



Copenhagen Consensus of Mayors

Healthier and happier cities for all

A transformative approach for safe, inclusive, sustainable and resilient societies



13 February 2018 | Copenhagen, Denmark



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The vision embodied in this Copenhagen Consensus of Mayors, adopted on the Tuesday 13th February 2018, is fully aligned with the United Nations 2030 Agenda for Sustainable Development, and serves to guide the work of World Health Organization Healthy Cities throughout the duration of this agenda, up until the year 2030.



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 planet**.

Healthy Cities lead by example, tackling inequalities and promoting governance and leadership for health and well-being through innovation, knowledge sharing and city health diplomacy.

Healthy Cities act as leaders and partners in tackling our common global public health challenges, including noncommunicable diseases (NCDs), communicable diseases, environmental challenges, health inequalities, antimicrobial resistance, health emergencies and the pursuit of universal health coverage.

1.0 We commit to take action together to improve the health and well-being of all who live, love, learn, work and play in our cities.

- 1.1 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 together in Copenhagen, Denmark, on 12-13 February 2018 at the Summit of Mayors of the WHO European Healthy Cities Network. We recognize the power cities can wield in addressing the major challenges that affect people and our world today. We commit to using that power to ensure equitable and sustainable development and peaceful, prosperous and just societies.
- 1.2 We welcome the global vision and opportunity provided by the adoption of the United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals. We express our commitment to Healthy Cities as a movement to achieve our common goals.
- 1.3 We emphasize that health and well-being and the reduction of health inequalities cannot be achieved without an intrinsic and sustained focus on human rights in all policies and at all levels of government. We commit to ensuring this at city and local levels in our cities, urban places and communities.
- 1.4 We believe that the WHO Healthy Cities Network offers a transformative approach to tackling today's greatest public health challenges. We are ready and willing to act to implement the 2030 Agenda and its global goals, as well as the complementary New Urban Agenda, focusing on sustainable development and Health 2020, the European regional policy framework and strategy for health and well-being.
- 1.5 We stress the need to invest in health and well-being, as a precondition for equitable, sustainable and peaceful societies. We recognize the role that cities and urban places play in disease prevention and health promotion, and the need to address the social, environmental, cultural, behavioural, commercial and political determinants of health and well-being.
- 1.6 We emphasize the crucial role of cities and the local level of governance in the fight to reduce inequalities, with a focus on the groups at highest risk of vulnerability through an approach of proportionate universalism. Cities have a crucial role to play in the reduction of poverty within their communities, including food poverty and housing poverty, and we commit to the political choices necessary to reduce these societal ills.

- 1.7 Together we emphasize that joining forces is necessary for us to achieve our goals, united by our vision for Healthy Cities. We can lead by example.
- 1.8 We recognize that our political leadership and vision is vital to ensuring sustainable development and peaceful and just societies that leave no one behind.
- 1.9 As political leaders we take responsibility for leading by example and inspiring action within our cities and working alongside partner cities, national governments and international organizations in order to achieve equity, health and well-being for all.
- 1.10 We commit to working towards being Healthy Cities in order to achieve our common vision. The Healthy Cities movement, under the auspices of WHO, acknowledges that “Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”, as stated in the Ottawa Charter for Health Promotion of 1986.
- 1.11 Healthy Cities are supportive communities, where inclusive, accountable and participatory governance is exercised in the pursuit of health, well-being, peace, happiness and the common good. Cities that are part of the Healthy Cities movement lead by example locally and globally. They cooperate with others to create physical, social and cultural environments that empower and enable all people in our cities. They allow people to reach their full human potential and contribute to community resilience, improving the world for all.
- 1.12 We commit to exploring transformative approaches – forging partnerships across cities, through city health diplomacy, with national governments, international organizations and different sectors and levels of government, as well as with civil society and our populations.

Investing in the **people** who make up our cities

2.0 A healthy city leads by example by emphasizing a human focus in societal development and by prioritizing investment in people to improve equity and inclusion through enhanced empowerment.

- 2.1 We recognize that a focus on people throughout the life-course facilitates improving the health and well-being of all, reduces geographical, territorial and social inequalities both within and between cities, and creates an environment that promotes thriving, empowered and resilient populations.
- 2.2 We emphasize the importance of non-discriminatory governance processes, empowering communities and allowing all people 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.
- 2.3 We recognize that enhanced societal trust and community cohesion are crucial for inclusive, safe and sustainable cities and both individual and collective resilience.

- 2.4 We commit to promote active policies to reduce anxiety, resentment, hate, distrust and xenophobia. Urban places can become enabling places if social, mental, emotional and relational factors are also taken into account when planning cities for well-being.
- 2.5 We commit to work towards universal access to essential goods and services to ensure equity, health and well-being for all. This requires people-focused governance architecture and mechanisms at all levels, city health diplomacy and strong coherence between policies and levels of governance.
- 2.6 We emphasize that it is crucial to invest in community leadership, both individual and collective, to ensure that people and communities are empowered to implement people-owned solutions from within society to reduce health inequalities and in pursuit of the common good

Designing urban **places** that improve health and well-being

3.0 A healthy city leads by example, with the social, physical and cultural environments aligned to create a place that is actively inclusive, and facilitates the pursuit of health and well-being for all.

- 3.1 We commit to a transformative approach to engaging with the places where people live. We recognize the urgent need to ensure that our cities and urban places provide the environmental, social and cultural conditions to allow our populations to thrive, and resolve to support the implementation of international commitments.
- 3.2 We commit to design and to build urban places that make the healthiest choice also the most affordable, easiest, and most accessible choice.
- 3.3 We commit to transform cities and urban places through human-centred urban development and planning, prioritizing people and the planet, for example shifting towards energy-neutral cities. This includes identifying community needs, using existing community assets, and ensuring equitable access to common spaces, goods and services.
- 3.4 We stress the need to design and to plan cities and urban places that support health throughout the life-course, from ensuring the best start in life for all, including pregnancy and birth, through to supporting healthy ageing and age-friendly environments, including appropriately designed change within the mobility system to ensure equitable and affordable access for all.
- 3.5 We highlight the physical and social infrastructure which serves all people engaging with cities or urban places. This includes health, education and social services, as well as adequate, equitable, secure and accessible housing available for all.

- 3.6 We emphasize the need for healthy urban planning – urban planning that considers environmental health and human health, especially in relation to key urban challenges such as air quality, water quality and waste disposal. It should include a strong focus on green spaces, including parks and community gardening projects as well as places for children and their families, and blue spaces, including areas around canals, rivers, lakes and coasts, because of their health-enhancing qualities.
- 3.7 We affirm that urban planning should ensure future-proofing against the impacts of climate change and environmental degradation, such as an increased risk of flooding, the creation of sheltered areas to mitigate the effects of extreme heat, appropriate introduction of flora and fauna and avoidance of further development within areas at high risk of natural disasters.

Greater **participation** and partnerships for health and well-being

4.0 A healthy city leads by example by ensuring the participation of all individuals and communities in the decisions that affect them and the places they live, learn, work, love and play.

- 4.1 We commit to breaking down the silos within our cities to improve joined-up governance for health and well-being, including strengthening the use of the health-in-all-policies approach and city health diplomacy.
- 4.2 We emphasize the importance of inclusive participation throughout all levels of governance and society. This includes involving people and communities through participatory governance, as well as building new partnerships for better health and well-being.
- 4.3 We commit to strengthen the health, social and environmental literacy of our populations across the life-course, as a tool to encourage participation and empowerment. Empowering increases self-efficacy and self-esteem, improving agency and individual control and ownership of one's health and well-being.
- 4.4 We stress the leadership role of cities and municipalities in building partnerships with our communities, civil society and other actors to ensure that the planet is protected while contributing to improved equity, health and well-being for all.
- 4.5 We recognize the need to facilitate a cultural and normative shift throughout society towards increased empowerment, equitable sustainable development and the prioritization of protecting the planet, biodiversity, and human health and well-being.

Improved community **prosperity** and access to common goods and services

5.0 A healthy city leads by example by striving for enhanced community prosperity and strengthened assets through values-based governance of common goods and services.

- 5.1 We advocate for progressive measures of societal progress, moving beyond traditional fiscal measures of growth and development.
- 5.2 We commit to support investment in community-focussed transformative economic models, such as the circular economy, the silver economy and the green economy, in line with the 2030 Agenda and the New Urban Agenda.
- 5.3 We recognize the role of cities and urban places in providing universal social protection floors such as a basic income for all people, sufficient income to live healthily on a living wage. Social protection policies should be gender-responsive, since the level of participation in the labour force and the burden of care are unequally distributed between women and men, affecting their health and the health of family members and others around them.
- 5.4 We advocate for all city, local and municipal governments to adopt ethical investment policies that ensure that their financial and investment strategies do not undermine health and well-being – including social, cultural, commercial and environmental determinants of health – and are in line with the values of equality, non-exploitation and adherence to human rights.
- 5.5 We emphasize the need to shift cultural norms towards societies that value jobs in the sectors that support human and social capital, including education, health and social care, tourism and culture, and recognize that this is only achievable through sustained investment in these sectors, ensuring that the jobs that are so important to the functioning of our society are valued economically, financially, socially and culturally and that those organizations are encouraged to support the well-being of their workforce.
- 5.6 We emphasize the need to invest in the triple-helix system, strengthening the partnerships between government, university and industry, and to act jointly to enhance the knowledge base, and to promote innovation and sustainable and equitable economic development.
- 5.7 We stress that now is the time to come together and to address the commercial determinants of health, in the economic sector and throughout society. This means ensuring that, when there is a dissonance between public health and the commercial objectives of a policy, then health and well-being are the measures of success, and that the policy focus lies on coproduction of co-benefits and social

responsibility. This is essential in order for society to flourish and prosper in a sustainable way.

- 5.8 We acknowledge the important role of the city in investing in technologies and technological solutions as part of an integrated health-care system in a city that focuses on public health improvement goals, and contributes to the achievement of universal health coverage within cities.

Promoting **peace** and security through inclusive societies

6.0 A healthy city leads by example by promoting peace through inclusive societies that focus on places, participation, prosperity and the planet, while putting people at the centre of all policies and actions.

- 6.1 We stress the vital role that cities and urban places have to play in ensuring peaceful societies across our region and further across the globe. This requires ensuring a focus on people, communities, empowerment and resilience in order to create and maintain places conducive to sustained peace.
- 6.2 We reinforce the importance of institutions, governance systems and architecture that prioritize social justice and inclusive participation in society.
- 6.3 We stress the role of cities and urban places as facilitators of peace in conflict and post-conflict situations, and as sustainers of peace in fragile regions, through the provision of inclusive societies for all people, regardless of their legal status, religion, ethnicity, race, sex, culture, political ideology or nationality.
- 6.4 We emphasize the necessity of tackling, through governance and societal norms, corruption, discrimination and all forms of violence, both physical and emotional, within societies. This includes, but is not restricted to, violence against children, intimate-partner violence, hate speech, bullying, ostracization, and hostility towards migrants.
- 6.5 We stress the importance of addressing issues of food and water security in the promotion of peaceful societies and sustainable and cohesive communities in the aftermath of conflict.
- 6.6 We emphasize the important role of cities and municipalities in health security, emergency preparedness and response to shocks and disasters, both natural and human-caused. This includes the role of cities and urban places in response to and mitigation of climate change and food and water security, as well as in building individual and collective resilience against natural disasters and acts of terrorism.

Protect the **planet** from degradation including through sustainable consumption and production

7.0 A healthy city leads by example by ensuring that the protection of the planet is at the heart of all city policies, both internal and external.

- 7.1 We commit to take action on climate change: to manage the unavoidable so as to avoid the unmanageable.
- 7.2 We reiterate that the health and well-being of people and the health of the planet are intrinsically linked. A healthy city must ensure that, through a whole-of-city approach, all policies and actions undertaken at all levels of government are designed to facilitate the improvement of both.
- 7.3 We commit to transforming our urban places to be in harmony with the planet, to reduce soil consumption and exploitation, and to work towards the recovery and remediation of city brownfield areas so as to turn them into health-promoting and inclusive places.
- 7.4 We underline the importance of divestment from health-harming sectors and organizations as a necessary cornerstone of any economic and development strategy, as we need to lead by example in the promotion of sustainable and ethical investments for our planet and people.
- 7.5 We stress the role of cities and municipalities in working with regional and national authorities and international organizations to ensure coherence across levels of governance, implementing the 2030 Agenda and creating a more equitable, sustainable, healthier and happier planet for all.
- 7.6 We commit to continue to work with cities in the WHO European Region and beyond to meet our common vision and address our common challenges, using our commitment to the Healthy Cities Network, city health diplomacy, city climate diplomacy and other city and urban networks that share common goals and values.

8.0 We commit to act collectively with other cities in both the WHO European Region and globally, through a focus on people, participation, prosperity, planet, places and peace, for the health and well-being of all, to meet the urgent and transformative demands of the 2030 Agenda.

We cannot afford to fail.



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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