

FRENCH HEALTHY-CITIES 2020 – 2030 STRATEGY

This document introduces the 2020-2030 strategy of **WHO French Healthy Cities Network**. It is based on the strategy of Healthy Cities in Europe: the Copenhagen Consensus.

The WHO French Healthy Cities Network aims to support cooperation between cities or urban conglomerations that are willing to implement policies aiming to promote health and wellbeing. Created 30 years ago, it now brings together nearly a hundred French cities which, in conjunction with the WHO, participate in the European movement, covering 1,500 Healthy Cities. With the aim of reducing social inequalities in health, Healthy Cities aim to integrate health into all local policies such as housing, transport, social cohesion, early childhood and urban planning.

While this strategy is part of the European framework, it also reflects the French national context. Social inequalities in health and the number of premature deaths (before the age of 65) remain a

cause for concern. The challenge is to create dense and active cities while preserving the environment and the quality of life of the inhabitants.

This document also contains the objectives of the French Network of Healthy Cities which, as a structure, aims to be a network of excellence, able to produce new knowledge in connection with researchers, to influence national policies and to provide a long-term vision through forward-looking work to anticipate future issues.

The objectives presented in this document are based on the three values that guide the action of French Healthy Cities:

- **Intersectoral approach:** Ensuring that all local policies are positive for health
- **Equity:** Reinforcing social justice by reducing social health inequalities
- **Sustainability:** Creating pleasant cities for today's population and future generations



EUROPEAN FRAMEWORK : THE COPENHAGEN CONSENSUS OF MAYORS

WHO, as a United Nations agency, works to achieve the 17 Sustainable Development Goals (SDGs) by 2030 (agreement signed in 2015). The Copenhagen Consensus, validated in February 2018, is the strategic framework of the WHO European Healthy Cities Network by 2030.



According to the Copenhagen Consensus, Healthy Cities promote health and well-being through governance, empowerment and **participation**, creating **urban environments (place)** that contribute to equity and **prosperity** for residents, and investing in **people** to promote peace on Earth (**planet**). These objectives are summarized in the 6P model of European Healthy Cities.



For the French Healthy Cities, the highlights of the Copenhagen Consensus are the following: A city is rich thanks to the inhabitants and the different roles they play (decision-makers, citizens, service users, lobbyists, researchers, etc.). A Healthy City must act to empower but also support **people** when they need it. Approaches must be differentiated according to the needs of the public (proportionate universalism).

Participation is a founding concept of French Healthy Cities. Today, our cities wish to develop real partnerships with their residents. Far from being purely theoretical during public meetings that are sometimes very top-down, it is necessary to involve directly and actively inhabitants, especially those who are far from these processes.

Health risks related to climate change are now well documented. Cities are ideal territories to implement global policies that are positive for the **planet**, starting with an inventory of each territory. Local authorities benefit from tools such as the development of local distribution channels, selection criteria for public procurement contracts, or accessibility of public transport and support to soft and active mobility.

The promotion of Health-Friendly Urban Planning is already a strong axis of the French Healthy Cities Network. The development of **urban places**¹ where people live well is obviously an asset for the city and also for their inhabitants. A dense city offers short distances between the main places of life, with nearby urban parks, green belts, shops and services and where it is pleasant to live. The Network proposes that 1% of all development projects be dedicated to health, for example to finance a Health Impact Assessment (HIA).

Social peace in our cities still seems fragile. Despite our efforts, social diversity is sometimes lacking and discrimination still exists (religious, cultural, homophobic, etc.). Mayors have responsibilities in ensuring a peaceful life in cities, and today they are key actors in this struggle.

A **prosperous** city develops its economy while keeping in mind key principles of equity between incomes and sustainability of economic development to support population health for today and for the future.

As expressed by the UN, and reaffirmed by the Copenhagen consensus:

« We cannot afford to fail »



STRATEGY FOR FRENCH HEALTH CITIES

Healthy Cities have been identified by the WHO for 30 years as privileged actors in the promotion of global and positive health including well-being. The level of the municipalities, and more recently of urban conglomerations, is particularly relevant, especially with the democratic proximity through the election of a municipal team by universal suffrage. Cities are thus legitimate in

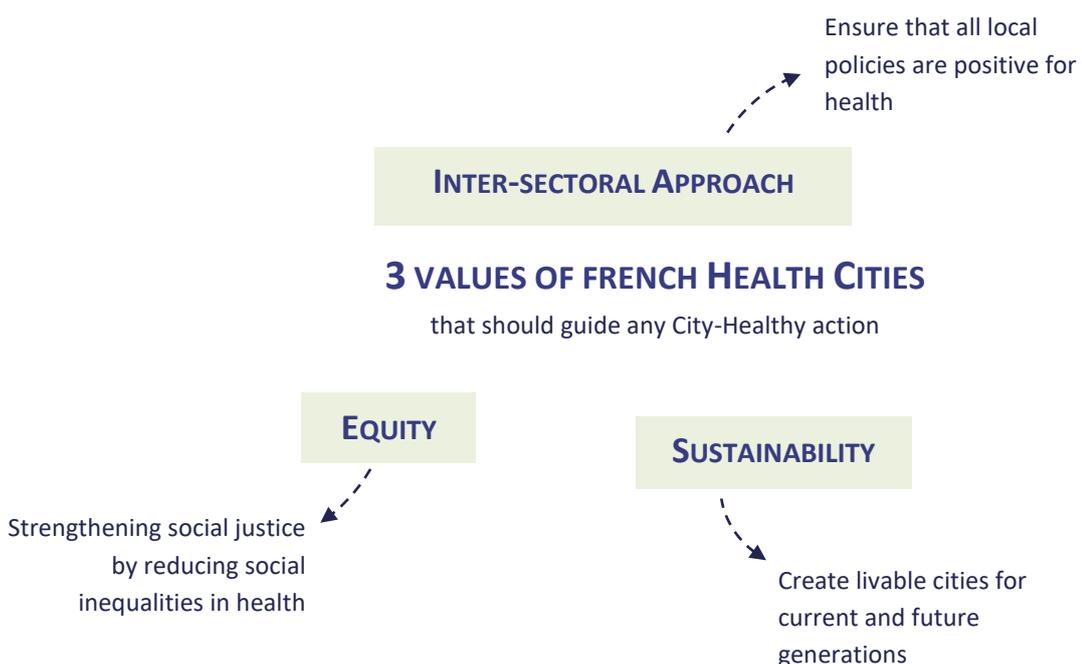
conducting their own policies, while remaining close to the population. Moreover, cities have a wide range of regulatory powers, to which are added many voluntary policies, which makes them unique actors to act on all the determinants of health, with a view to creating physical and social environments favourable to the health of all.

NATIONAL CONTEXT

Life expectancy in France is generally good compared to other European countries, but significant progress remains to be made in reducing premature mortality. Currently, in France, 1 man out of 6 dies before the age of 65, which is twice as much as for women. Among women, the reduction in premature mortality has stagnated for the baby boomers. Health status shows major differences according to social origin and these inequalities have no tendency to decrease. Today, life expectancy at age 35 between managers and workers is 6.4 years for men and 3.2 years for women.

Even worse, these social inequalities begin before birth, during pregnancy, resulting in higher rates of prematurity and low birth weight in low-income households, as shown by national perinatal surveys (4b).

By 2030, cities will act to reduce premature mortality, and reduce the Social Health Inequality (SHI) gradient in a proportionate universalism approach.





New challenges are also emerging for the years to come. Our large cities are becoming megacities. Metropolization leads to a concentration of people on a scale that has not been common in France until now. It brings opportunities but also major social and environmental challenges. Healthy Cities must provide answers to the demand for housing and jobs, while at the same time responding to the desire to live in "human-sized" urban spaces. Without this reflection, we risk creating cities that degrade the environment and the health of the population.



Emerging issues include the importance of preventing future health crises, including through a better understanding of the "One Health" concept, emphasizing the link between human health, animal health and the health of the planet.



Access to information through the web, e-health and other digital tools have radically changed our lives. While most of these changes have improved quality of life, Healthy Cities must remain vigilant to potential threats, including erroneous or misunderstood messages, such as "fake news", and to the protection of personal data, when it comes to urban health issues. The Network pays particular attention to the digital divide, which is becoming more entrenched and is increasing inequalities.





Prevention is a good economic investment aside cure. Preventive actions that empower people are always the most effective. Key concepts for health promotion include empowerment of individuals as well as the development of community "resilience" to better manage crises or times of uncertainty. The major issues identified by the WHO are a better understanding of mental health and the importance of creating supportive environments during the first 1,000 days (pregnancy and infancy).



Cities work extensively on access to rights and are often involved in the issue of access to care. When in recent years many institutions have closed their public reception areas, the town hall has found itself the recipient of many requests outside its field of competence. The most vulnerable people are not always able to complete their files online and the work of local social services (CCAS) become precious sources of help.



Finally, the goal of cities is to create open and caring urban places that promote quality of life, cities in which residents feel well and ultimately happier.



THE HEALTHY CITIES FRAMEWORK

VISION

Local authorities act through a proactive policy to improve health, well-being, the ability to act and to enjoy life to the full

GOALS

Acting for health-friendly environments, creating open, caring, peaceful and happier cities.
Act for a better access to health care for all.

METHODOLOGY

Acting by, for and with inhabitants

- Strengthening the power to act (empowerment)
- Participation of everyone in the design of policies and actions
- Health literacy

Acting in a transversal way

- Health in all policies
- Healthy urban planning
- Health impact assessment (HIA)

SYSTEMATIC FIGHT AGAINST SOCIAL INEQUALITIES IN HEALTH (ISS)

Actions of proportionate universalism,
Attention to specific groups:

Children (especially the first 1000 days), workers, single parents, students, LGBTQI people, homeless people, drug users, recently arrived migrants, residents of priority neighborhoods, travelers, victims of discrimination, unemployment, domestic violence etc.

FUTURE CHALLENGES

- **One health** (link between human, animal and global health)
- **Digital city** (smart cities)
- **Sanitary crisis** related to infectious diseases and environmental threats
- **Climate change**
- **Population concentration in megacities**
- **Demographic change**



The French Network of WHO Healthy Cities in 2030

In order for the French Network to be able to support the Healthy Cities as effectively as possible, it is carrying its vision and objectives to 2030.

Vision : To be the reference Network for local authorities wishing to implement local health-promoting policies, in line with the WHO's European Healthy Cities programme.

Goals :

To be the Network of Excellence on local health governance and a think-tank for new approaches to improve the living conditions of the most vulnerable people.

Influence national policies, in accordance with the three values of French Healthy Cities (see above), so that they support municipalities and urban conglomerations that wish to concretely act on health determinants and integrate this approach as far upstream as possible in all laws, decrees and framework documents.

Keep on with a forward-looking approach in order to understand future challenges (climate, smart-cities, e-health, resilience, etc.) and to propose new ways while respecting the values of the network and defending health as a common good.

Strengthen the link with researchers to produce new knowledge adapted to local decision-making processes and equip local health observatories in a bottom-up approach, starting from successful experiences and giving resources to all cities.

Increase the influence of Healthy Cities by developing partnerships with other local authority networks (AMF/France Urbaine; Villes Rurales; Villes-Educatrices, etc.)

In relation to the European Healthy Cities Network and other WHO and EU programmes, to act as an interface to promote innovative actions of French Healthy Cities on a European scale and to enable French Healthy Cities to draw inspiration from new ideas.

In a nutshell, the Network supports Healthy Cities in their local, regional, national and international advocacy.

