World Health Organization
REGIONAL OFFICE FOR Europe

A MULTILEVEL
GOVERNANCE APPROACH TO
PREVENTING AND MANAGING
NONCOMMUNICABLE DISEASES:
**THE ROLE OF CITIES
AND URBAN SETTINGS**

WHO EUROPEAN HIGH-LEVEL CONFERENCE
ON NONCOMMUNICABLE DISEASES

Time to Deliver: meeting NCD targets to achieve
Sustainable Development Goals in Europe
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→ ABSTRACT

Urbanization is one of the leading global trends of the 21st century, and has a significant impact on health and well-being, particularly in relation to noncommunicable diseases (NCDs). Cities and local governments play crucial roles in supporting people living with NCDs, co-creating health with patients and communities, building health literacy and fostering empowerment and, through adopting evidence-based interventions, building physical, socioeconomic and cultural environments that tackle NCD risk factors. A multilevel governance approach is necessary effectively to manage and tackle NCDs, with cites operating within an enabling national framework and with coherence between the different levels of governance. This background paper focuses on the role of cities and local governments in tackling and preventing NCDs, including the policy context and examples of interventions.

→ KEYWORDS

NONCOMMUNICABLE DISEASES
URBANIZATION
HEALTHY CITIES
GOVERNANCE
SUSTAINABLE DEVELOPMENT GOALS

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→ **ACKNOWLEDGEMENTS**

→ SUMMARY

Context

- Urbanization is one of the leading global trends of the 21st century, and has a significant impact on health and well-being, particularly in relation to noncommunicable diseases (NCDs). The factors influencing urban health include urban governance, population characteristics, the natural and built environment, social and economic development, services and health emergency management, and food security.

- With over half of the world's population now living in urban settings, cities, municipal governments and urban places are uniquely placed to transform the fight against NCDs and injuries.

- A multilevel governance approach is necessary effectively to manage and tackle NCDs, with cites operating within an enabling national framework and with coherence between the different levels of governance.

Cities, urban places and the global NCD agenda

- The role of the local level in providing an effective response to the prevention and control of NCDs was recognized in the third high-level meeting of the United Nations General Assembly.

Links between cities, NCDs and their risk factors

- Cities are in prime position to support people living with NCDs, to co-create health with patients and communities, build health literacy and foster empowerment and, through adopting evidence-based interventions, build physical, socioeconomic and cultural environments that tackle NCD risk factors.

Cities and urban spaces within the NCD agenda: pathways to integration

- Cities have competences over policies that shape the built and natural environment. This allows them to: take direct action to tackle NCD risk factors through public health interventions; adopt healthy urban planning, promoting active transport and access to green spaces, tackling air pollution and improving road safety; tackle inequalities in health and NCD outcomes through addressing the social determinants of health; ensure coherence in municipal policies for better NCD outcomes; and work with other levels of governance to create an enabling system for better NCD outcomes.

⇨ CONTEXT

Urbanization is one of the leading global trends of the 21st century, and has a significant impact on health and well-being, particularly noncommunicable diseases (NCDs). By 2050, over 68% of the world's population will live in cities. The factors influencing urban health include urban governance, population characteristics, the natural and built environment, social and economic development, services and health emergency management, and food security *(1)*.

Cities can bring opportunities for improved health and well-being, but can also provide challenges to their achievement. Today's cities and those of tomorrow are facing a triple threat: infectious diseases such as HIV/AIDS, tuberculosis (TB), pneumonia and diarrhoeal diseases; NCDs, including asthma, heart disease, cancer and diabetes; and violence and injuries, including road-traffic injuries.

The growing rates of urbanization render cities the most important setting for tackling health and well-being challenges and addressing global epidemics, such as in NCDs. Cities account for over 80% of the global economy (in gross domestic product (GDP)), over 60% of global energy consumption, 70% of greenhouse gas emissions, and 70% of global waste, despite occupying only approximately 2% of the total land in the world *(2)*.

Health and well-being are co-created at local level between people and the local and city governments that govern them. The scope of competences delegated from national level to local, city and municipal levels differs across the Member States of the WHO European Region, meaning that each local government has a different role in the process. The competences cover many elements related to health and well-being; in relation to NCDs specifically, roles include partnering with health services for service delivery, addressing and tackling risk factors, regulating alcohol retail, creating smoke-free places, tackling wider determinants of health, mitigating factors that disrupt social cohesion, addressing exclusion and loneliness, providing adequate housing and addressing environmental determinants of health through healthy urban planning *(3)*.

Tackling the social, environmental, commercial and other wider determinants of health is crucial to tackling NCDs, particularly in urban settings where inequalities are often most pronounced. Tackling the determinants of health requires action at city level, because cities shape environments, both natural and built. They also shape many of the factors that determine NCD outcomes, such as transport, air pollution, road safety, neighbourhoods and facilities, housing and urban planning, and green space *(4)*.

→ CITIES, URBAN SETTINGS AND THE GLOBAL NCD AGENDA

Cities are uniquely placed to contribute to the global NCD agenda through tackling NCDs at local level. In the European Region, this is achieved through acting as vehicles for implementation of three key policy agendas – the United Nations 2030 Agenda, the WHO *Global action plan for the prevention and control of noncommunicable diseases 2013–2020 (5)*, and the *Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025 (6)*.

The United Nations 2030 Agenda

The United Nations 2030 Agenda provides for the first time a unified global plan for sustainable development, applicable to both developing and developed countries. The city and urban dimension is explicitly recognized in the Sustainable Development Goals (SDGs) through Goal 11, on sustainable cities and communities, but all 17 SDGs are relevant when considering how to tackle and prevent NCDs at local level.

Cities can act as partners for WHO in implementing the SDGs at local level and adopting a national WHO Healthy Cities approach *(7)* as implementation vehicles for the United Nations 2030 Agenda. They can also support the implementation of WHO strategic priorities to contribute to achieving the 2030 Agenda, particularly Goal 3 on health and well-being, target 3.4: "By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being".

The adoption of the United Nations 2030 Agenda has created a new framework under which to align global, national and local goals, take action on which governments can be held to account, and integrate cities and urban settings into the global agenda. The adoption of a goal and targets for cities has emphasized the importance of local leadership in advancing the global development agenda, while linking to other goals that can have significant influence, including action on NCDs.

The United Nations 2030 Agenda recognizes that local institutions, local economic actors and communities provide legitimacy for global and national development by grounding development choices in the will of the people through participation and ownership. According to Helen Clark, United Nations Development Programme Administrator, "Most critical objectives and challenges of the post-2015 development agenda will certainly depend on local action, community buy-in and local leadership well coordinated at and with all levels of governance" *(8)*. On the other hand, globalization requires more coordinated action from all sectors to work on health-related issues, greater support through national policies, and strong and efficient coordination with policies at local level *(8)*.

The WHO *Global action plan for the prevention and control of noncommunicable diseases 2013–2020*

The global action plan *(5)* is underpinned by a number of overarching principles,[1] which cannot be implemented without local government engagement. In particular, the empowerment of people and communities, implementation of a life-course approach, and delivery of universal health coverage and equity-based

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1   The principles are: life-course approach; empowerment of people and communities; evidence-based strategies; universal health coverage; management of real, perceived or potential conflicts of interest; human rights approach; equity-based approach; national action and international cooperation and solidarity; and multisectoral action.

approaches cannot be achieved without working directly with cities, as this level of governance is closest to individuals and communities.

Two of the objectives of the global action plan require a multilevel governance approach, which means engagement with local and city levels is necessary. Objective 2, on strengthening national capacity, leadership, governance, multisectoral action and partnerships to accelerate country responses for the prevention and control of NCDs, requires collaboration with different levels of government, including local level.

Objective 3 highlights the importance of underpinning legislative and regulatory measures and health promotion interventions that engage state and non-state actors from within and outside the health sectors to prevent tobacco use, physical inactivity, unhealthy diet, obesity and harmful use of alcohol, and to protect children from the adverse impacts of marketing. A whole-of-society approach needs to be applied to engage with relevant actors; engaging partners from across society, including at city level, is necessary to achieve improved NCD outcomes *(5)*.

WHO HEALTHY CITIES

WHO Healthy Cities provides an innovation platform and acts as a driver for knowledge exchange. It includes successful examples of partnership and multisectoral working at local level. Today, thousands of cities worldwide are part of the Healthy Cities Network. This has become an important platform for achieving improved health and well-being and sustainable development in many parts of the world. Cities are often at the forefront of innovation, with mayors and municipalities spearheading efforts to improve health outcomes, including for NCDs. The Healthy Cities Network builds on opportunities for cities and towns to engage in collaborative leadership across levels of government to gain health and improve health equity *(9)*.

The Healthy Cities Network serves as a pathway for integrating cities into the global NCD agenda by acting as a vehicle for city-level implementation of global agendas, such as the United Nations 2030 Agenda and the WHO global action plan. This vision is embodied in the WHO European Healthy Cities Network Copenhagen Consensus of Mayors statement *(10)*, adopted in February 2018 at the WHO European Healthy Cities Network Summit of Mayors. The vision is implemented through the *Implementation framework for Phase VII (2019–2024) of the WHO European Healthy Cities Network. Goals, requirements, and strategic approaches (11).*

LINKS BETWEEN CITIES AND URBAN SETTINGS, NCDS AND THEIR RISK FACTORS

The four major NCDs are cardiovascular diseases, diabetes mellitus, cancers and chronic respiratory disease. They are associated with a cluster of common risk factors, such as tobacco and alcohol use, unhealthy diets, physical inactivity, hypertension, obesity and environmental factors. It has been estimated that at least 80% of all heart disease, stroke and diabetes, and 40% of cancer could be prevented by tackling these major risk factors *(6)*. Local and city governments have a critical role in setting local policies and ambitions, integrating health into social and environmental approaches, and addressing these risk factors.

The role that cities, local and municipal governments can play in supporting effective responses to tackling and preventing NCDs can be seen in two ways:

1. areas for local government action in tackling and preventing NCDs
2. city functions and competences as a level of government.

Areas for local government action in tackling and preventing NCDs

As the level of government where national policy is implemented, local government can address many of the immediate issues facing people living with NCDs and shape the environments and social conditions that support national objectives in tackling and preventing NCDs. Under Phase VII, the WHO European Healthy Cities Network has identified six areas for local government in tackling and preventing NCDs (Box 1). A mapping of the SDG targets against these areas of local government action can be found in Annex 1.

Box 1. **Areas for local government action in tackling and preventing NCDs**

> **Supporting people living with NCDs** is about access to joined-up services – including mental health services – such as social services, disability services and community integrated care. It also relates to support for families and carers of people living with NCDs and investment in social inclusion for people with NCDs, mental disorders and related physical or mental disabilities.
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> **Local level health promotion/disease prevention** requires the development and implementation of integrated strategies for health promotion. It includes investing in health literacy and community empowerment, and local-level, community-led and needs-driven health promotion and disease prevention interventions. Programmes for violence and injury prevention and support for health promotion in settings such as schools and workplaces also feature.
>
> **Built environment** relates to adopting policies, including in urban planning, that create a health promoting and salutogenic environment to tackle risk factors and support health. It includes green spaces and active transport, bans on smoking and marketing of tobacco products, by-laws regulating sales or marketing of foods high in fat, salt and sugar, planning laws that support air quality, road safety, housing quality and urban ecosystems, and urban food systems.
>
> **Socioeconomic environment** requires targeted action using a whole-of-society approach along the course of NCDs and through the life-course on the social determinants of health to address the unequal distribution of diseases within cities. It includes investing in early years and supporting parenting, promoting joined-up approaches among health, education and social sectors, taking action to support the transition from education to work, acknowledging the spatial dimensions of poverty, including housing, transport and energy poverty, and providing targeted interventions for people at risk of vulnerability, including migrants and older people.
>
> **Coherence across municipal polices** means that internal policies and processes of local administrations are reviewed and addressed in areas such as: municipal procurement policies for food in municipal buildings; transport and other public tenders; divesting from health- and environment-harming industries in municipal investment portfolios; and greening municipal buildings/vehicles/services through retrofitting. It also includes supporting health promotion in the municipality as a workplace setting.
>
> **Multilevel governance** is about working in partnership with other levels of government on action to tackle and prevent NCDs. It includes action through strengthened approaches to improve road safety and food systems, ensure good governance of commercial determinants[a] of health, promote improved governance, public management and planning, and provide support for an integrated health information system.

Source: WHO Regional Office for Europe *(11)*.

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a   A commercial determinant of health refers to a good or a service where there is an inherent tension between the commercial and the public health objective: where the public health objective is to rationalize the use of the good or service, and the commercial objective is to increase the use or consumption of the good or service; or conversely, where the public health objective is to increase the accessibility or affordability of a good or service, and the commercial objective is to reduce the accessibility and affordability of the good or service *(12)*.

City functions and competences as a level of government

Local governments have unique mandates and competences that are context-dependent and vary among countries. As the closest level of government to populations and communities, functions and competences at city level have a crucial role in addressing NCD risk factors, determinants and issues of inequalities. The WHO European Healthy Cities Network has identified five domains in which local governments have the capacity to influence the determinants of health and inequities, thereby tackling and preventing NCDs (Box 2) *(13)*.

Box 2. **The influence of cities on health, well-being and equity**

Regulation	Cities are well positioned to influence land use, building standards, and water and sanitation systems and to enact and enforce restrictions on tobacco use and occupational health and safety regulations.
Integration	Local governments can develop and implement integrated strategies for health promotion.
Intersectoral partnerships	Cities' democratic mandates convey authority and sanctions their power to convene partnerships and encourage contributions from many sectors.
Citizen engagement	Local governments have everyday contact with citizens and are closest to their concerns and priorities. They present unique opportunities for partnering with the private and not-for-profit sectors, civil society and citizens' groups.
Equity focus	Local governments have the capacity to mobilize local resources and deploy them to create more opportunities for poor and vulnerable population groups, and to protect and promote the rights of all urban residents.

Source: WHO Regional Office for Europe *(13)*.

→ CITIES AND URBAN SETTINGS WITHIN THE NCD AGENDA: PATHWAYS TO INTEGRATION

Governance needs to be a key consideration for policy-makers to support the tackling and prevention of NCDs at local and city levels. Governance should be integrated, intersectoral and values-based. It should also facilitate stakeholder engagement across the policy cycle, then manage the cycle to show the results of the policy package with clear accountability.

Governing for tackling and preventing NCDs at local level needs to be considered in the specific national and urban context and governance realities of each city; competences and capacities in and beyond the health sector vary, and each city has context-specific challenges and opportunities. Different approaches, mechanisms and structures can serve as a catalyst for intersectoral governance, and for making governing across sectors sustainable. This particularly applies to engagement with the private sector. Good examples of governance at local level account for contextual specificities, challenges and opportunities *(8)*.

Cities tackling NCD risk factors: governance for health and well-being

Planning NCD interventions at municipal level should include not only other sectors across the city, but also, where applicable, other levels of government. This is particularly relevant for interventions such as delivering health care, training and educating key professionals, regulating marketing and advertising *(8)*, and providing specific interventions on NCD risk factors, such as road safety or violence and injury prevention.

The idea is not for the health sector to take over the core competences of local government, local agencies or stakeholders. Instead, health officials need to support and collaborate with other agencies to develop and implement effective and equitable multisectoral policies, plans and programmes that optimize co-benefits for all sectors involved.

Effective intersectoral coordination for NCDs at local level requires that municipal governments understand NCDs, can map trends and needs, measure or estimate the health impacts (positive and negative) of development activities (through complexity analyses, for instance), implement evidence-backed interventions, and monitor and evaluate impacts on health, health equity and development. Civil society engagement and community empowerment must drive the planning and implementation of NCD interventions at local level *(14)*. Mapping accountability can support the design of governance arrangements for better policy implementation; WHO has developed a specific tool for this purpose *(15)*.

Multilevel governance for tackling and preventing NCDs

Effectively managing NCDs requires taking a multilevel governance approach at national level, ensuring coherence among all different levels of governance (national, regional and local/city/municipal). The city or municipal level of governance is crucial, as municipal governments are the front line in implementation of international and national policies and plans to create environments that mitigate NCD risk factors – including tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol – and encourage healthier lives. Likewise, it is important that priorities identified at city level are communicated to regional and national levels to ensure they are appropriately considered in public health priority-setting.

City and municipal governments only represent one level of governance within a country. National environments that make it possible for city and municipal governments to take action play a key role in enabling them to operate as necessary to implement policies to tackle and prevent NCDs. Governance coherence is necessary to do so in a system of multilevel governance. Governance arrangements among different levels of governance matter for effectiveness, impact, transferability and scalability. In contrast to national government, which often deals with system-wide policies, local governments interact daily and intensively with populations and communities.

Multi- and intersectoral governance for NCDs at city level

Multisectoral and intersectoral collaboration for preventing NCDs at local government level has been reported to function as a tool to drive and steer action and provide a means of achieving specific outcomes *(8)*. An analysis of the role of the WHO European Healthy Cities Network reported on the interdependency of national and local levels *(16)*. In relation to tobacco control, for example, cities are crucial to the successful implementation and enforcement of policies, leading the way, challenging the status quo or advocating for stronger action, developing innovations and piloting approaches. Local governments are not only embracing intersectoral work through creating and maintaining appropriate governance mechanisms, but also by deploying resources to deal with NCDs using a values-based approach *(17)*.

➔ CITIES TACKLING NCD RISK FACTORS – EXAMPLES OF GOOD PRACTICE

Cities tackling NCD risk factors: physical inactivity

Overarching policies and large-scale interventions are needed to increase physical activity through urban planning. These include developing planning documents with guidelines and small-scale and highly detailed interventions, such as taking measures to facilitate walking and cycling *(18)*.

 One approach cities can take to tackle the NCD risk factor of physical inactivity is through healthy urban planning and the provision of green spaces. Green spaces and other nature-based solutions offer innovative approaches to increasing the quality of urban settings, enhancing local resilience and promoting sustainable lifestyles. In doing so, they improve the health and well-being of urban residents.

Parks, playgrounds or vegetation in public and private places are a central component of these approaches and can help to ensure that:

- urban residents have adequate opportunities for exposure to nature;
- urban biodiversity is maintained and protected;
- environmental hazards such as air pollution or noise are reduced;
- the impacts of extreme weather events (heatwaves, extreme rainfall or flooding) are mitigated;
- the quality of urban living is enhanced; and
- the health and wellbeing of residents is improved *(19)*.

Cities tackling NCD risk factors: tobacco use

Healthy cities are smoke-free cities. While national comprehensive smoke-free laws are ideal to protect all residents of a country from exposure to second-hand tobacco smoke, city leaders, no matter how large or small the populations they govern, have a unique opportunity – and responsibility – to protect their citizens from the illness, premature death and multiple social and economic harms that result from tobacco smoke *(20)*.

Dedicated action at city level to protect populations from exposure to tobacco smoke can also be a catalyst for the entire country to become smoke-free, with city leaders recognized widely for their advocacy and leadership in this area. Protection from exposure to tobacco smoke is called for under Article 8 of the WHO Framework Convention on Tobacco Control *(21)*, the strengthened implementation of which features as target 3a of the SDGs.

Reducing people's exposure to second-hand smoke is a cost-effective way to support a range of targets under SDG 3 on health, from NCDs, to TB, to maternal and child health. It can also advance other objectives across the United Nations Agenda 2030, such as promoting safe and secure working environments for all workers (SDG 8) and providing universal access to safe, inclusive and accessible green and public spaces (SDG 11) *(14)*.

A case study of a city tackling tobacco use is presented in Box 3.

Box 3. **Case study: smoke-free New York – the city's endeavour to become a healthy city with clean air**

When Michael Bloomberg, New York's then-mayor, enacted the Smoke-free Air Act on 30 March 2003, controversies were raised about how the law would kill businesses, lead to job losses and decrease tax revenue. The mayor took leadership and, jointly with New York City's Coalition for a Smoke-free City, showed the benefits and knocked down the critics.

The campaign focused on launching clear messages about the need to equally protect the health of all workers at their workplaces. One year later, New York City's departments of health and mental hygiene, finance and small business services and the city's Economic Development Corporation released a first impact report revealing overwhelming compliance, with 97% of restaurants and bars being smoke-free – no patrons or workers were observed smoking, no ashtrays were present, and "No Smoking" signs were properly posted.

Great support from New Yorkers was evidenced by various polls (such as the Quinnipiac Poll in October 2003, which showed two-to-one support). Employment in restaurants and bars had risen and business receipts were up 8.7%, with all indications that New York City businesses prospered. The city became a safer and healthier place for all of its workers, businesses, tourists and inhabitants – for, in one word, everyone.

Source: WHO *(14).*

Cities tackling NCD risk factors: the social determinants of NCDs

To manage NCDs effectively, the social determinants of health must also be addressed, and equity and gender considered in every municipal policy. The social determinants of health are also the social determinants of NCDs. The social determinants of NCDs can effectively be tackled at local level. Local governments often have the policy and legislative tools needed to address key issues affecting NCD risk; the accountability lines are more direct between actors, and between the population and policy-makers. There is greater proximity between stakeholders at local level, which enhances governance for NCD outcomes across sectors *(8)*. An examination of municipal-level efforts to address the social determinants of health inequalities has shown that equity in health principles was included more widely in the policies of other sectors than at national level *(22)*.

→ **REFERENCES**

1. Urban health. In: World Health Organization [website]. Geneva: World Health Organization; 2019 (https://www.who.int/topics/urban_health/en/).

2. Urban development. In: World Bank [website]. Washington (DC): World Bank; 2019 (https://www.worldbank.org/en/topic/urbandevelopment/overview).

3. Barton H, Tsourou C. WHO European Healthy Cities Network. Healthy urban planning. Copenhagen: WHO Regional Office for Europe; 2000 (http://www.euro.who.int/__data/assets/pdf_file/0014/102119/E71317r.pdf?ua=1).

4. Grady M, Goldblatt P, editors. WHO European Healthy Cities Network. Addressing the social determinants of health: the urban dimension and the role of local government. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0005/166136/UrbanDimensions.pdf).

5. Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013 (https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf;jsessionid=0D69C7E35EC81BBD20882EF66677DCDA?sequence=1).

6. Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0008/346328/NCD-ActionPlan-GB.pdf?ua=1).

7. Healthy settings: healthy cities. In: World Health Organization [website]. Geneva: World Health Organization; 2019 (https://www.who.int/healthy_settings/types/cities/en/).

8. Jakab M, Farrington J, Borgermans L, Mantingh F, editors. Health systems respond to noncommunicable diseases: time for ambition. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0009/380997/hss-ncd-book-eng.pdf?ua=1).

9. Terms of reference and accreditation requirements for membership in the Network of European National Healthy Cities Networks Phase VI (2014–2018). Copenhagen: WHO Regional Office for Europe; 2013.

10. Copenhagen Consensus of Mayors: healthier and happier cities for all. A transformative approach for safe, inclusive, sustainable and resilient societies. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0003/361434/consensus-eng.pdf?ua=1).

11. Implementation framework for Phase VII (2019–2024) of the WHO European Healthy Cities Network. Goals, requirements, and strategic approaches. Copenhagen: WHO Regional Office for Europe; 2019.

12. Kosinska M, Östlin P. Building systematic approaches to intersectoral action in the WHO European Region. Public Health Panorama 2016;2(2):117–247 (http://www.euro.who.int/__data/assets/pdf_file/0017/314090/Volume-2-Issue-2-EDITORIAL-Building-systematic-approaches.pdf?ua=1).

13. Phase VI of the WHO European Healthy Cities Network: goals and requirements. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0017/244403/Phase-VI-20142018-of-the-WHO-European-Healthy-Cities-Network-goals-and-requirements-Eng.pdf).

14. Policy brief 1: healthy cities. WHO 9th Global Conference on Health Promotion. Shanghai, 2016. Geneva: World Health Organization; 2016 (https://www.who.int/healthpromotion/conferences/9gchp/policy-brief1-healthy-cities.pdf?ua=1).

15. Tiliouine A, Kosinska M, Schröder-Bäck P. Tool for mapping governance for health and well-being: the organigraph method. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0011/389999/20181218-h1015-toolkit.pdf?ua=1).

16. Farrington JL, Faskunger J, Mackiewicz K (2015). Evaluation of risk factor reduction in a European city network. Health Promot Int. 2015;1;30(Suppl. 1):i86–98.

17. de Leeuw E. Evaluating WHO Healthy Cities in Europe: issues and perspectives. J Urban Health 2013;90(S1):14–22.

18. Towards more physical activity in cities. Transforming public spaces to promote physical activity – a key contributor to achieving the Sustainable Development Goals in Europe. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/publications/2017/towards-more-physical-activity-transforming-public-spaces-to-promote-physical-activity-a-key-contributor-to-achieving-the-sustainable-development-goals-in-europe-2017).

19. Urban green spaces: a brief for action. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0010/342289/Urban-Green-Spaces_EN_WHO_web.pdf?ua=1).

20. Making cities smoke-free. Geneva: World Health Organization; 2011 (http://apps.who.int/iris/bitstream/10665/44773/1/9789241502832_eng.pdf).

21. WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2003, updated reprint 2004, 2005 (https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf;jsessionid=28DF3A9805D975FFACC3B3970FE36DF7?sequence=1).

22. Ritsatakis A, Ostergren P-O, Webster P. Tackling the social determinants of inequalities in health during Phase V of the Healthy Cities Project in Europe. Health Promot Int. 2015;1;30(Suppl 1):i45–53.

→ ANNEX 1

MAPPING OF SUSTAINABLE DEVELOPMENT GOAL TARGETS RELEVANT TO CITIES IN TACKLING NONCOMMUNICABLE DISEASES (NCDs)

Sustainable Development Goal	Supporting people living with NCDs	Local level health promotion/disease prevention	Built environment	Socioeconomic environment	Coherence across municipal polices	Multilevel governance
1 NO POVERTY			1.5	1.1; 1.2; 1.3; 1.4; 1.5		1.a; 1.b
2 ZERO HUNGER		2.2	2.4	2.1		2.3; 2.5; 2.b; 2.c
3 GOOD HEALTH AND WELL-BEING	3.4; 3.5; 3.8; 3.a; 3.b	3.4; 3.5; 3.a	3.6; 3.9			3.6
4 QUALITY EDUCATION			4.a	4.1; 4.2; 4.3 4.4; 4.5; 4.6; 4.7 4.a		
5 GENDER EQUALITY	5.4	5.4		5.1; 5.2 5.4; 5.5; 5.a; 5.c	5.5	5.5
6 CLEAN WATER AND SANITATION		6.1	6.1; 6.3; 6.4	6.2; 6.3; 6.6; 6.b		6.3; 6.4
7 AFFORDABLE AND CLEAN ENERGY			7.a	7.1		
8 DECENT WORK AND ECONOMIC GROWTH				8.2; 8.5; 8.6; 8.8	8.4	

Sustainable Development Goal	Supporting people living with NCDs	Local level health promotion/disease prevention	Built environment	Socioeconomic environment	Coherence across municipal polices	Multilevel governance
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE			9.1; 9.4		9.4	9.1
10 REDUCED INEQUALITIES	10.7	10.7		10.2; 10.7	10.3; 10.4	10.3; 10.4; 10.7
11 SUSTAINABLE CITIES AND COMMUNITIES	11.5		11.2; 11.4; 11.6; 11.7	11.1; 11.a	11.3	11.a
12 RESPONSIBLE CONSUMPTION AND PRODUCTION			12.2; 12.4; 12.5; 12.6	12.8	12.6; 12.7	12.1; 12.2; 12.4; 12.7
14 LIFE BELOW WATER			14.1; 14.5		14.1; 14.5	
15 LIFE ON LAND			15.1; 15.2 15.3; 15.4; 15.5; 15.9	15.9	15.1	15.9
16 PEACE AND JUSTICE	16.1; 16.2; 16.6; 16.b	16.1; 16.2	16.1; 16.2	16.1; 16.2; 16.7; 16.b	16.6; 16.7; 16.b	16.b
17 PARTNERSHIPS FOR THE GOALS				17.17	17.14; 17.17	17.14; 17.17