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Opinion of the European Committee of the Regions – The role of cities as health promoters

(C/2024/1045)

Rapporteur: Adam BANASZAK (PL/ECR). Member of a Regional Assembly: Kujawsko-Pomorskie Regional Assembly

POLICY RECOMMENDATIONS

THE EUROPEAN COMMITTEE OF THE REGIONS (CoR),

1. although health policy remains a primary competence of the Member States, praises the intention of the Trio EU Council Presidency (Spain, Belgium and Hungary) to focus during their 18 months on strengthening the EU Health Union and the resilience of health systems that are accessible to all, building preparedness for future health emergencies and promoting equity in health and healthy lifestyles;
2. stands ready to support the Council in this endeavour by sharing local and regional policy and examples of practices in health promotion across policy interventions; reiterates its commitment to building resilient communities as one of the CoR's multiannual priorities, which will also contribute to the 2030 Agenda and to achieving the global sustainable development goals;
3. supports the 'health in all policies' approach, first introduced under the 2006 Finnish Presidency, which puts health-related rights and obligations at the centre of policy making; considers health to be dependent on social, environmental, economic and commercial factors and therefore it should be reflected in a broad range of related policy areas and at all levels of governance. In order to achieve good and equitable health in the population, it is essential to take health-related matters systematically into account in all policy areas;
4. calls on all elected representatives to include health considerations in their policymaking processes and to prioritise health promotion and healthy living when deciding on urban planning and the built environment, parks and recreation facilities, mobility and transport, early childhood and education, long-term care and many other sectors. A living environment that causes poor health entails significant costs for society, both in the impact on health and the burden of disease and suffering, and in terms of loss of labour, while conversely, a good living environment can create the conditions for good and equitable health, and bring benefits to society and contribute to social values. The good health of the population can be a strategy for addressing other challenges such as financing welfare, the supply of skills, and an ageing population;
5. recommends that the various aspects and approaches of the New European Bauhaus (NEB) initiative be taken into account in health-enhancing urban design, since the NEB is a fundamental concept aimed at creating healthy, regenerative living environments under the Green Deal;
6. calls on the European Commission to commission a new edition of the outdated 2013 report on social determinants and health inequalities in the EU; in the last decade we have witnessed a major health crisis coupled with an energy, housing and food crisis and an ongoing war that is raging in the European neighbourhood. All these factors call for a new analysis of the health situation of European citizens;

7. calls on the European Parliament, ahead of the 2024 elections, to scale up action to promote public social, physical and mental health, prevention and equity and to retain health as one of the key priorities for the next mandate;
8. calls on the Member States and the EU institutions to prioritise health promotion, protection and prevention in the discussion on the midterm review of the multiannual financial framework (MFF) and the EU4Health programme;
9. calls for support of improved air quality transition by providing new better targeted EU funding opportunities while simplifying and increasing access to existing funding opportunities, in particular under the European Regional Development Fund (ERDF), the Financial Instrument for the Environment (LIFE) and the European Agricultural Fund for Rural Development (EAFRD);
10. welcomes the referral from the Spanish Presidency of the Council of European Union and shares the conviction of the Presidency that local governments across the EU have a key role to play in reducing health disparities between different groups of women and men and in advancing people's circumstances and opportunities for health, preventing poor health, supporting healthy lifestyles and protecting people's health;
11. notes that since 2007, more people worldwide have been living in cities than in the countryside; in the EU it is 75 percent of the population, with particularly high shares recorded in Spain (83,3 %), the Netherlands (86,5 %) and Malta (96,8 %); however, notes that the functional areas of cities usually include suburban and agricultural areas;
12. calls on the European Commission and the Council to promote the use of social media by Member States' health systems as a means of promoting health, combating fake news and disinformation, encouraging user participation in health and promoting preventive and other health-related programmes;
13. quotes studies showing that approximately 75 % of our health depends on the environment in which we develop our lives⁽¹⁾. The built environment can encourage or discourage active lifestyles, car dependency, social cohesion and much more, which affects our health. Public spaces, buildings, neighbourhoods and cities themselves have an impact on physical, mental, social and environmental health. This means that collective health is largely determined by policies outside the health sector. At the same time, health helps make it possible to achieve other objectives; this could, for example, include an increase in active transport when footpaths and cycle paths are interconnected, serving the objective of improving air quality and reducing traffic noise. Health promotion benefits the public, workers, organisations and society alike. People's ability to influence their own living environment contributes to inclusion and community life;
14. subscribes to the 1991 World Health Organization (WHO) definition that 'a Healthy City is not one that has achieved a particular health status. Rather, a Healthy City is conscious of health and striving to improve it. A Healthy City continually creates and improves its physical and social environments and expands community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential';
15. points out that since 2016 the CoR and the UN WHO Office for Europe have a Memorandum of Understanding in which both parties commit to addressing social, economic and environmental determinants of health and to promoting health and well-being;
16. expresses satisfaction regarding the cooperation to date and expects both organisations, including the WHO's specialised networks such as Regions for Health and Healthy Cities, to further intensify their political and technical contacts and exchange of policy and practice expertise;
17. draws attention to the health and environment process of the WHO and its ministerial conferences, setting the course for action every four years; subscribes to the Budapest Declaration signed by the European Ministers for Health and Environment in July 2023 at the 7th edition of the conference;

⁽¹⁾ <https://urbact.eu/articles/healthy-cities-embedding-health-urban-planning-policies>

Urban environmental health impacts

Air and water quality

18. warns that 97 % of the urban population in Europe is exposed to unsafe levels of air pollution and regrets the 327 000 lives lost prematurely each year in Europe due to air pollution; welcomes the ambition to improve air quality in the EU and moving closer to realising the 2050 zero-pollution objective, whilst allowing and introducing flexibility for Member States in the implementation of the Ambient Air Quality Directive;

19. highlights that exposure to air pollution can lead to a wide range of diseases, including stroke, chronic obstructive pulmonary disease, trachea, bronchus and lung cancers, aggravated asthma and lower respiratory infections. There is also evidence of links between exposure to air pollution and type 2 diabetes, obesity, systemic inflammation, Alzheimer's disease and dementia;

20. repeats its call to support air quality improvement by providing new better targeted EU funding opportunities while simplifying and increasing access to existing funding opportunities, in particular under ERDF, LIFE and EAFRD; also requires technical assistance and multilingual tailored guidance on funding specifically addressed to local and regional authorities;

21. welcomes the recast Drinking Water Directive and its objectives to further protect human health thanks to updated water quality standards, tackle endocrine disruptors and microplastics and guarantee even cleaner tap water for all; calls on the Member States to set up data sets on water quality and to support their cities and regions in efforts to improve their distribution systems;

Noise and light pollution

22. warns that 20 % of the EU population lives in areas where noise levels are harmful to health;

23. points out that long-term exposure to environmental noise can disturb heart and metabolism rates, reduce cognitive performance in childhood and cause sleep problems. It is estimated to cause 12 000 premature deaths and to contribute to 48 000 new cases of ischemic heart disease per year in the European territory⁽²⁾;

24. calls for support for local and regional efforts to reduce noise pollution from roads especially;

25. draws attention to light pollution; points out that an excessive amount of artificial lighting has an impact on human functioning, including the quality of sleep; in this respect addressing light pollution coincides with the goal of reducing energy consumption;

Climate change and health

26. quotes the European Environment Agency that extreme weather events including droughts, flooding and heatwaves can have an impact on the mental health of individuals and is concerned that 'cases of psychological traumas from climate-related disasters can exceed those of physical injury by 40 to 1'. Calls for urgent action to increase preventive measures and access to mental health services at the local level. In general, climate change amplifies existing health problems, with the greatest impact on vulnerable groups and communities;

27. notes the creation of the European Climate and Health Observatory as a joint initiative of the European Commission, the European Environment Agency and other organisations and expects to see regional data featured there;

(2) <https://www.eea.europa.eu/themes/human/noise/noise-2>

Health promotion and disease prevention

28. reiterates that Article 35 of the EU Charter of Fundamental Rights stipulates that ‘everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities’;

29. defines health promotion as ‘the process of enabling people to increase control over and to improve their health’ and points out that throughout Europe, approximately 3 % of health system expenditure is assigned to health promotion and disease prevention. By comparison, around two thirds are spent on curative and rehabilitative care, with the remainder on medical goods and governance;

30. refers to the latest Eurostat publication on preventive health care expenditure statistics which shows that in the first year of the pandemic, Member States spent on average around EUR 100 per person on prevention; calls on the Member States to further strengthen health promotion and disease prevention and to clearly communicate the social and economic advantages of preventive health care expenditure;

31. points out that health promotion typically includes but is not limited to policy and practice interventions related to tobacco and alcohol use, diet and physical activity, healthy ageing, emotional well-being, violence and injury prevention, drug abuse control, health behaviour related to sexually transmitted diseases and sexual health. Therefore, considers it important to expand efforts and to make use of the full breadth of health promotion work, based on health and social determinants such as education and work;

32. encourages cities and municipalities, or regional actors responsible for local social and healthcare, to set up structures to support local populations on health issues, such as drug prevention, family planning, mental health, and for victims of violence;

Role of public authorities in health promotion

33. reiterates that the management of health systems is decentralised in the majority of EU Member States; although the degree of decentralisation may vary, in most countries regions and cities have a vital role to play in the design, delivery or financing of healthcare services;

34. agrees with the OECD that health promotion and ‘preventive care are cornerstones of an effective health system’. Effective health promotion and preventive care policies limit the occurrence of new diseases and reduce the incidence of existing communicable and non-communicable diseases. Municipal, provincial and regional strategies to boost health promotion and prevention are therefore the foundations of the EU Health Union;

35. is convinced that elected mayors and other local leaders have soft powers beyond their formal responsibilities that they can use to drive pro-health policies;

36. considers the promotion of basic telehealth services for the treatment and monitoring of home-based patients a priority; telemedicine can generate economic and social savings through the provision of efficient treatment in the home^(?);

37. quotes scientific evidence that the urban environment affects health outcomes, resulting in both an ‘urban health advantage’ and an ‘urban health penalty’; these advantages and penalties are distributed unevenly across socioeconomic groups and geographical locations; calls for more research into these phenomena to better target local policy solutions to increase advantages and mitigate penalties;

^(?) Opinion of the European Committee of the Regions — European Health Union: Reinforcing the EU’s resilience (OJ C 300, 27.7.2021, p. 53).

38. underlines that regional and local authorities together with other relevant actors are the best placed to foster the practice of sport (both indoor and outdoor) which plays a crucial role in health promotion and disease prevention. Encourages the European Union to support this action within all its policies;

Urban planning and mobility for health

39. calls on municipal councils to promote and facilitate urban design strategies that can create walking-friendly and cycling-friendly communities with safe, attractive and accessible public open spaces, which are associated with reduced non-communicable disease risk and as an investment in public health;

40. emphasises that easy access to frequent and efficient public transport is a key factor of healthy and sustainable living, calls for support programmes for free or discounted public transport, which could reduce car traffic, reduce noise levels and environmental pollution;

41. highlights the importance of promoting age-friendly cities to create appropriate surroundings and services that enable active ageing and therefore contribute to improving the relationship between the environment and the people who live there, regardless of their age;

42. calls on EU mayors to refer to the concept of a 15-minute city ⁽⁴⁾, whose primary objective is to give people access to basic services and facilities (e.g. schools, shops, sport facilities, etc.) within a 15-minute walking or cycling distance; recommends in this regard to learn from pioneer cities and to make use of the practitioners' roadmap to implementation;

Urban green spaces and health

43. recalls the 2016 WHO report evaluating benefits of urban green areas, such as parks, playgrounds, and residential greenery and highlighting their importance for both mental and physical health. These areas reduce morbidity and mortality in urban residents by providing psychological relaxation and stress alleviation, stimulating social cohesion, supporting physical activity and reducing exposure to air pollutants, noise and excessive heat. Sustainable urban planning needs to support good access to green spaces, which should be available and accessible for all;

44. therefore, requests cooperation between urban and rural local authorities in terms of mutual accessibility of cultural and sports facilities and green areas and greater integration of rural and urban residents;

45. points out that improving access to green spaces in cities is part of United Nations Sustainable Development Goal 11.7; In this regard, highlights the WHO 2021 report ⁽⁵⁾ and its findings that most green space types yield positive effects on both short-term and long-term mental health outcomes;

Alcohol, tobacco and drugs

46. points out that alcohol-related harm is a public health issue in the European Union and reiterates the importance of promoting awareness-raising campaigns about the impacts of drinking and driving;

47. highlights that policies regulating alcohol consumption remain a national competence; nonetheless local authorities can also play their role in limiting access to the younger generation especially;

48. calls on local and regional authorities to consider other specific measures to promote safe and responsible consumption of alcohol through school awareness-raising campaigns;

⁽⁴⁾ <https://www.eiturbanmobility.eu/%C2%B115-minute-city-human-centred-planning-in-action/>

⁽⁵⁾ <https://apps.who.int/iris/bitstream/handle/10665/342931/9789289055666-eng.pdf>

49. highlights the crucial role of local and regional authorities in contributing to the fight against drug trafficking through prevention, harm reduction and treatment policies; welcomes the Commission's communication on the EU Roadmap to Fight Drug Trafficking and Organised Crime ⁽⁶⁾ and in particular its action 13 on public safety and public health in areas affected by the use and sale of drugs and drug-related crime; wishes to be part of the 2024 high-level conference to discuss best practice examples from local and regional level;

50. draws attention to the sobering European Drug report 2023 ⁽⁷⁾ and its conclusions that illicit drugs have a significant impact on European health and security; calls for more funding for local and regional substance use prevention and harm reduction programmes;

51. calls for an active role of local governments in making young people aware of the negative health impact of both traditional and newer tobacco products, as well as those capable of releasing nicotine; draws attention to WHO Framework Convention on Tobacco Control and the fact that tobacco use is a major risk factor for cardiovascular and respiratory diseases, over 20 different types or subtypes of cancer, and many other debilitating health conditions;

Obesity

52. finds it worrisome that over the half of the EU's adult population is overweight or obese (body mass index (BMI) exceeding 25); warns that the rates among children are also on the rise; today 1 in 3 people are overweight or obese; stresses that these children are at greater risk of poor health in adolescence as well as in adulthood; clarifies that obesity among children is also often related to psychosocial problems;

53. calls on local and regional authorities to support a healthy start in life and promote healthier environments and nutritious and sustainable meals, especially in schools and pre-schools (e.g. policy of limiting access to sweetened beverages, highly processed food, especially fast food, and promoting access to free drinking water and the consumption of locally-sourced food);

54. calls on the European Commission to prepare the successor of the 2014–2020 EU Action Plan on Childhood Obesity, including the Committee of the Regions in its elaboration and delivery of this plan; calls on the Member States to take measures to promote physical activity and healthy food among children and adolescents;

Vaccination

55. highlights that vaccines have proved to be one of the most successful healthcare interventions of our time, saving countless lives, slowing down anti-microbial resistance, protecting against disease and secondary interventions and keeping health budgets in check;

56. points out that while vaccination calendars are typically set up at national level, local and regional authorities may contribute to the take-up of vaccines through their early childhood and education services, social care services and specific awareness-raising campaigns targeting selected population groups;

57. draws attention to the CoR 2020 Regional Barometer report and its examples of how different regions and cities mobilised to ensure the broadest possible coverage against COVID-19; these case studies are proof that local knowledge and engagement are key to success.

Brussels, 30 November 2023.

The President
of the European Committee of the Regions
Vasco ALVES CORDEIRO

⁽⁶⁾ Communication from the Commission on the EU roadmap to fight drug trafficking and organised crime (COM(2023) 641 final).

⁽⁷⁾ https://www.emcdda.europa.eu/index_en