Special consultation with the Pan-European Commission on Climate and Health:

Voices of European cities and regions on climate and health

Output report

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Introduction: local leadership at the centre of climate-health action

This special consultation brought the perspectives of cities, regions and their networks directly into the work of the Pan-European Commission on Climate and Health (PECCH). It aimed to illuminate the challenges local authorities face in translating evidence into action, particularly those relating to governance, capacity and resources, while showcasing examples of innovative practice from across the pan-European region.

Organized with the WHO European Healthy Cities Network and the Regions for Health Network, the consultation sought to identify local priorities, highlight effective approaches linking climate action and health improvement, strengthen dialogue across the different levels of government, and provide inputs for the PECCH's Call to Action and the forthcoming European Mayors' Summit on Climate and Health, hosted by the city of Cork, Ireland on 5–6 October 2026.

Speakers and contributors shared insights on local leadership for clean air and health; scientific evidence on urban planning, mobility, green space and climate resilience; and practical experiences from cities and regions advancing mitigation and adaptation. These perspectives reflected diverse urban and regional contexts and emphasized the central role of subnational authorities in delivering tangible, people-centred climate and health benefits.

Local climate–health action: expert and policy perspectives

Driving climate–health action through local leadership

The session opened with a dialogue between the Chair of the PECCH, H.E. Katrín Jakobsdóttir, and Ms Rosamund Adoo-Kissi-Debrah, CBE FBSA, Founder, Director and Trustee of the Ella Roberta Foundation, United Kingdom, whose account of her daughter Ella's death from severe asthma underscored the human cost of air pollution and the urgency of a rights-based approach to clean air. She described the significance of air pollution being formally recognized on Ella's death certificate and outlined ongoing efforts to advance Ella's Law – a clean air (human rights) bill – intended to protect populations from harmful emissions and strengthen public accountability, stating, "inaction can be a matter of life and death". Her message was clear: framing clean air as a basic human right provides a compelling narrative for climate action because it speaks directly to children's health, community well-being and fairness; themes she emphasized as resonating widely with the public and policy-makers alike.

Reflecting on the political dimension of local action, Mr Mete Coban MBE, Deputy Mayor of London for Environment and Energy, United Kingdom, highlighted how the city uses air-quality and health data to justify transport, housing and planning decisions and to build broad coalitions

for change. He noted that health arguments helped secure support for measures such as low-emission zones, retrofitting housing stock and active-mobility investments, while targeted financial assistance helped manage public concerns among low-income groups where "people are paying the price for a crisis they haven't created". He emphasized that cities must confront backlash directly, communicate clearly and demonstrate the tangible benefits of policies for everyday life: cleaner air, safer streets and reduced inequalities.

Mr Has Bakker, Regional Minister, Province of Utrecht, Netherlands (Kingdom of the) stressed the importance of multilevel collaboration between provinces, municipalities and national authorities. Utrecht integrates climate, mobility, spatial planning and health into a coherent regional strategy, recognizing that no single level of government can address air pollution, mobility patterns or climate resilience alone. Drawing on several examples encompassing heat-health action plans, greening schools and using citizen science, he underscored the need for coordinated decision-making and long-term planning across jurisdictions, alongside the imperative of involving communities in co-creating solutions.

Together, the speakers highlighted messages that resurfaced in the PECCH's deliberations: health provides a unifying narrative for climate action across sectors; legal protections can strengthen accountability; and successful local action depends on public communication, education in schools, transparent engagement and community ownership.

Evidence for action: local climate solutions with health gains

In his presentation, Professor Mark Nieuwenhuijsen, Director of the Urban Planning, Environment and Health Initiative, Barcelona Institute for Global Health, Spain, outlined scientific evidence showing that urban design has the potential to deliver simultaneous health, mitigation and adaptation benefits, but only when trade-offs are explicitly recognized and addressed. However, while data are available for many cities in the European Union (EU) *(1)* equivalent data are often unavailable for other cities in the pan-European region. Drawing on recent comparative analyses, he noted that while compact cities tend to have lower greenhouse gas emissions, they may also display higher mortality rates, largely due to higher population densities combined with traffic-related pollution, limited green space and increased heat exposure if these factors are not adequately managed. He emphasized that the goal is therefore not compactness per se, but well-designed compactness: cities that prioritize walkability, active transport, clean mobility, soft surfaces, green and blue infrastructure, and reduced car dependence. When these design elements are integrated, compact cities can maximize climate benefits while reducing health risks.

Professor Nieuwenhuijsen also drew on the Superblock model of Barcelona, Spain to illustrate both the transformative potential of reallocated street space and the barriers to scaling. Despite strong evidence of improvements in air quality, noise, physical activity and liveability, Barcelona has implemented only a handful of the originally proposed Superblocks. He also highlighted factors such as political turnover, competing public preferences, resource constraints and the

complex layering of governance – from the EU to Spain, Catalonia, the Barcelona metropolitan area, the municipality and district governments – making it difficult to implement city-wide changes at the speed required. These challenges underline the importance of clear mandates, stable political commitment and coordinated governance for urban transformations.

Carbon-neutral cities: leveraging climate action for multiple health benefits

In the subsequent lightning panel, Ms Anna Lisa Boni, Deputy Mayor of Bologna, Italy; Mr Martin Horn, Lord Mayor of Freiburg, Germany; and Ms Júlia López Ventura, C40 Cities Regional Director for Europe, Spain, described how cities are advancing ambitious mitigation strategies that deliver direct health and equity benefits.

The C40 perspective illustrated that leading cities are decarbonizing more rapidly than national governments, often achieving emission reductions of 20–30% through integrated climate plans. Ms López Ventura stressed that climate measures must improve people's daily lives through healthier mobility, cleaner air and better housing, or they risk public resistance. She emphasized that the climate crisis is also a crisis of inequality and that climate policies must be explicitly designed to address social vulnerabilities. She highlighted how the city of Barcelona has introduced a network of energy advisory points to tackle energy poverty with, crucially, the advisors recruited from the local community.

Mr Horn described Freiburg's long history of sustainable mobility, energy transitions and participatory planning. He framed climate policy as fundamentally about health, quality of life and economic vitality rather than solely environmental stewardship.

Bologna in Italy – one of the EU's Mission for 100 Climate Neutral and Smart Cities *(2)* – has also showcased new forms of participatory governance that have enabled the city to advance climate transitions while managing public resistance. Deputy Mayor Anna Lisa Boni explained that Bologna has formally embedded citizens' assemblies into its municipal statutes, making them permanent deliberative bodies alongside the city council and city board. These assemblies can be activated either by 5000 citizens or by a majority of councillors and are mandated to address specific questions referred to them by the city. The first assembly, focused on the climate transition, brought together 100 residents selected through a rigorous process to ensure representation across all districts, genders, ages and "city users" such as students. Participants undertook structured learning phases with external experts before formulating recommendations, which the city council are required to consider and may reject only when outside its legal competence. Anna Lisa Boni described this as a "game changer": the assemblies have strengthened legitimacy, reduced pushback and created a shared understanding of the complexity of climate action among residents. They were highlighted as an effective instrument for co-creation, transparency and community empowerment, and as an example of governance innovation that could be replicated in other cities.

Across the panel, speakers emphasized enabling conditions for success: access to finance; supportive national and EU regulatory frameworks; reliable data; and clear alignment across the levels of government, stating, "the examples are not isolated successes but a blueprint for rapid and replicable action". Cities frequently act faster and more ambitiously than national governments but require coherent multi-level governance to scale-up and sustain progress.

Building climate-resilient cities and regions

City and region representatives described a range of approaches to strengthening emergency preparedness, deploying early warning systems, investing in primary health care and developing nature-based solutions to manage flooding, heat and other hazards. In İzmir, Türkiye, Mayor Dr Cemil Tugay highlighted how food security and social resilience have become central to the city's climate agenda. While the city is advancing broader healthy and sustainable food policies, he drew particular attention to İzmir's network of community gardens, a women-led model implemented across 54 microplots. These gardens have reportedly increased access to fresh produce, enhanced social interaction and contributed to cooling effects at neighbourhood level. The mayor described the visible impacts on community cohesion and local climate resilience, noting that the initiative demonstrates how women's leadership can drive socially inclusive, climate-sensitive urban transformations.

Dr Anna Mastorakou, Deputy Regional Governor for Public Health, Region of Western Greece, emphasized the importance of integrating public health and clinical expertise directly into disaster-response governance. Through the region's One Health Network and a formal collaboration with the University of Patras, health professionals, environmental authorities and civil protection services work jointly to prepare for and respond to heatwaves, floods and wildfires; an approach she described as essential for avoiding fragmentation and ensuring that emergency responses address the needs of vulnerable groups, including older adults, low-income residents and those in informal settlements.

A complementary regional perspective came from the region of Flanders, Belgium, where Bart Bautmans, Team leader, Environmental Health Care, Department of Health, Flanders, described how preventive health policy and data-driven methods are being used to strengthen climate resilience. He highlighted a new initiative linking green-space mapping with electronic medical records for 7 million residents, now generating early evidence that supports targeted local action. This work forms part of Flanders' broader climate-health plan, mandated in regional legislation, which promotes integrated care, Health in All Policies (HiAP) and local–regional platforms that support municipalities in implementation. Together, these efforts illustrate how regional public health capacity and clinical data can inform equitable adaptation strategies.

The case studies presented in this consultation, taken together, provide a rich resource for learning and sharing. Some key points and other sources for case studies are summarized in Box 1.

Box 1. Health-centered transformation in cities and regions: case examples

Compared with national-level efforts, cities and regions are often the first to see threats, can be faster and more agile in response, able to implement innovative solutions involving multiple sectors, to measure impacts and to embody the lessons learned. They also provide a locus to facilitate community engagement and empowerment, enabling new forms of governance and citizen science.

Among the diverse examples presented, covering a wide range of issues, including integrating levels of governance, cross-sectoral action and local communities in co-design, many merit replication and upscaling, including the following:

- **Barcelona, Spain:** capitalising on health and climate benefits of active transport in dense cities; scaling-up the Superblock model by addressing the complexities of implementation; addressing energy poverty through community energy advisors.
- **Bologna, Italy:** implementing Climate City Contract combining commitments, action plan and investment plan across partners; and citizen assemblies that improve representativeness and help address pushback from vested interests.
- **Flanders region:** using green-space mapping linked to electronic medical records; addressing pushback through positive messaging, community engagement, transparent frameworks and highlighting costs of inaction.
- **İzmir, Türkiye:** establishing a representative Climate Citizen Assembly; and women-led community gardens increasing fresh-produce consumption, social interaction and reducing surface temperatures.
- **London, United Kingdom:** health benefits of establishing Ultra Low Emission Zones and retrofitting housing to improve summer cooling and winter warmth.
- **Patras region, Greece:** wildfire response illustrating the importance of public-health and clinical expertise (pulmonary medicine) in disaster management under One Health; and resilience depending on strengthened community training and empowerment.
- **Utrecht region, Netherlands (Kingdom of the):** mapping heat plans across all localities linked to social care for the most vulnerable; greening schoolyards as part of integrated policies; and using citizen science to design neighbourhood greening for inclusive, evidence-based adaptation.
- **Warsaw, Poland:** developing clean transport zones; and the critical role of community engagement for implementation.

Other published sources for evidence from additional case studies on cities and local action include: CDP cities; ICLEI – Local Governments for Sustainability; C40 Cities; and Resilient Cities Network *(3–6)*. However, in the examples from these wider repositories, although cities are documented to be very important in driving climate action, many are overlooking health gains and quantification of impacts *(7)*. There is also potential to extend the scope and scale of the WHO European Healthy Cities Network *(8)* to clarify and quantify solutions for climate–health action in cities across the entire pan-European region.

Councillor Fergal Dennehy, the Lord Mayor of Cork, Ireland added a complementary perspective on the governance conditions needed for resilient, healthy and climate-ready communities. Drawing on Ireland's experience with citizen assemblies, he emphasized the value of deliberative processes for achieving political legitimacy, building consensus and navigating public resistance. He argued that assemblies have helped Ireland make progress on contentious issues by enabling communities to develop recommendations alongside experts, which is an approach that, in his view, could strengthen local climate and health decision-making across the pan-European region. He also reiterated the importance of aligning community-based initiatives with municipal and national strategies and highlighted Cork's own efforts to integrate health, climate and social priorities ahead of the 2026 European Mayors' Summit.

Synthesis of consultation messages

The discussions concluded by emphasizing that cities and regions are uniquely positioned to act quickly, implement practical solutions and demonstrate visible health and social benefits. They highlighted health as a powerful driver for local climate action, the high costs of inaction compared to the benefits of prevention and the need for "justice-driven climate resilience" to ensure that policies protect the most vulnerable. The session reinforced that local authorities are essential partners for achieving the PECCH's vision and that their insights must be integral to the forthcoming Call to Action.

The consultation underscored how local experiences support the identification of the enabling conditions needed for implementation, particularly in the domains of governance across sectors and levels, communication and economic considerations. It also underscored the necessity of reflecting subnational perspectives in the Call to Action.

The deliberations of the commissioners on the approach to urban climate–health action evolved around four themes:

- using health as a unifying narrative and a powerful lever for climate ambition as well as a shared entry point across sectors, as reinforced by both health actors and by city and regional leaders;
- the value of coherent urban/regional frameworks, which offer an integrated structure for aligning climate, health, circularity, resilience and equity at the local level;
- an essential role of the data and robust evaluation in supporting change, by providing evidence of benefits and trade-offs and countering mis- and dis-information; and
- the critical need for implementing integrated system approaches at scale, in recognition that siloed, single-sector interventions cannot deliver the scale or speed of transformation needed.

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1 All references were accessed on 4 March 2026.

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