
7 – LOCAL ACTION FOR HEALTH

We are committed to protecting and promoting the health and wellbeing of our citizens.

Good health is something which everyone wants and that is crucial also for the wider society and its long-term sustained development. At international arena the World Health Organisation has been working towards the highest possible level of health since 1948 and is a crucial knowledge centre also concerning urban health issues globally (<http://www.who.int/en/>). The WHO Healthy Cities and urban governance programme (<http://www.euro.who.int/eprise/main/who/progs/hcp/home>) engages local governments in health development through a process of political commitment, institutional change, capacity building, partnership-based planning and innovative projects. It promotes comprehensive and systematic policy and planning with a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health. It also strives to include health considerations in economic, regeneration and urban development efforts. Healthy Cities is a global movement. Healthy Cities networks are established in all six WHO regions. Over 1200 cities and towns from more than 30 countries in the WHO European Region are healthy cities. These are linked through national, regional, metropolitan and thematic Healthy Cities networks, as well as the WHO Healthy Cities network for more advanced cities.

The European Commission is active in protecting and promoting the health in its member states (http://europa.eu/pol/health/index_en.htm). The aims and challenges of European health issues are highlighted in the European Health Strategy and Action Plan 2004-2010. As environmental stressors are one of the major causes in addition to life-style choices, the Commission has developed also a focused “The European Environment and Health Action Plan 2004-2010”. The crucial directions are to improve the information chain to understand the links between sources of pollution and health effects; to fill in knowledge gap by strengthening research and addressing emerging issues; and to review policies and improve communication. The Sixth European Environmental Action Plan highlights also many key environmental and health inter-linkages.

According to the Impact Assessment of the Communication on Thematic Strategy on the Urban Environment (SEC(2006)16) severe problems due to road transport and domestic heating remain with several air pollutants such as particulate matter (PM), nitrogen oxides and ozone. Due to the high concentration of people and sources of emissions, exposure to these pollutants is concentrated in urban areas. The limit value for PM in EU legislation entered into force in January 2005. Based on reported data it is likely that 45% of Europe’s total population live in cities where PM concentrations exceed limit values and up to 30% live in cities where ozone concentrations are above target levels for protecting human health. In 2003, in many urban areas, the limit value was exceeded more than 100 times per year and for a significant number, more than 200 times per year.

The Commission’s Clean Air for Europe program and the WHO’s systematic review of the health aspects of air pollution in European show that there is no safe level below which adverse health impacts cannot be detected for exposure to PM and ozone. Environmental and health problems will be equivalent to 272,000 hastened deaths in 2020.

According to the Impact Assessment of the Communication on Thematic Strategy on the Urban Environment (SEC(2006)16) the WHO reported that exposure to continuous road traffic noise affected 160 million people in the EU-15 (40% of the population) at a level above 55 dB(A) (a level associated with significant annoyance). A further 80 million people (20% of the population) were exposed to continuous road traffic noise above 65 dB(A), which may be associated with cardiovascular effects. Continuous night-time road traffic noise affects 120 million people at levels above 55 dB(A), the threshold at which WHO considers sleep may be disturbed.

High levels of traffic also cause congestions in urban areas as well as increased numbers of traffic accidents and fatalities. Indoor health problems are caused by the environmental stressors but also deterioration and neglect of the built environment. Car dependence and motorised vehicle driven urban planning as well as safety concerns in some places have reduced citizens' physical activities opportunities (walking, jogging, cycling, etc) further contributing to health problems.

We will therefore work to:

1. **Raise awareness and take action on the wider determinants of health, most of which lie outside the health sector.**

Local governments have a crucial role in raising awareness of citizens as well as of its own administration on the wider determinants of health. Action and collaboration between various city administrative sectors as well as stakeholders and community is needed. Coordinated and transparent local health policy and health plan developments are good examples. For example, in Denmark the Urban and Peri-Urban Food and Nutrition Action plans has been developed to promote health and quality of life through an integrated, comprehensive food and nutrition policy, in local communities (<http://www.euro.who.int/document/e72949.pdf>). In Tetouan, Morocco, the mobility master plan was developed in co-operation with between Malaga (Spain) and Tetouan (Morocco). WHO has just published a report on "Promoting physical activity and active living in urban environments. The role of local governments." In this report many good ideas and cases are highlighted (http://www.euro.who.int/InformationSources/Publications/Catalogue/20061115_1).

2. **Promote city health development planning, which provides our cities with a means to build and maintain strategic partnerships for health.**

The previous sub-commitment highlights the need for coordinated local health actions. Local government has a critical leadership role in developing and implementing healthy city plans. The WHO has issued several valuable guidebooks on participatory urban health development planning, which includes among other issues the Baseline studies of cities health conditions. They provide methodologies and indicators to carry out these assessments. (<http://www.euro.who.int/healthy-cities>)

3. **Reduce inequalities in health and address poverty, which will require regular reporting on progress towards reducing the gaps.**

There is a strong link between the poverty and poor health that needs to be coordinated and long-term actions to deal with. It is crucial that these links are understood. The WHO has published a publication on “Social determinants of health. The solid facts (2003).” It examines social gradient in health and explains how psychological and social influences affect physical health and longevity (<http://www.euro.who.int/document/e81384.pdf>). In Denmark the report on “Closing the Health Inequalities Gap: An International Perspective” was published in 2005. The report does provide information on indicators and actions, that could be implemented at national level, but also at regional and local level - (<http://www.euro.who.int/Document/E87934.pdf>). In Gdansk, Poland the Strategy for Solving Social Problems up till 2015 has been created by interdisciplinary Team to Strategy Matter appointed by President of the City of Gdansk (http://www.gdansk.pl/g2/other/77/69_file.doc).

4. **Promote health impact assessment as a means for all sectors to focus their work on health and the quality of life.**

Health issues of various sectors and urban areas need to be monitored and reported in order to build a ground for better planning, targeted actions and collaboration between various stakeholders. Health impact assessment is a good method to have an overview and baseline for the local health policy. For example in Munich, Germany the city is reporting environmental and health issues via Mapserv. The process started with environmental reporting but was later extended to report also health issues. Mapserv is used via internet and a special GIS (http://www.aalborgplus10.dk/media/d07_annecke_abstract_theme07.pdf). In Denmark the website is established to provide a range of robust tools and information for politicians and decision-makers. (http://www.euro.who.int/healthy-cities/PHASE/20050806_9). In Agen, France the Health Impact Assessment of urban air pollution in the urban agglomeration was carried out using InVS guidelines. Study was based on four standardised steps of health risk assessment and was carried out in 8 cities (http://www.invs.sante.fr/publications/2006/pollution_agen/rapport_pollution_agen.pdf)

5. **Mobilize urban planners to integrate health considerations in their planning strategies and initiatives**

Better understanding of health determinants and an overview of city's and sectors' impact on health via regular monitoring and reporting is a crucial input for urban planners to integrate health consideration also into planning strategies and initiatives. For example in Helsingborg, Sweden, with 120.000 inhabitants the integrated urban planning was carried out in order to make The South attractive by physical changes in order to facilitate more enterprises, make a healthier environment and raise the social cohesion in the area. The process involved all the stakeholders and interested parties. In 2002 a political decision was taken with a priority list of 31 physical objects for change. Evaluation of the intervention project is carried out in co-operation with the University of Lund and support from the Swedish National Institute for Public Health. (http://www.aalborgplus10.dk/media/b07_birgersson_abstract_theme07.pdf)

The role of local government internally by politicians and officers is to lead the process of health risk mapping and contributing to health and environment link monitoring. This knowledge should be fed into and taken into account in urban spatial planning and urban design as well as in long-term development. In many countries local governments are key players also in providing local health care as well as taking care of social problems. Also the green procurements and ecological food are key areas to show a lead. Local government's role externally should be strengthened through capacity-building and awareness raising on healthy food, lifestyle, physical activity, etc. As health matters affect the whole community, the planning and implementing processes should encourage the involvement of all members of the community.

Aalborg Commitment on health has direct links with several other ACs. Good governance and effective management (AC1 and AC2) are needed to integrate health considerations into city's policies and actions. City planning and transportation/mobility issues in AC5 and AC7 have impact on the quality of natural environment (AC3), consumption patters and life style choices (AC 4) as well as on social equity (AC9) issues that in turn have an impact on our health.