and well-being in Reykjavik, Iceland</i>
		Abstract 22: Cork, Ireland: Aoife Nichonchurir <i>Reflect and engage – exploring workplace change in the context of COVID-19</i>

Room: Amazon 0.1.11	15:00–16:15	A4 Collaboration across sectors
		Abstract 6: Tepebaşı, Türkiye: Suat Yalnızoğlu <i>Tepebaşı Social Incubation Center</i>
		Abstract 23: Healthy Cities of the Czech Republic: Jitka Bouskova <i>Support for strategic management in Czech healthy cities – indicators and benchmarking, projects, online tools, member portals and much more</i>
		Abstract 93: French Healthy Cities Network: Eve Plenel <i>Building a healthy city in a complex institutional framework: genesis of Paris' new Public Health Department</i>
		Abstract 73: Utrecht, Netherlands: Hanneke Posthumus <i>How can quadruple helix stakeholder involvement contribute to healthy urban area development?</i>
	16:30–17:30	Site visits
		<ul style="list-style-type: none"> • Walking tour to Nordhavn <ul style="list-style-type: none"> – Meet in lobby • Presentation by Hello Kitchen <ul style="list-style-type: none"> – Meet in Atlantic Ocean • Bike tour to BaneGaarden <ul style="list-style-type: none"> – Meet in lobby <p>More information is available online at: Day 1 site visits https://healthycitiesconference.wordpress.com/2022/11/11/day-1-site-visits-and-side-events/</p>
Transport	17:30	Bus transport to welcome dinner Buses will leave from UN City at 17:30 and 17:45
Social event	18:00–23:00	Welcome dinner Venue: BaneGaarden https://www.banegaarden.com/ BaneGaarden Otto Busses Vej 45 DK-2450 Copenhagen Dinner for all Conference participants

Session	Time	Wednesday, 23 November 2022
Parallel sessions B	08:30–10:00	B1 Workshop: Place Standard – from theory to good practice
Room: Auditorium 1		Abstract 13: Public Health Scotland, United Kingdom: John Howie <i>Place Standard version 2 – introduction and practical workshop</i>
		Abstract 32: Frederiksberg, Denmark: Joanna Mai Skibsted <i>Place Standard – life between the houses in a local park</i>
		Abstract 68: Carlisle, United Kingdom: Emma Dixon <i>Place Standard in practice – the journey, progress and community planning in Carlisle</i>
Room: Auditorium 2&3	08:30–10:00	B2 Workshop: Take care of your voters!
		Abstract 53: Norwegian Healthy Cities Network and Danish Healthy Cities Network: Maria Eintveit & Charlotte Lisager Pedersen <i>Take care of your voters! A concept for training politicians in their public health responsibilities</i>
Room: Amazon 0.1.11	08:30–10:00	Working group meetings
<p>Environment and Health Working Group</p> <p>The Environment and Health Working Group was established after the 6th WHO Ministerial Conference on Environment and Health in Ostrava, Czechia in 2017.</p> <p>The topics in this domain are broad, diverse and urgent, and with lessons from COVID-19, the Environment and Health Working Group restarted in summer 2021. The aims are to provide a platform for cities that want to strengthen work on environment and health and to develop tools and guidance materials and to disseminate results to the WHO European Healthy Cities Network and national healthy cities networks.</p> <p>The Working Group works closely with the WHO European Centre for Environment and Health and is chaired by the City of Utrecht. The Working Group meeting during the WHO European Healthy Cities Network Annual Business Meeting and Technical Conference is an open meeting and will provide an opportunity for further knowledge exchange beyond the membership of the Working Group.</p> <p>The main topics will be One Health at the local level and the 7th Ministerial Conference on Environment and Health, with both topics to be addressed in group discussions and brainstorming. Since the Working Group is setting its agenda for 2023 and beyond, we are open for new participants as well.</p>		

Room: Press room		Healthy Ageing Task Force meeting The Healthy Ageing Task Force is the longest standing subnetwork technical working group. After the onset of the COVID-19 pandemic, the Task Force convened 12 cities to share experiences on how they have responded. The Task Force is welcoming cities from the Network to join the meeting and learn more about how they can become engaged in creating age-friendly environments.
Room: Atlantic Ocean	10:00–10:30	Coffee break <i>Coffee, water and refreshments will be served in the Atlantic Ocean</i>
Plenary session 2	10:30–12:00	One planet – cities taking climate action
Room: Auditorium 2 & 3	<i>Interpretation available</i>	Moderator: Nathalie Roebbel , Unit Head, Urban Health, WHO
		Keynote address Graham Alabaster , Head, Geneva Office, UN Habitat, Switzerland Bettina Menne , Senior Policy Adviser – Healthy Settings, WHO Regional Office for Europe
		Round-table discussion <ul style="list-style-type: none"> • Miriam Weber, Healthy City Project Coordinator and Senior Policy Adviser, Utrecht, Netherlands and member, Advisory Committee and Political Committee • Nalan Fidan, Healthy City Project Coordinator, Bursa, Türkiye and Member, Political Committee • Pekka Vahakangas, Deputy Mayor, Kuopio, Finland and member, Advisory Committee • Dagur Eggertsson, Mayor of Reykjavik and member, Political Committee
		Closing remarks <ul style="list-style-type: none"> • Graham Alabaster • Bettina Menne • Nathalie Roebbel
Room: Atlantic Ocean	12:00–14:00	Lunch Working meeting, national network coordinators
Indian Ocean		Working meeting, healthy city coordinators
Auditorium 1		Working meeting, politicians
Canteen		Lunch for all other participants. Vouchers provided in the auditorium
Meet in the lobby	13:15–13:55	Tour of UN City 40-minute building tour
Lobby	14:00–14:15	Group photo

Plenary session 3	14:15–15:30	Healthy Cities around the world
Room: Auditorium 2 & 3	Interpretation available	<p>Moderator: Kira Fortune</p> <p>Keiko Nakamura, Director, WHO Collaborating Centre for Healthy Cities and Urban Policy Research; President, Promotion Committee for Healthy Cities; and Head, Secretariat of the Alliance for Healthy Cities, Tokyo, Japan</p> <p>Geoff Green, Emeritus Professor of Urban Policy, Sheffield Hallam University, United Kingdom</p> <p>Suvajee Good, Regional Focal Point for Healthy Cities and Health Promotion, WHO Regional Office for South-East Asia</p> <p>Andi Pallawarukka, Head of Development Planning Agency, Research and Development, Wajo Regency, Sengkang, Indonesia</p> <p>Stefania Pascut, Healthy City Coordinator, Udine, Italy</p> <p>Samar Elfeky, Regional Adviser, Health Promotion and Social Determinants of Health, WHO Regional Office for the Eastern Mediterranean</p> <p>Faten Ben Abdelaziz, Head, Unit of Health Promotion and Well-being, WHO</p> <p>Closing remarks</p> <ul style="list-style-type: none"> • Kira Fortune
Room: Atlantic Ocean	15:30–16:00	Coffee break Coffee, water and refreshments will be served in the Atlantic Ocean
Room: Nile 0.2.20	16:00–17:30	<p>Meeting of the Political Committee of the WHO European Healthy Cities Network</p> <p><i>Closed meeting for Political Committee members only</i></p>
Parallel session C	16:00–17:30	C3: Workshop: healthy placemaking
Room: Amazon 0.1.11		<p>Abstract 9: Cork, Ireland: Denise Cahill</p> <p><i>Playful placemaking as a lever for healthy urban planning</i></p>
		<p>Abstract 58: Utrecht, Netherlands: Floor Borlee</p> <p><i>The slow city – a tool to create quiet and relaxing places in growing cities</i></p>
Room: Auditorium 1		C4: Workshop: Empowerment through digital health
		<p>Abstract 7: Kuopio, Finland: Arto Holopainen</p> <p><i>Service design as an integral part of development in a human-centric digital municipality –Kuopio</i></p>
		<p>Abstract 37: Danish Healthy Cities Network: Jan Andersson</p> <p><i>Digital knowledge sharing – www.sundeborgere.dk</i></p>
		<p>Abstract 71: Nice, France: Fabien Lanteri</p> <p><i>Project Syndemia</i></p>

Room: press room		C5: Leaving no one behind
		<p>Abstract 8: Cork, Ireland: Katherine Harford <i>Allies for health and well-being across the life cycle, starting with our youngest citizens – Cork as a child-friendly and healthy city</i></p>
		<p>Abstract 12: Łódź, Poland: Katarzyna Treda-Pisera <i>Inclusive policy of the City of Łódź towards people with disabilities</i></p>
		<p>Abstract 30: Cork, Ireland: Martin Davoren <i>World AIDS Day Run: tackling HIV-related stigma within communities</i></p>
		<p>Abstract 34: Turku, Finland: Jyri Kuparinen <i>The Accessibility Council</i></p>
		<p>Abstract 100: Udine, Italy: Stefania Pascut <i>Rispetto</i></p>
		<p>Abstract 76: Croatian Healthy Cities Network: Darko Rovis <i>Help To: mental health literacy programme for teachers in Croatia</i></p>
Room: Auditorium 2+3		<p>WHO side event: Turning down the alcohol flow: European Framework for Action on Alcohol, 2022–2025</p> <p>Alcohol consumption and its related burden of disease are responsible for some of the greatest health and societal challenges faced by countries in the WHO European Region. One in every 10 deaths in the Region is caused by alcohol, amounting to almost 1 million annually in total, and many of these deaths occur at a very young age.</p> <p>Alcohol is a causal factor for more than 200 diseases, health conditions and injuries and is a Group 1 human carcinogen, causally linked to seven types of cancer. In September 2022 at the 72nd session of the WHO Regional Committee for Europe in Tel Aviv, Israel, the 53 European Member States unanimously adopted the European Framework for Action on Alcohol, 2022–2025, which draws on the best evidence to propose priority policies that countries can adopt to reduce alcohol consumption and harm.</p> <p>This side event describes the priority areas of the Framework and provides the opportunity to discuss the implications for cities. Participants are invited to join further discussions to consider establishing a WHO European Healthy Cities Network working group on alcohol.</p>
Site visits	17:30	<ul style="list-style-type: none"> Community dinner at Absalon community space <ul style="list-style-type: none"> Meet in the lobby; buses will depart at 17:30 Huset – Community centre and board games <ul style="list-style-type: none"> Meet in the lobby; buses will depart at 17:30 <p>More information is available online at: Day 2 site visits https://healthycitiesconference.wordpress.com/2022/11/16/day-2-site-visits-and-side-events</p>
Social event	18:00–23:00	<p>Politicians' dinner</p> <p>Dinner for all political representatives (by invitation only)</p> <p>Transport to venue will depart from UN City at 17:45</p>

Session	Time	Thursday, 24 November 2022
	08:30–10:00	Working group meetings
Room: Press room		<p>Alcohol</p> <p>Alcohol consumption and its related burden of disease are responsible for some of the greatest health and societal challenges faced by countries in the WHO European Region. This session follows up on the side event on turning down the alcohol flow: European Framework for Action on Alcohol, 2022–2025 held on 23 November 2022 and the webinar on reducing alcohol consumption and harm in healthy cities held on 31 March 2022.</p> <p>We will revisit the priority areas of the European Framework for Action on Alcohol, 2022–2025, also providing an update on the new WHO/EU Evidence into Action Alcohol Project (EVID-ACTION), which is being implemented as part of the Europe's Beating Cancer Plan of the EU. Participants will be invited to further explore the needs of cities and to discuss suggestions for action for a WHO European Healthy Cities Network working group on alcohol, referencing some options that have been prepared by WHO and to agree on the next steps.</p>
Parallel session D	08:30–10:00	D1: Workshop: Place Standard – walking the talk
Room: Atlantic Ocean		<p>Abstract 13: Public Health Scotland, United Kingdom: John Howie</p> <p><i>Practical workshop for participants explaining and practising on how to use the Place Standard tool in their city or network</i></p>
Room: Auditorium 2 & 3	Interpretation available	D2: Workshop: City health profiles for an equitable future
		<p>Abstract 4: Limassol, Cyprus: Nicos Middleton</p> <p><i>Multimethod objective and subjective profiling of the neighbourhood health-related environment in Limassol, Cyprus</i></p>
		<p>Abstract 3: Healthy Cities Association in the Carpathian Basin: Antonio de Blasio</p> <p><i>Health development plan of the City of Pécs 2020–2025 – research methods of the plan and findings of the first interim report</i></p>
Room: Atlantic Ocean	10:00–10:30	<p>Coffee break</p> <p><i>Coffee, water and refreshments will be served in the Atlantic Ocean</i></p>

Plenary session 4	10:30–12:00	One people – together we leave no one behind
Room: Auditorium 2 & 3	Interpretation available	<p>Moderator: David Barrett, Internal Communications and Media Manager, WHO Regional Office for Europe</p> <p>Keynote addresses:</p> <p>Michael Marmot, Professor of Epidemiology and Public Health and Director, UCL Institute of Health Equity, University College London, United Kingdom</p> <p>Katja Iversen, executive adviser, author, and global advocate on sustainability, global health and gender equality, New York, United States</p> <p>Jessica Allen, Deputy Director, UCL Institute of Health Equity, University College London, United Kingdom</p> <p>Javier Segura, former public health officer and member, Scientific Committee, WHO European Healthy Cities Network</p> <p>Round-table discussion</p> <ul style="list-style-type: none"> • Adam Wieczorek, Deputy Mayor, Łódź, Poland • Ioannis Fostiropoulos, Mayor, Palaio Faliro, Greece • Andreas Christofidis, Municipal Councillor, Geroskipou, Cyprus <p>Closing remarks</p> <ul style="list-style-type: none"> • Katja Iversen • Jessica Allen • Javier Segura
Room: Atlantic Ocean/ Indian Ocean	12:00–13:00	Lunch Working meeting, national network coordinators
Room: Auditorium 1	12:00–13:00	<p>WHO side event lunch: Regions for Health Network</p> <p>Celebrating 30 years of active collaboration, the Regions for Health Network is a Network of 39 regions and associated members from 28 countries in the WHO European Region. Regions have significant political, technical and administrative functions in areas of public health, health systems and social care and influence regional sectoral policies in areas such as environment, nature protection, housing, finance, education, food, employment and transport. The Network is instrumental in efforts “to support local living environments that enable health and well-being”.</p> <p>Historically, healthy cities and regions for health have been working together and are allies towards achieving better health and well-being for our people and the planet.</p> <ol style="list-style-type: none"> 1. How to further strengthen cooperation between regions for health and healthy cities 2. Explore lessons learned on best practices for joint action on health and well-being 3. Discuss transformation needs for better joint action

Parallel sessions		13:00–14:00	E3: Healthy placemaking
Room: Amazon 0.1.11			Abstract 11: Cork, Ireland: Denise Cahill <i>Green Spaces for Health</i>
			Abstract 36: Helsinki, Finland: Maria Jaakkola <i>Planning for a healthy and equitable green network</i>
			Abstract 40: Carlisle, United Kingdom: Jeannie Pasley & Darren Crossley <i>Pollinators in the heart of the city – a planet and place case study showcasing sustainable urban and healthy placemaking in Carlisle</i>
			Abstract 66: Newcastle-upon-Tyne, United Kingdom: Robert Snowball <i>Safer, cleaner and greener neighbourhoods in Newcastle</i>
			Abstract 86: Barcelona, Spain: Elia Diez <i>Evaluation of a smoke-free beaches intervention in Barcelona: a quasi-experimental study</i>
Room: press room			E4: Fostering greater participation
			Abstract 20: Healthy Cities of the Czech Republic: Jitka Bouskova <i>Emotional maps, youth forums and children's participatory budgeting – innovative participatory methods in practice</i>
			Abstract 52: Turku, Finland: Maarit Luukkaa <i>How various actors work together to prevent disruptive behaviour among young people</i>
			Abstract 38: Danish Healthy Cities Network: Jan Andersson <i>Co-creation in Denmark – involving the citizens</i>
			Abstract 42: Helsinki, Finland: Sanna Moisala & Anri Niskala <i>Cities co-developing together</i>
			Abstract 26: Stavropol, Russian Federation: Karen Amlaev <i>Outcomes of studying life patterns among residents of the North Caucasus Federal District and their opinions on healthy city planning</i>
			Abstract 89: Newcastle-upon-Tyne, United Kingdom: Karen Inglis <i>Newcastle Neighbourhoods</i>

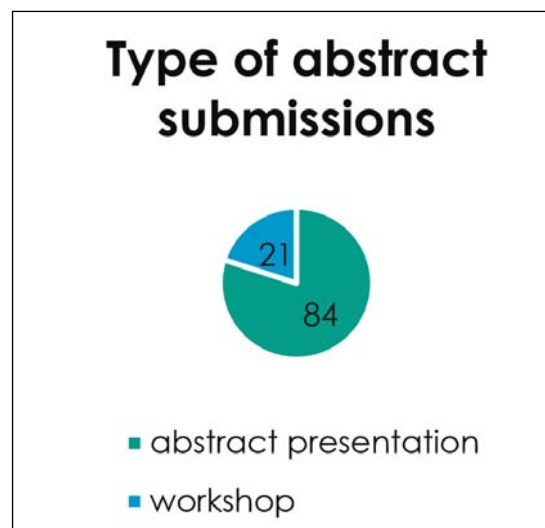
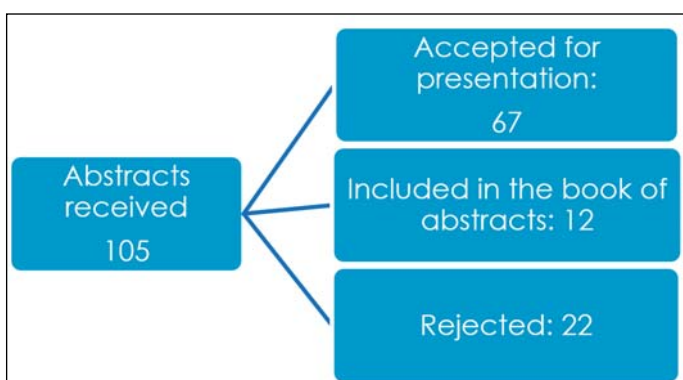
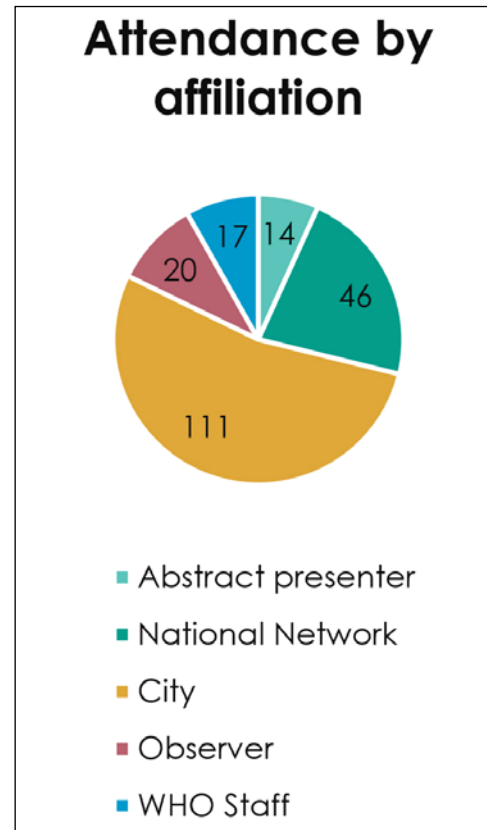
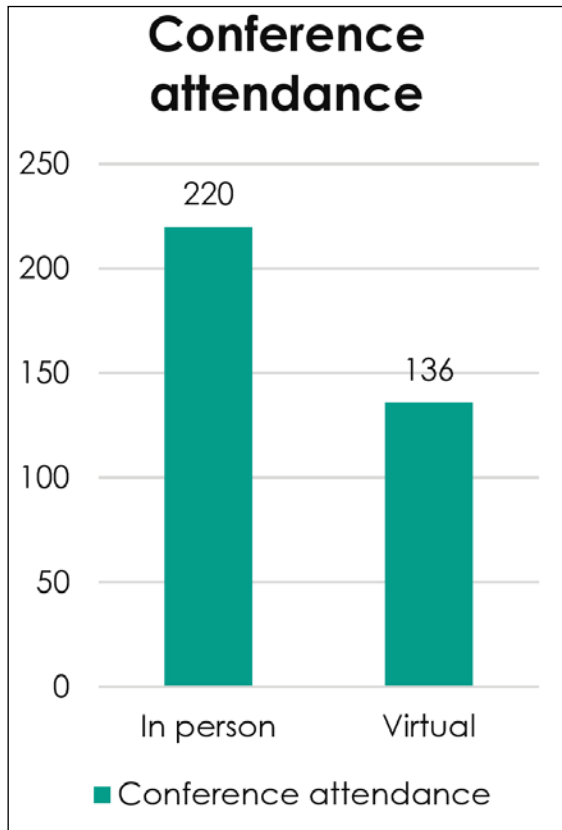
Room: Auditorium 1	13:00–14:00	E5: Healthy cities for healthy children
		Abstract 21: Finnish Healthy Cities Network: Aija Laitinen <i>Food education mentoring for the whole municipality</i>
		Abstract 29: Belfast, United Kingdom: Avanvir Singh <i>Walking Bus pilot</i>
		Abstract 39: Horsens, Denmark: Ingunn Jacobsen <i>The Horsens Grief Action Plan – how to help children, young people, families and schools coping with grief and loss</i>
		Abstract 44: Belfast, United Kingdom: Anne McCusker <i>Pharmacy Schools Programme – improving the health literacy of schoolchildren</i>
		Abstract 55: Tepebaşı-Eskisehir, Türkiye: Inci Çalışkan <i>Two Hands Are Better than One</i>
Room: Auditorium 2 & 3		E6: Economy of well-being
		Abstract 17: Horsens, Denmark: Christian Gregersen <i>The Job Task Force in Horsens – putting people first with corporate social responsibility</i>
		Abstract 27: Turku, Finland: Anri Niskala <i>How to get as many people as possible involved in participatory budgeting – the Resident Budget</i>
		Abstract 92: French Healthy Cities Network: Maude Luherne <i>Health as part of local food strategies: experiences from healthy cities in France</i>
		Abstract 99: Reykjavik, Iceland: Harpa Thorsteinsdóttir <i>A health-promoting community in Reykjavik</i>
Room: Atlantic Ocean	14:30–15:00	Coffee break <i>Coffee, water and refreshments will be served in the Atlantic Ocean</i>
Room: press room		WHO side event – healthy ageing
Meet in the lobby	15:15–15:55	Tour of UN City 40-minute building tour
	15:00–16:00	Working group meetings
Room: Rio de La Plata - 0.2.10		Place, health inequalities and well-being Abstract 16: Public Health Scotland, United Kingdom: John Howie Place, Health, Inequalities and Well-Being Working Group – update and overview of plans to move to a WHO European task force The Place, Health, Inequalities and Well-Being Working Group was convened in October 2018 with an aim to “generate new evidence and a shared knowledge and understanding of place, health, inequalities and well-being and the tools, learning and processes available to effectively deliver on the place theme of the Copenhagen Consensus of Mayors across the WHO European Healthy Cities Network”.

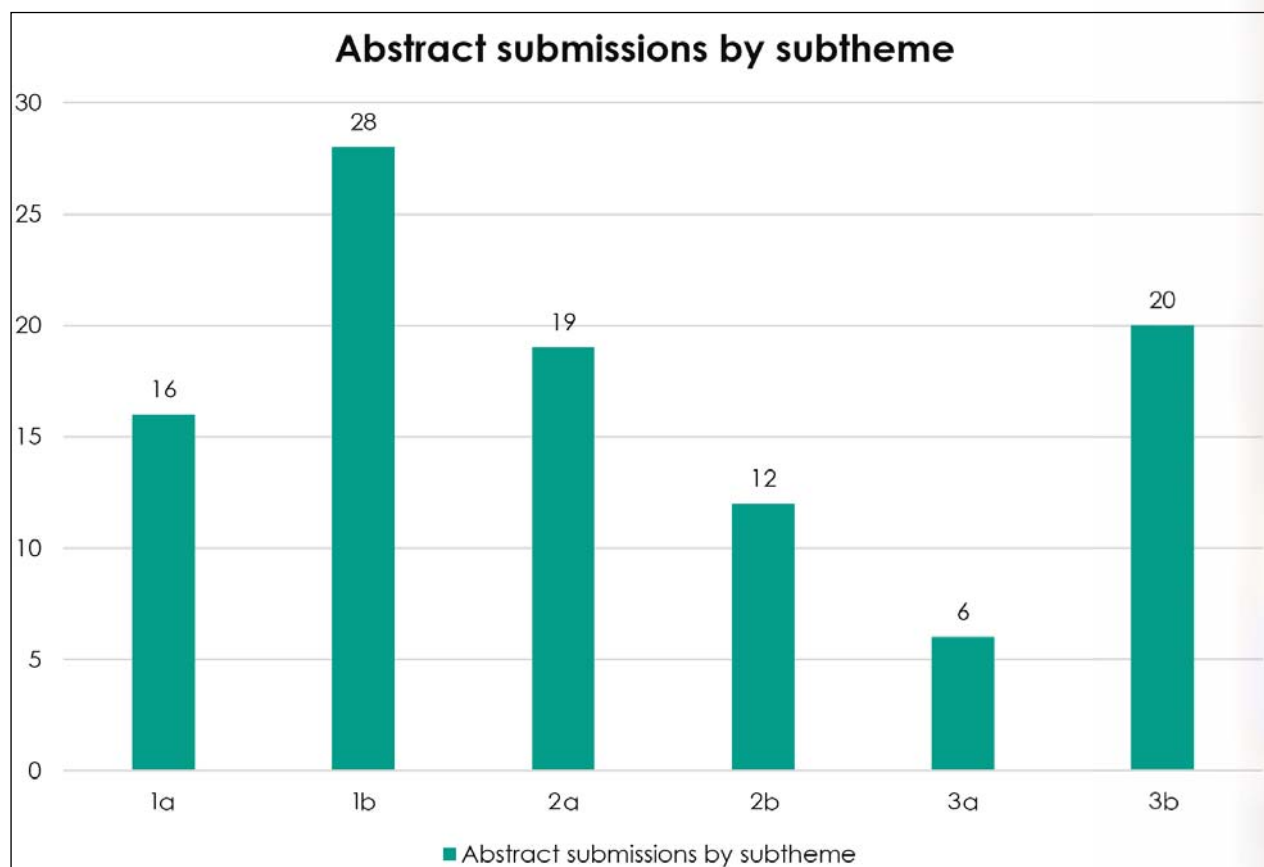
		<p>The Working Group is currently chaired by Public Health Scotland with membership that includes representatives from 12 national healthy cities networks. The key focus of the work programme has been to develop capacity in place-based working by applying the Place Standard tool and the ongoing sharing of lessons, knowledge and good practice.</p> <p>The November 2022 open meeting will provide an opportunity for further knowledge exchange beyond the members of the Working Group and provide time to finalize the practical next steps to develop a WHO Task Force for Place, Health, Inequalities and Well-Being.</p>
Parallel sessions F		
	15:00–16:00	F7: Mental health high on the agenda
Room: Auditorium 1		Abstract 2: Kuopio, Finland: Kirsti Turunen <i>Heartful cooperation towards a healthier future</i>
		Abstract 33: Cork, Ireland: Denise Cahill <i>PSYCHED – a workplace mental health promotion initiative</i>
		Abstract 78: Belfast, United Kingdom: Joan Devlin <i>Care Zone – building hope to improve community well-being</i>
		Abstract 48: Croatian Healthy Cities Network: Selma Šogorić <i>Mental health challenges in Croatia today</i>
Room: press room		
	15:00–16:00	F8: Lessons learned from COVID-19
		Abstract 10: French Healthy Cities Network: Maude Luherne <i>Lessons learned from the pandemics by the French Healthy Cities Network</i>
		Abstract 97: Udine, Italy: Stefania Pascut <i>Mental and emotional health in schools and through community programmes</i>
		Abstract 88: Newcastle-upon-Tyne, United Kingdom: Claire Toas <i>Towards COVID-19 vaccine equity</i>
		Abstract 64: Liverpool, United Kingdom: Benjamin Barr <i>Partnership working and data sharing for a city-wide pandemic response and recovery with global impact</i>
Business meeting 2		
Room: Auditorium 2 & 3	16:15–17:00 <i>Interpretation available</i>	Moderator: Kira Fortune <ul style="list-style-type: none"> • Daniel de-la-Rosa-Villahoz, Mayor of Burgos, Spain Presentation of the amendments to the Political Statement • Adoption of the Political Statement • Karolina Mackiewicz, rapporteur's report • Presentation of host city for the 2023 Annual Business Meeting and Technical Conference • Closing remarks
Social event	17:00–18:30	Closing reception



Annex 3.

Conference statistics





1a: One health – building a resilient future

1b: Sustainable urban design and healthy placemaking

2a: Prosperous lives for all – creating economies of well-being

2b: Building back fairer – lessons learned from COVID-19

3a: Creating inclusive communities – migration and health

3b: Fostering coalitions for mental health for a healthier future





Annex 4.

Political Statement

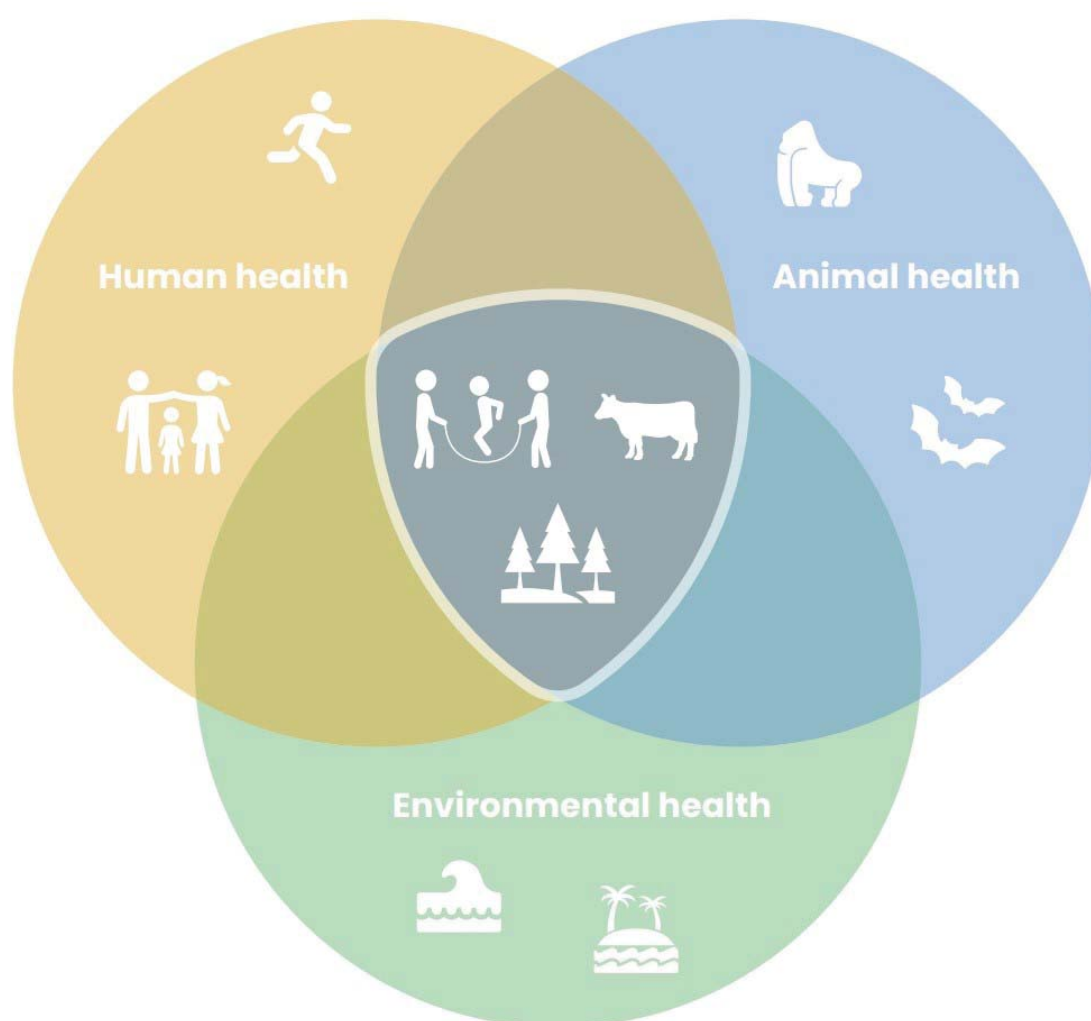
LOCAL-LEVEL POLICY RECOMMENDATIONS: OPERATIONALIZING A ONE HEALTH APPROACH

We, the mayors and senior political representatives of cities, gathered on 22–24 November 2022, confirm our commitment to the values and principles of the Healthy Cities movement.

The COVID-19 pandemic has reminded us of the complexity of the public health challenges we face today – challenges that no one sector, group of stakeholders, city or country can address on their own: we cannot solve them in isolation. These challenges require a multisectoral approach and cooperation among multiple stakeholders – in other words, shared challenges require shared solutions and responses.

One Health is defined as an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. The One Health approach requires mobilizing multiple sectors, disciplines and communities at different levels of society to work together and to foster well-being in accordance with the call of the Sustainable Development Goals for integration across sectors.

Fig.1: One Health connects the human, animal, and environmental health¹



¹ A health perspective on the role of the environment in One Health. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/354574>).

One Health is not a new concept, but it needs to be redefined in the 21st century given the importance of the interdependence of human, animal and environmental health accompanied by escalating environmental changes.

The One Health approach is gaining renewed traction and high political attention in the wake of the COVID-19 pandemic and now features prominently in the priorities of the G7, G20 and European Union and in the work of multiple United Nations agencies. Within WHO, the recommendations of the Pan-European Commission on Health and Sustainable Development have heightened the commitment of Member States in the WHO European Region towards operationalizing One Health at the national, subnational and local levels. This is precisely because there is recognition that a One Health approach can be cost-effective and highlights the benefits of health promotion, disease prevention and preparedness over cure. Well-being economies feed strongly into this approach, with their aim to direct resources towards multisectoral approaches that deliver not only particularly on well-being but also equity, inclusion and sustainability to ensure that no one is left behind.

Although the COVID-19 pandemic remains a challenge with no end yet in sight, the pandemic has also reminded us of the importance of readdressing previously known disparities regarding the distribution of health and determinants of health in populations and, by doing so, improving resilience and preparedness. Although the burden of disease in European societies is largely linked to noncommunicable diseases, the COVID-19 pandemic has made societies acutely aware of the potentially detrimental effects that new infectious diseases can pose to societies. Mpox, another zoonotic disease, has recently been declared as a new public health emergency of international concern. In these challenging times, people's livelihoods and health, including mental health, have been widely and often disproportionately affected. It is imperative that we advance impact-driven interventions and seize the opportunity to invest in and scale up the One Health approaches at the local level, building on the best available data, evidence and practice each time. This will require promoting bolder local policies and stronger governance and coordination across multiple sectors, systematic integrative surveillance systems and data sharing, more investment in research and in human capacity and physical infrastructure – to prevent future pandemics and prepare for effective responses to health and environmental emergencies and long-term challenges connected to public health across the WHO European Region.

We recognize the interconnection between the One Health approach and the key themes of Phase VII of the WHO European Healthy Cities Network: people, place, participation, peace, prosperity and planet. We therefore build upon the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All and reaffirm our commitment to the six key themes and to ensuring that our policies are structured around them.

We commit to operationalize One Health at the local level by pursuing a sustainable development agenda on food, environment, health systems and health literacy by also acknowledging that solid partnerships and collaboration are necessary to achieve a sustainable and healthy future.

We consider that the process of operationalizing One Health across the European Region is an essential step in aligning our mandates to strengthen cooperation and coordination between cities, sectors and stakeholders at the local level.

It is widely recognized that cities not only play an essential role in achieving the Sustainable Development Goals, but cities are also critical change-makers as the global community scales up efforts to operationalize One Health. The expertise of healthy cities in working across sectors adds value and strategically places them to be leading by example. Since action takes place at the local level and local governments are closest to citizens, with the most immediate and visible impact on their lives, we recognize that cities need to reinforce ongoing efforts and act now.

We, the mayors and senior political representatives of cities, recognize that involving cities as actors, levels of government closest to communities and agents that shape human habitats in operationalizing the One Health approach is critical to strengthening public health at the local level, improving resilience in populations and enhancing our ability to prevent, prepare for and respond to future crises. To operationalize One Health at the local level, we are putting forward the following recommendations.

PREVENTION

- 1. Map, innovate and scale up existing One Health initiatives and networks at the local level:** Conduct consultations at the local level to map out initiatives that successfully combine the multidisciplinary and intersectoral aspects of an approach encompassing humans, animals and the environment within and beyond the health system. Recognize, foster, innovate and celebrate these initiatives.
- 2. Increase One Health literacy across all levels:** Ensure sound understanding and recognition of the One Health approach by developing and disseminating health and safety information across sectors. Develop capacity-building initiatives to incorporate One Health approaches into training and education, with a key focus on the interface between humans animals and environmental health. Foster twinning and exchange programmes to share good practices.
- 3. Build back better by further investing in research and data across all sectors:** To effectively detect, respond to and prevent disease outbreaks of foodborne and zoonotic origin and issues related to antimicrobial resistance, share epidemiological data and laboratory information across sectors at multiple levels of government. Together, government officials, researchers and actors across sectors at the local level should clarify roles and responsibilities to implement joint activities, as needed.

PREPARATION

- 4. Strengthen the social component of One Health:** Build community engagement mechanisms to address the interface between humans, animals and the environment in an integrated manner. Listen, use and act on local voices to build trust and co-create community health and well-being.

- 5. Create urban resilience:** Lead in creating urban resilience by collaborating across multiple city departments and working with private-sector stakeholders and community leaders. It is crucial to invest and spend in ways that produce population and societal well-being for all and have infrastructure policies and strategies in place to protect and adapt cities against vulnerability, environmental stressors and uncertainty caused by weather extremes such as heat-waves, floods, cold weather, energy shortages and to prepare to meet increased migration.
- 6. Ensure the Healthy Cities' Steering Committee reflects the One Health approach:** Strengthen the intersectoral steering committees by ensuring that the relevant stakeholders and policy-makers (health sector, environmental sector, veterinary sector and food safety sector) are engaged. Recognize good practice and increase the visibility of achieved targets and goals.

PROMOTION

- 7. Promote change in food systems:** Promote and support the shift of food production and consumption towards a more sustainable and equitable pattern. Create and present solutions for producers and retailers to make healthier, more sustainable and local choices easier, increase awareness by providing information and introducing local food labeling.
- 8. Promote healthy urban planning:** Include the One Health approach in urban planning. Enable citizens by making healthy behaviour the easy choice and contribute to equal opportunities. Invest in biodiversity by creating high quality green and blue spaces. Present best practices to city developers to create affordable housing and more sustainable and resilient cities.
- 9. Promote projects and partnerships:** Celebrate achievements and milestones reached along the way of implementing the One Health approach. Increase visibility through communication mechanisms and share your achievements and challenges within networks to open discussions and gain feedback.

TRANSFORMATION

- 10. Transform collaboration across jurisdictions and on multiple governance levels:** Work with all sectors of local government to integrate the One Health approach through multiple levels of government including local, subnational and national authorities.

The WHO Regional Office for Europe

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

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