

# BELFAST CHARTER FOR HEALTHY CITIES

OPERATIONALIZING THE COPENHAGEN CONSENSUS OF  
MAYORS: HEALTHIER AND HAPPIER CITIES FOR ALL

WHO European Healthy Cities Network  
International Healthy Cities Conference  
Belfast, United Kingdom of Great Britain and  
Northern Ireland, 1–4 October 2018





## Abstract

This Charter expresses the commitment of political leaders of cities in Europe to promote health and well-being, keep the world safe, and protect the vulnerable, in line with WHO's Thirteenth General Programme of Work adopted at the World Health Assembly in May 2018.

This will be achieved through a commitment to strengthening and championing action on health and well-being, health equity, sustainable development, and human rights. It celebrates and builds on 30 years of knowledge, experience and public health accomplishments of the WHO European Healthy Cities movement. It reaffirms commitment to the values and principles of Healthy Cities and draws inspiration from the United Nations 2030 Agenda for Sustainable Development and the WHO European Healthy Cities Network Copenhagen Consensus of Mayors, adopted by the Network in February 2018.

The Charter identifies priorities for action based on new opportunities and evidence, to guide effective and efficient approaches to addressing today's global common and interdependent public health and well-being challenges. It specifically calls on mayors, politicians and local government officials to strengthen their leadership roles in facilitating whole-of-government and whole-of-society approaches to promoting health and well-being, and reducing health inequities and inequalities. It reviews plans and priorities for Phase VII (2019–2024) of the WHO European Healthy Cities Network and identifies how regional and national governments and WHO can support and benefit from these approaches.

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Annual Business and Technical Conference of the  
WHO European Healthy Cities Network and Network of  
European National Healthy Cities Networks

**International Healthy Cities Conference 2018**  
**Changing Cities to Change the World**  
*Celebrating 30 years of the Healthy Cities Movement*

**28 November 2018**

**Belfast, United Kingdom of Great Britain and  
Northern Ireland**  
**1–4 October 2018**

**Political statement and action commitments for the  
WHO European Healthy Cities Network in  
Phase VII**

**4 October 2018**



# Political statement

**We, the mayors and political leaders** of cities, metropolitan regions, city regions, and urban places in the European Region of the World Health Organization (WHO), have gathered at the 2018 International Healthy Cities Conference in Belfast, United Kingdom of Great Britain and Northern Ireland, to confirm our commitment to the values and principles of the Healthy Cities movement.

In an increasingly urban and globalized world, we will lead by example, both individually and collectively, to make our cities healthy, safe, fair, inclusive, resilient and sustainable.

Healthy Cities foster health and well-being through governance, empowerment and participation, creating urban places for equity and community prosperity, and investing in people for a peaceful, sustainable and more resilient planet. Healthy Cities lead by example, tackling inequalities and promoting governance and leadership for health and well-being through innovation, knowledge sharing and city diplomacy for health.

## **We recognize that:**

- the well-being, health, and happiness of our citizens depends on our willingness to give priority to the political choices that shape and address the determinants of health and well-being across the life course, including pregnancy and birth, and that combat the main causes of death and disability, including noncommunicable diseases;
- the quality of urban life requires our urgent action to address social, political, commercial and environmental determinants and how they affect health and well-being; and
- the social diversity and trust essential for vibrant, peaceful, multicultural, and cohesive communities can only be fostered if we counteract the policies that lead to increasing social divides and health and well-being inequities.

We will therefore advocate forcefully for investing in cities and their human capital – the people – and natural capital, and will significantly increase our engagement in city diplomacy for health – within and between cities and with other stakeholders in whole-of-society and whole-of-government approaches.

## **We declare our commitment to:**

- act as a network for sharing examples of good practice, learning, collaboration and innovation globally and regionally, and to act as a key partner in developing and implementing evidence- and practice-based actions;
- act as a platform, through our national networks, for building capacity at national level, and coherence at all levels of government for better health, well-being and equity outcomes;

- act as a partner and vehicle for local-level implementation of global and regional priorities, including those outlined in the United Nations 2030 Agenda for Sustainable Development, within the context of the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All;
- work alongside WHO to keep the world safe, improve health and serve the vulnerable, in line with WHO's Thirteenth General Programme of Work, adopted at the World Health Assembly in May 2018.

We will work collectively and individually to ensure that Phase VII of the WHO European Healthy Cities Network will act as a convener and an enabler for all relevant stakeholders across both government and society to come together and ensure that cities around the globe facilitate and foster improved health and well-being for all, reduce inequalities both within and between cities and countries, and act as a central element of the healthier, happier, and more sustainable future that we all strive for.

**We call on all city and health leaders globally, and everyone who lives in urban places, to join us in this endeavour. Together, we can succeed.**

# Action commitments to implement the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All

We, the mayors and political leaders of cities, metropolitan regions, city regions, and urban places in the WHO European Region, gathered at the 2018 International Healthy Cities Conference in Belfast, United Kingdom of Great Britain and Northern Ireland, on 4 October 2018, on the threshold of launching Phase VII of the WHO European Healthy Cities Network that will inspire and guide our work in the next six years, commit to:

1. Using Phase VII of the WHO European Healthy Cities Network to operationalize and implement the **Copenhagen Consensus of Mayors: Healthier and Happier Cities for All**, adopted at the WHO European Healthy Cities Network Summit of Mayors in Copenhagen, Denmark, on 13 February 2018.
2. Building upon the **2014 Athens Declaration for Healthy Cities** by reaffirming our commitment to, and ensuring that our policies are based on, Healthy Cities' principles and values related to equity, empowerment, partnership, solidarity and sustainable development (see Box 1) that build on the principle contained in the WHO Constitution, which states: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

## Box 1. Healthy Cities' principles and values

- **Equity:** addressing inequity in health and paying attention to the needs of those who are vulnerable and socially disadvantaged; inequity here refers to unfair inequality in health status, as well as unjust and avoidable causes of ill health. The right to health applies to all regardless of sex, race, religious belief, sexual orientation, age, disability or socioeconomic circumstance.
- **Participation and empowerment:** ensuring the individual and collective right of people to participate in decision-making that affects their health, health care and well-being, as well as providing access to opportunities and skills development to empower citizens to become self-sufficient.
- **Working in partnership:** building effective multisectoral strategic partnerships, including with civil society organizations and other non-State actors, to implement integrated approaches and achieve sustainable improvement in health, supported by research and evaluation.
- **Solidarity and friendship:** working in the spirit of peace, friendship and solidarity through networking and respect and appreciation for the social and cultural diversity of the cities of the Healthy Cities movement.
- **Sustainable development:** the necessity of working to ensure that economic development – and all its enabling infrastructure, including transport systems – is environmentally and socially sustainable: meeting the needs of the present in ways that do not compromise the ability of future generations to meet their own needs.

3. Acknowledging and working to realize our unique leadership roles as cities and local governments locally, nationally and internationally as both advocates for and

custodians of our people's health and well-being by securing the highest level of political commitment to strengthening and scaling up efforts to improve and protect all our citizens.

4. Ensuring that governance within our cities and local governments is participatory and transparent, representing the health and well-being interests of, and ensuring the full participation of, all citizens to whom we are accountable in the policy process.
5. Recognizing that coordinated action is needed by all sectors and stakeholders to protect the health of people living in our cities, tackle inequities in health and well-being – as well as their determinants across society – which we understand as not only an affront to human dignity but also as a risk to social stability, peaceful and cohesive societies, human development, and economic performance.
6. Using the health and well-being status of our people as a “barometer” – a key outcome measure – of our cities’ social and economic development and progress towards the reduction of poverty, the promotion of social inclusion and the elimination of discrimination.
7. Using health as a bridge to peace, including in relation to conflict-affected and post-conflict cities, ensuring access to goods and services for displaced populations affected by conflict, improving human and health security, and preventing violence and improving safety in our cities.
8. Continuing to support, celebrate and embrace Healthy Cities as a dynamic concept and movement that has evolved through times of peace and war, major economic crisis, changing political, social, demographic and epidemiological landscapes, technological developments and new scientific evidence; as well as its problem-solving approaches to, and action strategies for, emerging public health threats and their implications for the urban environment (see Box 2).

**Box 2. Strategic approaches of the WHO European Healthy Cities Network**

- To promote action that puts health and well-being high on the social and political agendas of cities and local governments.
- To promote policies and action for health, well-being and sustainable development at the local level – addressing the determinants of health and well-being, tackling noncommunicable diseases and reducing inequalities – and the principles outlined in the United Nations 2030 Agenda for Sustainable Development.
- To promote multisectoral, intersectoral and participatory governance for health and well-being, equity in all local policies, and integrated planning for health and well-being, including health in all policies.
- To implement the Healthy Cities approach through schools, workplaces and other civic places in our cities.
- To generate policy and practice expertise, good evidence, knowledge and methods that can be used to promote health in all cities across the European Region and globally.
- To promote solidarity, cooperation and working links between European and other cities globally, as well as networks of local authorities and partnerships with other stakeholders relevant to urban health and development.

- To increase the accessibility and impact of the WHO European Healthy Cities Network in all WHO Member States in the European Region.

9. Recalling and working to realize the agreements and commitments of previous declarations and political statements related to Healthy Cities (1986–2018), incorporating and giving local expression to relevant WHO, United Nations and European Union conventions, declarations, charters, strategies and action plans (see Annex 1).
10. Taking advantage of new opportunities and evidence for effective and efficient action, including:
  - a) new technologies – scientific, pharmacological, educational, communication and literacy based – which have improved life expectancy, health, diagnostic and treatment possibilities, information collection, dissemination and access in the WHO European Region and beyond in recent decades;
  - b) new knowledge on the social and commercial determinants of health and well-being, on mechanisms by which the distribution of resources and the capacity for self-determination within societies affects and creates health and well-being, and on health inequities;
  - c) new insights on how health, well-being and economic performance are interlinked, and the impact of local, national and international health systems on economies as innovators, employers, landowners, builders, consumers and competitors in relation to people, ideas and products;
  - d) new emphasis, in line with the Copenhagen Consensus of Mayors and the 2030 Agenda, on community-focused transformative economic models that strengthen the value placed upon human and natural capital, in order to transcend the current economic model with its negative impacts on health, sustainability, people and the planet;
  - e) new evidence on how mayors and other policy-makers and public health advocates are changing governance structures and mechanisms to enable better collaboration and bring together diverse actors, coalitions and networks, including communities, governments and business representatives, in “whole-of-government” and “whole-of-society” approaches; and,
  - f) new roles that mayors and political leaders, health ministers and ministries and public health agencies can usefully adopt in today’s challenging policy environment (see Box 3).

### **Box 3. New health roles for mayors and political leaders**

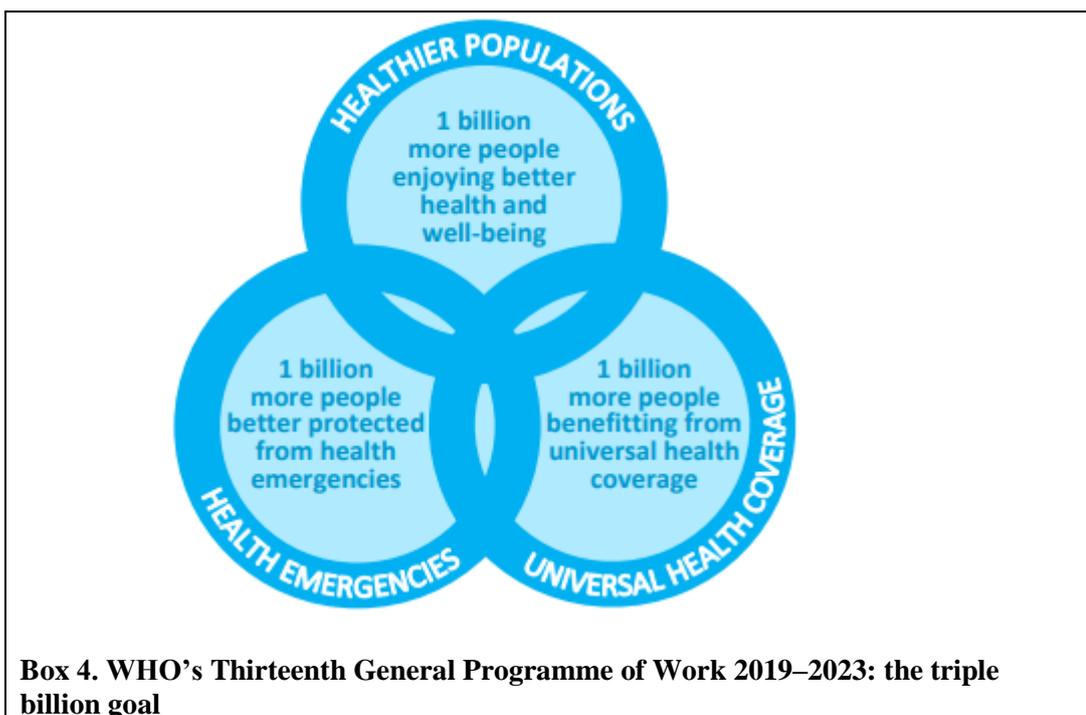
Mayors, political leaders, and other senior city and local government civil servants can enhance health and well-being by:

- adopting an extended understanding of health that looks at the health impact of all policies;

- calling on all sectors to make better use of multi-stakeholder involvement and decentralized decision-making;
- assigning the resources and, above all, the time to building intersectoral trust and understanding;
- facilitating the identification of interdependent goals jointly with partners in other ministries, the private sector – while being mindful of conflicts of interest – and communities, and taking on the role of network manager, with respect for network partners; and
- supporting local, national, regional and global dialogue on societal values and goals, of which health, health equity and well-being should be essential components.

## **Partnership with WHO**

11. Building on 30 years of strong partnership with WHO to welcome and embrace WHO’s Thirteenth General Programme of Work 2019–2023, adopted at the World Health Assembly in May 2018 (see Box 4), and our role as WHO Healthy Cities as a partner in its implementation, a vehicle to drive it forward at the local and national levels through national networks of healthy cities, and a platform through which to promote it.
12. Implementing the three interlinked strategic priorities, founded on the Sustainable Development Goals: advancing universal health coverage, addressing health emergencies, and promoting healthier populations.
13. Strengthening collaboration between the WHO European Healthy Cities Network, the Schools for Health in Europe (SHE) network and the WHO Regions for Health network, to more effectively support the health and well-being of children and young people.
14. Working in partnership with WHO to achieve Sustainable Development Goal 3.4, which aims to reduce premature mortality from these diseases by 30% before 2030, by implementing the “best buys” applied for cities, given that noncommunicable diseases still account for the highest burden of disease in the Region.
15. Working in partnership with WHO to help achieve the three key areas of WHO’s Thirteenth General Programme of Work: keep the world safe, improve health and serve the vulnerable.



### The United Nations 2030 Agenda for Sustainable Development – key partners for implementation

16. Welcoming and embracing the 2030 Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs) as our common policy framework, and dedicating ourselves to working towards achieving the SDGs (see Box 5)
17. Understanding and ensuring that the cities of the WHO European Healthy Cities Network and national networks serve as platforms, partners, and vehicles and influencers (see Box 6) for delivering the 2030 Agenda and the SDGs.

#### Box 5. The SDGs

The 2030 Agenda for Sustainable Development was adopted by all 193 Member States of the United Nations at the United Nations Sustainable Development Summit on 25 September 2015 in New York, United States of America.

The 17 SDGs, otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. They build on the successes of the Millennium Development Goals, while including new areas such as climate change, economic inequality, innovation, sustainable consumption, and peace and justice, among other priorities. The goals are interconnected and require multisectoral and intersectoral action – the key to success for any one goal will involve tackling issues more commonly associated with another.

- Goal 1: No Poverty
- Goal 2: Zero hunger
- Goal 3: Good health and well-being
- Goal 4: Quality education
- Goal 5: Gender equality
- Goal 6: Clean water and sanitation
- Goal 7: Affordable and clean energy

Goal 8: Decent work and economic growth  
Goal 9: Industry, innovation and infrastructure  
Goal 10: Reduced inequalities  
Goal 11: Sustainable cities and communities  
Goal 12: Responsible production and consumption  
Goal 13: Climate action  
Goal 14: Life below water  
Goal 15: Life on land  
Goal 16: Peace, justice and strong institutions  
Goal 17: Partnerships for the Goals

#### **Box 6. Healthy Cities' influence on health, well-being and equity**

**Regulation.** Cities are well positioned to use regulations to influence land use, building standards and water and sanitation systems, to enact and enforce restrictions on tobacco and alcohol use, to support healthier nutrition, increase opportunities for physical activity, and to implement occupational health and safety regulations.

**Integration.** Local governments have the capability to develop and implement integrated strategies for health promotion, disease prevention and social and financial protection.

**Multisectoral and intersectoral partnerships.** Cities' democratic mandates convey authority and sanction their power to convene partnerships and encourage contributions from many sectors through many different forums, including high-quality research with support from academia.

**Engagement of local populations.** Local governments have daily contact with people living in their cities, are closest to their concerns and priorities, and can facilitate a higher level of health literacy in institutions and among the population to increase their ability to make healthier choices. They present unique opportunities for forming partnerships with the not-for-profit sector, civil society and citizens' groups as well as the private sector, when and where appropriate.

**Governance for health and well-being.** Local governments have the ability to ensure that the systems of governance in place at the local level are used most effectively to ensure the sustained improvement of health and well-being of all people throughout the duration of Phase VII.

**Equity focus.** Local governments have the capacity to mobilize local resources and to deploy them to create more opportunities for poor and vulnerable population groups, increase gender equity, and protect and promote the rights of all urban residents, including refugees and migrants.

18. Urging WHO to work together with other United Nations agencies in a "One UN" approach to implementing the Healthy Cities approach at the national level, noting the increased impact that would come from a collaborative approach.
19. Utilizing the 2030 Agenda as a timely and strong unifying framework for Phase

VII of the WHO European Healthy Cities Network.

### **Commitments and themes of Phase VII of the WHO European Healthy Cities Network**

20. Appreciating that political commitment remains fundamental to the implementation of the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All, and to cities and local governments contributing to the United Nations 2030 Agenda.
21. Acknowledging that integrating health and well-being for all into urban and development planning in cities is both essential and desirable, using transformative and modern governance for health and well-being approaches, such as accountability, transparent reporting, open and big data and inclusive smart city technologies, and those outlined in the WHO assessment tool for governance for health and well-being.<sup>1</sup>
22. Understanding that in order to deliver the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All, and progress towards the 2030 Agenda, Phase VII will support and encourage cities and local governments in the necessary strengthening of their efforts to bring key stakeholders together to work for health and well-being, harnessing potential for innovation and change and addressing local public health challenges from across society.
23. Recognizing that every city and urban place is unique, will pursue the overarching goals and core themes of Phase VII according to its local situation and will identify areas for priority action that could yield maximum health and well-being benefits for its population.
24. Using different and varied entry points and approaches but remaining united in achieving the overarching goals and core themes of Phase VII.
25. Utilizing Phase VII as a unique platform for joint innovation, learning and active sharing of expertise and experience between cities, all levels of government within and between countries, and between different WHO regions globally.
26. Using new evidence and knowledge and building on the themes of previous phases of Healthy Cities in addressing goals and core themes.

### **Goals and themes**

27. Dedicating ourselves to working towards the following strategic goals, based on the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All, which provide the direction of Phase VII:
  - Cities and national networks in Phase VII commit to fostering health and well-being and reducing inequalities through:
    - a) improving governance, empowerment and participation;

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<sup>1</sup> WHO assessment tool for governance for health and well-being. Copenhagen: World Health Organization; 2018 ([http://www.euro.who.int/data/assets/pdf\\_file/0003/383943/h2020-concept-note-eng.pdf?ua=1](http://www.euro.who.int/data/assets/pdf_file/0003/383943/h2020-concept-note-eng.pdf?ua=1), accessed 16 October 2018).

- b) designing urban places that promote and protect health, and that deliver equity and community prosperity and the healthy development of people throughout their lives, including when they are children and adolescents;
    - c) prioritizing investment in people in local policies and strategies for a healthier and more peaceful planet.
  - Cities and national networks in Phase VII commit to leading by example locally, nationally and globally, starting with the functioning of municipal administrations, through:
    - a) innovation in policy and practice;
    - b) knowledge sharing and learning;
    - c) city diplomacy for health and well-being;
    - d) policy coherence at the city level;
    - e) promotion of health and well-being by municipal administrations.
  - Cities and national networks in Phase VII will support the implementation of WHO strategic priorities through:
    - a) acting as a partner and vehicle for local and national-level implementation;
    - b) pursuing universal health coverage at the local level;
    - c) ensuring that every preschool and school promotes health and contributes to health, social, and environmental literacy;
    - d) tackling common and interlinked global public health challenges;<sup>2</sup>
    - e) transforming local service delivery;
    - f) fostering peaceful and inclusive societies;
    - g) building public health capacity at local level;
    - h) addressing the challenges and opportunities of demographic change and migration;
    - i) building coherence between all levels of governance.
28. Promoting, through Phase VII, systematic action to address health inequalities and promote health and well-being through whole-of-local government and whole-of-society approaches, strong and sustained political support, and an emphasis on building public health capacity at the local level.
29. Understanding that effective leadership for health and well-being requires political commitment, a vision and a strategic approach, supportive institutional arrangements, and networking and connecting with others who are working towards similar goals.
30. Appreciating that local leadership for health means: having a vision and an understanding of the importance of health in social and economic development; having the commitment and conviction to forge new partnerships and alliances; promoting the accountability for health and well-being of statutory and non-statutory local actors: aligning local action with national policies; anticipating and

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<sup>2</sup> Including climate change, noncommunicable diseases, health and human security, public health aspects of migration, communicable diseases; this will be done through addressing issues of equity and governance, as well as the social, economic, environmental and commercial determinants of health.

planning for change; and ultimately acting as a guardian, facilitator, catalyst, advocate and defender of the right to the highest level of health for all residents.

31. Developing policies and interventions within a life-course approach which include action on children's and adolescents' physical, mental and social well-being and early childhood development; helping to make each school in a Healthy City a setting that promotes health and well-being; addressing the risk factors of noncommunicable diseases; improving employment and working conditions and lifelong learning; enhancing the conditions of life for older people; improving social protection and reducing poverty, especially for vulnerable and marginalized groups including minority populations and migrants; strengthening community resilience; enhancing social inclusion and cohesion; and bringing gender equality into mainstream policies.
32. Developing innovative policies, solutions and models for engaging and empowering youth, including actions to support young people's access to health services and skills-building opportunities; calling for intersectoral mechanisms to address the challenges; ensuring that the needs of young people are considered in existing policies; and exploring innovative financing mechanisms for youth policy and programming work across sectors.
33. Appreciating that the core themes in Phase VII will be based on the six themes of the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All:
  - a) investing in the **people** who make up our cities;
  - b) designing urban **places** that improve health and well-being;
  - c) greater **participation** and partnerships for health and well-being;
  - d) improved community **prosperity** and access to common goods and services;
  - e) promoting **peace** and security through inclusive societies;
  - f) protecting the **planet** from degradation, leading by example, including through sustainable consumption and production.
34. Understanding that the six themes are not discrete areas of action but are interdependent, indivisible, and mutually supportive, and in order to be achieved they must be tackled together.
35. Focusing our efforts to address the core themes of Phase VII of the WHO European Healthy Cities Network supported by WHO, other United Nations agencies and other collaborating institutions, and sharing our learning to benefit all cities in Europe and beyond.

### **Collaboration and partnership**

36. Striving to build upon 30 years of successful collaboration and partnership with WHO, and expanding the healthy cities movement and experiences across all WHO regions globally.
37. Using the WHO European Healthy Cities Network as a convener and umbrella for city engagement with other regional and global networks and partnerships,

including acting as the European chapter of other global networks such as the WHO Age Friendly Cities Network and the WHO BreatheLife Initiative.

38. Building on the **2017 Healthy Cities Pécs Declaration** to strengthen collaboration between the WHO European Healthy Cities Network, the WHO Regions for Health Network and the SHE network. We commit to ensuring that all schools in a Healthy City are places that promote health and well-being for all, challenge stereotypes or discrimination and contribute to the reduction of inequalities.
39. Building on the Declaration of the Sixth Ministerial Conference on Environment and Health held in Ostrava, Czech Republic, on 13–15 June 2017, to align Healthy Cities work with the Environment and Health process.
40. Acknowledging the fact that cities and local governments cannot act alone and that national and regional governments, as well as other international and supranational organizations, have a key role to play. They influence the sustainability of modernization and multifaceted economic development, and the pattern of urban development. They also provide the fiscal and legislative framework for health and well-being that is the basis for reducing the burden from the risk factors of noncommunicable diseases and addressing all the determinants of health and well-being and the underlying issues of equity and governance. We therefore, call on:
  - **national and regional governments:**
    - a) to recognize **the importance of the local and urban dimension** of national health policies and acknowledge that cities can significantly contribute to developing and achieving national strategies for health, health equity and sustainable development;
    - b) to use, in their national health and development strategies, **the experience and insights of cities and the local level** in analysing and responding to local health conditions using intersectoral and participatory approaches;
    - c) to examine how **additional resources** and legal instruments, where appropriate, could be made available to support health equity and sustainable development policies;
    - d) **to engage with and support national Healthy Cities networks** in their coordinating and capacity-building role; and
    - e) to encourage the participation of **local government representatives** in Member States' delegations to meetings of WHO's governing bodies and other relevant international forums;
  - **the WHO Regional Office for Europe:**
    - f) to provide strategic leadership and technical support for action towards the goals of Phase VII (2019–2024) of the WHO European Healthy Cities Network;
    - g) to encourage, enable and coordinate capacity-building and networking for healthy cities in **all Member States**, especially those that have not been involved so far in the Healthy Cities movement;

- h) to promote and encourage the development of **local action components** and recognize the role of local governments in all relevant WHO strategic objectives and technical areas;
- i) to encourage collaboration between cities in the WHO European Region and cities within other WHO regions globally to share experience and good practice through a global mechanism and network;
- j) to encourage increased involvement of other professions and disciplines in the Healthy Cities agenda, recognizing their critical contribution to health and well-being.

## **Conclusion**

We, the **mayors and political leaders** of cities, metropolitan regions, city regions, and urban places in the WHO European Region, who have gathered at the 2018 International Healthy Cities Conference in Belfast, United Kingdom, on 4 October 2018, are convinced that the future prosperity of our urban populations depends on our willingness and ability to seize new opportunities to enhance the health and well-being of present and future generations in Europe and beyond. We believe that our implementation of the commitments to the values, principles and actions outlined in the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All and this Belfast Charter for Healthy Cities will bring about changes that will significantly reduce the social injustice that costs so many lives and build healthier, happier, fairer, safer and more inclusive and sustainable cities and urban places.

## **Annex 1. Previous commitment documents**

- Ottawa Charter for Health Promotion (WHO, 1986)
- Athens Declaration for Healthy Cities (WHO Regional Office for Europe, 1998)
- Action for Equity in Europe: Mayors' Statement of the WHO European Healthy Cities Network in Phase III (1998–2002) (WHO Regional Office for Europe, 2000)
- WHO Framework Convention on Tobacco Control (WHO, 2003)
- Belfast Declaration for Healthy Cities: the Power of Local Action (WHO Regional Office for Europe, 2003)
- Designing Healthier and Safer Cities: the Challenge of Healthy Urban Planning – Mayors' and Political Leaders' Statement of the WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks (WHO Regional Office for Europe, 2005)
- Health for All: the policy framework for the WHO European Region – 2005 update (WHO Regional Office for Europe, 2005)
- Gaining health: the European Strategy for the Prevention and Control of Noncommunicable Diseases (WHO Regional Office for Europe, 2006)
- European Charter on Counteracting Obesity (WHO Regional Office for Europe, 2006)
- Aalborg+10 – Inspiring Futures (2006)
- The Tallinn Charter: Health Systems for Health and Wealth (WHO Regional Office for Europe, 2008)
- Prevention and control of noncommunicable diseases: implementation of the global strategy. Report by the Secretariat (WHO, 2008)
- Closing the gap in a generation: health equity through action on the social determinants of health (Commission on Social Determinants of Health, 2008)
- Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011)
- Rio Political Declaration on Social Determinants of Health (2011)
- Liège Healthy City Commitment (WHO Regional Office for Europe, 2011)
- Health 2020: a European policy framework and strategy for the 21st century (2012)
- Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (WHO, 2013)
- Implementing a Health 2020 vision: governance for health in the 21st century – making it happen (WHO Regional Office for Europe, 2013)
- Athens Declaration for Healthy Cities (WHO Regional Office for Europe, 2014)
- Contributing to social and economic development: sustainable action across sectors to improve health and health equity (World Health Assembly resolution WHA67.12) (2014)
- The New Urban Agenda, Habitat III (United Nations, 2016)

- WHO Shanghai Consensus on Healthy Cities (2016)
- United Nations 2030 Agenda for Sustainable Development (United Nations, 2015)
- 2017 Healthy Cities Pécs Declaration (WHO Regional Office for Europe, 2017)
- Statement of the WHO European Healthy Cities Network and WHO Regions for Health Network presented at the Sixth Ministerial Conference on Environment and Health (WHO Regional Office for Europe, 2017)
- Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being (WHO Regional Office for Europe, 2017)
- Copenhagen Consensus of Mayors: Healthier and Happier Cities for All (WHO Regional Office for Europe, 2018)





## **The WHO Regional Office for Europe**

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

### **Member States**

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Monaco  
Montenegro  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
The former Yugoslav  
Republic of Macedonia  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

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