

February 9th, 2022

HEALTHY CITIES HEALTHY CITIZENS LYON 2022



Cities Commitment for Global Health

Executive summary

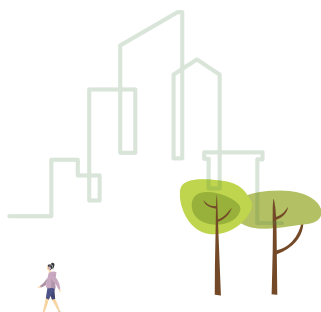
We, the Mayors and representatives of European Cities, meeting in Lyon on February 9th, 2022, being convinced of the need to factor in the interdependencies between human, animal and environmental health worldwide, resolutely commit to a “Global Health” approach.

Because we are responsible for the well-being of the citizens who elected us, and in order to prevent and sustainably combat future pandemics, we believe that it is necessary to step up a preventive approach in addition to a curative approach to address the deep-seated causes of pandemics and factors that make them worse, including ecosystem destruction and climate warming, farming methods, chronic diseases and the weakening of our health systems.

We are convinced of the importance of addressing all health determinants, in particular for cities, along with environmental determinants, collectively termed the exposome; we are aware of the social and territorial inequalities in the matter. Accordingly, we are implementing corrective public policies in our territories, such as replanting gardens in public areas and facilities attended by children (preschools and schools), promoting active means of travel and combating polluting and noisy vehicles, ensuring access to good-quality water and food, promoting proactive policies on education, decent housing, combating precariousness, etc.

The European Union’s backing for these initiatives is essential to encourage all cities to play an active part in this strategy and create a fully-fledged European health strategy focused on prevention and promoting a “One Health” concept.

During the health crisis, Cities have demonstrated their ability to take care of their populations by paying attention to each and every member. Today, they want to be involved in establishing a new, European-scale Health paradigm. Accordingly, they are taking advantage of the French Presidency of the European Union to send the following declaration to all 27 Member States.



Lyon Declaration

We Mayors of European cities, anxious to handle healthcare in the manner prescribed by the World Health Organization (WHO) and convinced of the importance of seeing health as the outcome of an interrelation between human, animal and environmental health constituting a system, have gathered in Lyon this February 9th, 2022 to translate into action the first lessons to be learnt from the health, social, economic and democratic crisis that we are experiencing with the COVID-19 pandemic.

Following a dialogue with scientists and after reading the inspiring texts¹, we share a common diagnosis, are making commitments and are addressing the ministers in charge of health, gathered in Lyon, France, under the French Presidency of the European Union.

The challenges of population movements, public health surveillance, the production and distribution of vaccines, and of responding by mobilising the provision of healthcare are of prime importance. We believe it is just as important to supplement these initiatives by taking action on a similar scale to overcome the deep-seated causes of this situation. It only makes sense to invest in preparing for future crises if, at the same time, we also make an ambitious, sweeping investment to avert the starting of, and combating against future pandemics.

How can we avoid them? We propose to act on three groups of lessons learned from recent research regarding:

- The factors for the emergence, spread and amplification of infectious diseases leading to a pandemic;
- The prevalence of chronic diseases in the population, which determines our capacity for resilience when a pandemic breaks out and which is set against a backdrop of marked social and regional inequalities in health;
- The factors that weaken our health systems.

Health of cities, health in cities: shared observations highlighting the need for a stronger “One Health” approach

Over the past two years, cities have shown that they are capable of organising solidarity and defining new public services with an unprecedented capacity for swift response to the challenges of testing, protecting and vaccinating their population. Situated close to the population, they have usually played the role of coordinating both health and overall responses, with a constant concern of not overlooking anyone.

For an even longer period of time, local authorities, usually in tandem with the medical community (hospital, doctors, nurses, prevention associations), have been organising preventive initiatives. They have gradually become the key players in environmental health by reducing the many inequalities in healthcare, and in particular social inequalities whilst promoting healthy lifestyles by leveraging their broad scope of responsibilities (urban planning, parks, sanitation, waste management, air and water quality, etc.) to address all or almost all of the factors determining health.

While compact cities are better suited to the climate challenges than urban sprawl,



¹ The WHO Manifesto for a World in Better Health; the São Paulo Declaration on Planetary Health by the global planetary health community; the World Conservation Congress in Marseille; the WHO European Healthy Cities Network within the framework of their annual “Health Cities for building back better” network, the France Urbaine network, the Milan Urban Food Policy Pact, the Glasgow Food and Climate Declaration, the letter from health professionals to the G20 Heads of State, the 2030 Agenda for Sustainable Development, the Geneva Charter .

this urban density is synonymous with fragility from an epidemiological point of view. In any case, compact cities hold an advantage in their ability to implement mechanisms that promote solidarity, social bonding and proximity. Cities are a useful size for addressing the population's well-being and yet they all too often lack the essential support they need to fulfil this mission. The European Union holds major leverage for taking concrete action for its inhabitants' health; we think that post-COVID, Europe should be an EU-wide prime mover in health issues.

Cities must be given the means to protect their population from health risks and conduct urban projects that promote their population's health. They must also develop integrated food policies in collaboration with rural areas. Lastly, they must be able to implement preventive public health measures tailored to the disparities in their area, incorporating the entire health and environment field in a "One Health" approach that promotes the link with nature as a tool.

Acting on the factors for the emergence, spread and amplification of infectious diseases leading to a pandemic

In view of the fact that deforestation, the destruction of natural habitats, the loss of biodiversity and climate warming are all factors in the emergence of infectious diseases, and that intensive livestock farming, sometimes near deforestation areas, and trafficking in wild animals are factors that accelerate pandemics.

The cities are urging adoption of the following measures:

1. Recognition by the European Union that eco-systemic services rendered by rivers, streams, seas, lakes, oceans, forests, heath and marshes have a legal personality, and establish a new European environmental criminal law that is able to penalise and, most importantly, prevent wilful pollution.

2. Constitution of a European environmental protection body, divided into mobile teams throughout the European Union and dedicated to protecting local nature, through **mobile environmental protection teams** trained in the "One Health" approach and surveillance systems, including geolocated declaration tools for regulating species that are expanding, invasive or possibly carrying pathogens for human, animal and plant health, under the responsibility of experts.

3. Construction of a common knowledge base on infectious zoonotic diseases is established for use by professionals (doctors, entomologists, vets, ecologists, agricultural scientists, epidemiologists, etc.) and decision makers (senior officials, elected representatives, regional public servants), to help major European cities respond more quickly and cooperate more effectively.

4. Incorporation of local, national, European and international monitoring of indicators of imported deforestation :

- **Integration** in trade agreements and implementing an obligation to display this indicator on consumer products to raise consumer awareness.

- Systematically financing national and local programmes to combat imported deforestation. Monitoring, within the framework of the United Nations Conference international agreements on climate change (in particular the 26th Conference of the Parties), the work of the Intergovernmental Panel on Climate Change (IPCC) and the achievement of the United Nations' Sustainable Development Goals 2030.



5 . That the indicator of dewatered or drained wetlands is monitored at a local, national, European and international level

6 . Financial, logistical and human support for the zero pollution action plan, so that the initiatives are effective by 2030 and more extensively developed in relation to waste water treatment so that all pollutant residues are removed.

7 . The European Union's commitments regarding the end of battery farming are enforced and the size of farms is regulated. The European Union's application for equivalent measures in other countries and continents, in particular those whose territories may house emerging infectious disease outbreak sites with guidance and support by the Member States, backed by the **European Union**, for agricultural stakeholders in these industry sectors to change their stock raising methods in a positive, value-creating, non-stigmatising manner by searching for a sustainable economic, social and environmental model.

The populations' immunity vulnerability factors are displayed through non-transmissible chronic diseases

In view of the pandemic's revelation of the fragility of the prevention and treatment System, especially in the Western world, which ultimately has a negative impact on the populations' health;

In view of the vulnerability to the Covid-19 virus resulting from this fragility and demand on human societies to take strict isolation measures in order to curb the number of potential deaths and enable everyone to be fittingly treated with existing hospital resources;

In view of the connection between these weaknesses and the existence of comorbidities associated with chronic illnesses on one hand, and the urgency of dealing with the causes of these chronic illnesses on the other hand;

In view of the prevalence of environmental factors in the determination of our state of health, underscored by the World Health Organization and the various international declarations on the environment and health, the importance of taking preventive action to address these environmental factors, such as pollution and chemical substances that are harmful for our health, and finally the entanglement of social, regional and environmental inequalities in the constitution of inequalities in environmental health;

The Cities request the following from the European Union bodies:

1 . The financing by European Union funds, and in particular the recovery funds and the structural funds, to the extent required, of the planting of gardens in cities, school and preschool playgrounds and the areas surrounding schools, the creation of urban forests, the reconstitution of bare earth in urban areas, an increase in the coefficient of bare earth, urban agriculture and urban orchards grown directly in the soil, seen as investments in health;

2 . Guidance, financial and legal support from the European Union for the local and national strategies for abandoning the use of **endocrine disruptors**, which have undesirable effects on our health, along with recognition of the health hazards of all of the suspected, presumed or proven endocrine disruptors, by a ban on the use of these products in trade agreements and by the funding of R&D to develop substitute materials and products along the lines of the 2030 SDGs.



- 3.** The introduction of **strict regulations** and clear mandatory information on **the carcinogenic risks of ultra-processed products** and many everyday consumer goods (household products, furniture, textile products, etc.) by referring to publications by the IARC (International Agency for Research on Cancer) and including these goods in the responsible procurement arrangements in all public administrations, and funding scientific and academic research on the matter;
- 4.** That the European Union takes **strong action** to curb the impacts of **commercial health determinants**, recognising that this is an urgent health concern, and requires using all of the levers at its disposal (advertising, taxes, health warnings, Nutri-Score-type promotional systems, trade, financial and monetary reforms etc.) on all consumer products proven or presumed to be toxic, as well as taking political and governance reforms to address conflict of interest, lobbying, and other system-level enablers of corporate harm.
- 5.** Support actions that sponsor **multilevel inter-sectoral and whole-of-society governance** reforms, particularly emphasizing citizen participation, accountability, transparency, monitoring, and integrity, towards addressing the social determinants of health, as well as sustainable changes to city designs, and settings across the lifespan.
- 6.** Revise **European noise legislation** to lower decibel levels in towns, in particular by changing the noise-level standards of vehicles coming onto the market.²
- 7. Increased support** for local authorities' action plans **to combat asbestos and lead**, and to improve indoor and outdoor **air quality**, in particular in their establishments that receive the public;
- 8.** The European Union's promotion of **the shift from primarily curative healthcare to preventive healthcare by developing**
 - a.** Wide-scale, multi-focus preventive health offerings including therapeutic patient education, health education (including sexual and reproductive health, diet, physical activity, etc.), risk reduction;
 - b.** The definition of a lasting economic and social models that includes public health funding;
 - c.** The construction of an attractive career path for health preventers³ within the framework of the areas of responsibility shared by the European Union, in particular social security and public health issues;
 - d.** The inclusion of health democracy, the participation of the recipients of the health system and health services, and the role of the patient-expert as tools for governance, choice and resilience.

² https://eurocities.eu/wp-content/uploads/2020/09/EUROCITIES_statement_noise_policy_in_Europe_2020.pdf

³ This career path could have a collective-bargaining agreement, define its training requirements, and negotiate its pay and quality components. It would include sport-health, food-health, education and community education job fields, risk-reduction preventers, workers who carry out rounds to assist homeless people and those for whom it is difficult to obtain medical care, health mediation, officers in charge of prevention, promotion and education in healthcare, mental health preventers, job fields in parental guidance and support, psycho-education, cooking teacher, sexual health educator, intra-familial violence preventers, etc. The creation and construction of this job field, which represents a very small minority in Europe, will be tasked with developing employment in this field, and not simply gathering what is already being done elsewhere in a disparate manner.

Factors that weaken our health systems

In view of the lost opportunities generated by the fact that hospitals are focused on managing COVID, the many side effects on our populations' health of the measures taken in our cities to curb the pandemic, the sacrifices made by hospital staff for over two years, sometimes at the expense of their emotional and mental health, the difficulties that healthcare establishments in Member States are experiencing as they endeavour to recruit in this sector, we believe it is important to consider the necessity of questioning our health systems.

The Cities request the following from the European Union bodies:

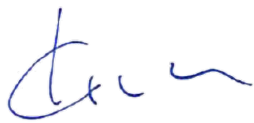
- 1.** The development of a **European public health strategy** that, within the principle of subsidiarity, aims to:
 - a.** **Establish major public health strategic objectives** for the Member States' health policies and health systems, coordinated by the Council of the European Union with all the stakeholders.
 - b.** Apply the principle of **building health into all of the Unions' policies** (training, environmental regulations, food policies, single market, social policies, etc.) that are not focused solely on a biomedical view of health.
 - c.** Give more in-depth consideration to the use of **structural funds and European funds** for research and innovation to achieve the objectives of better health for the populations, by including a preventive, participative approach that strives to reduce social health inequalities);
- 2.** Recognition of the effectiveness of outreach initiatives aimed at people who are isolated, homeless, elderly, in social difficulty, young people who have broken their ties with family and society, the inclusion of students in the branch of professions working in preventive health care, along with a corresponding compensation;
- 3.** Funding and construction of a **common "participatory health" status;**
- 4.** **Development of mental health prevention initiatives** and training courses, in particular first-aid training courses to include for all professionals in order to pave the way for inclusive societies for all types of disabilities, including mental disability; additionally, the development of facilities dedicated to improving mental health.

Signatory cities :

ANNECY (France)



ATHENES (Greece)



BARCELONE (Spain)



BIRMINGHAM (GB)



BORDEAUX (France)

BRAGA (Portugal)

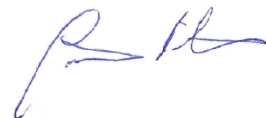


FRANCFORT (Germany)



GRENOBLE (France)

KUOPIO (Finland)



LEIPZIG (Germany)



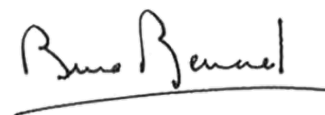
LIMOGES (France)



LODZ (Poland)



METROPOLE de LYON (France)



Ville de LYON (France)



MARSEILLE (France)

SEIXAL (Portugal)



PADUA (Italy)

STRASBOURG (France)

PARIS (France)



TIRANA (Albania)

POITIERS (France)



TURIN (Italy)

IL SINDACO
Stefano Lo Russo



ST-DENIS (France)



UTRECHT (Netherlands)

