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and Environment Pan-European Programme****Eleventh session**

Geneva, 27–28 November 2013

Item 1 of the provisional agenda

**THE PEP 2013 Symposium****THE PEP 2013 Symposium****Active mobility for all: safe and healthy walking and cycling in cities**

Concept note prepared by the secretariat

*Summary*

At its seventh session (Geneva, 22–23 October 2009), the Steering Committee of the Transport, Health and Environment Pan-European Programme (THE PEP) discussed ways to actively engage member States and other stakeholders on priority issues of THE PEP (ECE/AC.21/SC/2009/7–EUR/09/5088363/7, para. 8). The Committee agreed that, beginning with its eighth session, in-depth discussions, or symposia, would be organized, including speakers from the private sector, academia, government and civil society (ECE/AC.21/SC/2009/8–EUR/09/5088363/8, para. 46). Topics would be in line with the four priority goals adopted by the Third High-level Meeting on Transport, Health and Environment (Amsterdam, 22–23 January 2009), addressing one goal per year. THE PEP 2013 Symposium will be held on Wednesday, 27 November 2013 at the Palais des Nations in Geneva, Switzerland, beginning at 3 p.m. The focus will be on Goal 4: “to promote policies and actions conducive to healthy and safe modes of transport”.

## I. Introduction to the issues

1. The challenge. Transport, in its interaction with the urban environment, plays an important social and economic role. It provides access to jobs, services education and leisure, and contributes to economic growth, but it also poses important risks to our health and the environment. A large portion of these negative health impacts are due to road traffic injuries. However, air pollution, congestion and noise and reduced opportunities for physically activity also impact the health and lives of urban dwellers. These contribute to an increase in Non-Communicable (NCDs or “life-style”) diseases, such as respiratory diseases, high blood pressure, obesity, cardio-vascular diseases, diabetes type II, certain cancers and psychological problems such as stress and mild depressive disorder (MDD).<sup>1, 2</sup> More walking and cycling, combined with public transport, would meet the demand for access while alleviating many of these impacts. As a consequence, the Amsterdam Declaration, adopted in January 2009 at the Third High-level Meeting on Transport, Health and Environment, included Priority Goal 4: “To promote policies and actions conducive to healthy and safe modes of transport”. The Transport, Health and Environment Pan-European Programme (THE PEP) 2013 Symposium aims to review state-of-the-art knowledge about the health and economic benefits from walking and cycling and to identify the appropriate policy response to realize these benefits.

### A. Physical inactivity

2. The status quo of transport and health in Europe. In all countries, physical inactivity is a leading risk factor for ill health. Forms of transport that entail physical activity, such as walking and cycling, separately or in conjunction with public transport, offer significant positive health, environmental and economic gains. Planning and decision-making, however, have often overlooked these viable means of transport in urban areas. Over 30 per cent of car journeys in Europe cover distances of less than 3 km; 50 per cent cover less than 5 km. These distances can be covered within 15–20 minutes by bicycle or 30–50 minutes by brisk walking, highlighting the feasibility of replacing a significant share of short motorized trips with journeys undertaken on foot or by bike. In Europe, over 30 per cent of adults are being insufficiently active during a typical week, i.e. they do not meet the WHO recommended levels of physical activity (150 min of moderate to vigorous physical activity per week).<sup>3</sup> Meeting the WHO recommended levels would reduce many diseases and deaths avoided every year.

### B. Road traffic accidents, injuries and deaths

3. All of this adds up to almost 1 million deaths per year in Europe due to inadequate levels of physical activity.<sup>4</sup> In the European region, every year road traffic crashes kill over

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<sup>1</sup> Studies have shown that aerobic exercise such as cycling or brisk walking at a dose consistent with public health recommendations is an effective treatment for mild depressive disorder of mild to moderate severity. A lower dose is comparable to placebo effect (*American Journal of Preventive Medicine*, Vol. 28, No. 1, paras. 1–8, 2005).

<sup>2</sup> [www.who.int/nmh/en/](http://www.who.int/nmh/en/)

<sup>3</sup> Global Recommendations on Physical activity for Health (World Health Organization, 2010), available from: [www.who.int/dietphysicalactivity/factsheet\\_recommendations/en/](http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/)

<sup>4</sup> “Global health risks” (World Health Organization, 2009), available from: [www.who.int/healthinfo/global\\_burden\\_disease/global\\_health\\_risks/en/](http://www.who.int/healthinfo/global_burden_disease/global_health_risks/en/)

90,000 people and injure at least 2 million.<sup>5</sup> They are the most important cause of death in the group aged 5–29 years. Two out of three road victims are from poorer countries, and 43 per cent (almost 40,000) of those who die are pedestrians, motorcyclists and cyclists. Speed is the single most important determinant of safety in road transport systems. Accidents remain the most important category of external cost of transport in Europe: up to 3.9 per cent of GDP. The consequences of accidents are almost twice as severe for pedestrians as for car occupants.

### C. Health effects of air pollution from transport

4. Transport often involves the combustion of fossil fuels to produce kinetic energy. Air pollution from transport activities is mainly created by motorized vehicles that run on fossil fuels. This includes emissions from combustion reactions, unburned hydrocarbons, other elements present in the fuel and also from break and tire wear. These processes produce pollutants of various kinds, including carbon dioxide (CO<sub>2</sub>), carbon monoxide, fine and coarse particulate matter (PM<sub>2.5</sub> and PM<sub>10</sub>), volatile organic compounds, black carbon (soot), nitrogen oxides, nitrous oxide (N<sub>2</sub>O), ash and lead. The health effects of air pollution in populations that are affected by high concentrations and/or long-term exposure include cardiovascular and respiratory diseases and infection, lung irritation and inflammation and impairment of immune system defence, asthma, emphysema and cancer.<sup>6</sup> In particular, diesel engine exhaust has been classified as carcinogenic to humans by the WHO's International Agency for Research on Cancer.<sup>7</sup> It is estimated that over 1.4 million years of healthy life are lost every year due to urban air pollution in European Union (EU) cities alone and transport activities currently contribute to around one fourth of the relevant emissions.

### D. Noise emissions from transport

5. Emissions of noise from transport impact the quality of life in urban areas, but also are increasingly seen as a health hazard.<sup>8</sup> Noise is defined as an “unwanted or disturbing sound”. Sound becomes unwanted when it either interferes with normal activities such as sleeping or conversation, or disrupts or diminishes one's quality of life. As one cannot see, taste or smell it, noise tends to receive less attention from policymakers than other types of pollution. Excessive noise seriously harms human health and interferes with people's daily activities at school, at work, at home and during leisure time. It can disturb sleep, lead to

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<sup>5</sup> “European facts and Global status report on road safety 2013” (World Health Organization, 2013), available from: [www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries/publications/2013/european-facts-and-global-status-report-on-road-safety-2013](http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries/publications/2013/european-facts-and-global-status-report-on-road-safety-2013).

<sup>6</sup> “Health effects of transport-related air pollution” (World Health Organization Regional Office for Europe, 2005), available from: [www.euro.who.int/en/what-we-do/health-topics/environment-and-health/airquality/publications/pre2009/health-effects-of-transport-related-air-pollution](http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/airquality/publications/pre2009/health-effects-of-transport-related-air-pollution).

<sup>7</sup> Lamia Benbrahim-Tallaa et al. on behalf of the International Agency for Research on Cancer, “Carcinogenicity of diesel-engine and gasoline-engine exhausts and some nitroarenes”, *The Lancet Oncology*, vol. 13, No. 7 (July 2012).

<sup>8</sup> “Burden of disease from environmental noise: Quantification of healthy life years lost in Europe” (World Health Organization Regional Office for Europe, 2011), available from: [www.euro.who.int/en/what-we-publish/abstracts/burden-of-disease-from-environmental-noise.-quantification-of-healthy-life-years-lost-in-europe](http://www.euro.who.int/en/what-we-publish/abstracts/burden-of-disease-from-environmental-noise.-quantification-of-healthy-life-years-lost-in-europe).

cardiovascular and have psycho-physiological effects, reduce performance and provoke annoyance responses and changes in social behaviour.<sup>9</sup>

6. One in five Europeans is regularly exposed to sound levels at night that could significantly damage health, including mental health. In addition, new evidence has emerged indicating that at least 1 million healthy life years are lost every year in Europe as a result of noise from road traffic alone. The social costs of traffic noise in 22 States of the EU<sup>10</sup> are over €40 billion per year, and passenger cars and lorries (trucks) are responsible for the bulk of costs.<sup>11</sup>

## **II. The policy response**

### **A. Walking and cycling: A viable mode of urban mobility**

7. There is a strong need and potential for making transport healthier through the promotion of healthy and safe modes of transport. Non-motorized (or active) transport like walking and cycling, combined with adequate road safety, appropriate signage, infrastructure, awareness-raising and efficient public transport, can go a long way toward addressing issues of congestion, air pollution, noise, road traffic accidents and lack of physical activity. Given the average travel patterns in European cities, non-motorized transport could offer a feasible and convenient alternative to a significant share of motorized trips.

8. Additionally, walking and cycling are easily available to almost everybody, adding to more equitable access to sustainable and healthy mobility. Making our cities safe for walking and cycling will improve health and at the same time tackle inequalities in the population regarding mobility. Importantly, active mobility can play an important role as part of the package of measures that can be implemented to mitigate climate change and reduce dependency on fossil fuels at the subnational level. Indeed, studies considering different climate mitigation policy scenarios in cities as diverse as London and New Delhi, have estimated that owing to the important health co-benefits brought about by physical activity, the promotion of active mobility along with public transport would offer the most cost-effective policy option.

### **B. Active mobility and green jobs in transport**

9. Promising studies are starting to emerge on the contribution that active mobility promotion can make to the development of the green economy and the creation of new jobs. For example, a study jointly undertaken by the Austrian Ministry of Environment and the Chamber of Commerce on the “Cycling sector as Economic factor in Austria”, estimated that the cycling sector adds to the Austrian economy close to 900 million EUR per year, and supports more than 18,000 green jobs.

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<sup>9</sup> “Noise” (World Health Organization Regional Office for Europe, 2012), available from: [www.euro.who.int/en/what-we-do/health-topics/environment-and-health/noise](http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/noise).

<sup>10</sup> All the current member States of the EU except Cyprus, Estonia, Latvia, Lithuania and Malta.

<sup>11</sup> Eelco den Boer and Arno Schroten, “Traffic noise reduction in Europe: Health effects, social costs and technical and policy options to reduce road and rail traffic noise” (Delft, the Netherlands, CE Delft, March 2007). Available from: [www.cedelft.eu/publicatie/traffic\\_noise\\_reduction\\_in\\_europe/821?PHPSESSID=ad8353cb75ccfd097561c2fc46a6f6a](http://www.cedelft.eu/publicatie/traffic_noise_reduction_in_europe/821?PHPSESSID=ad8353cb75ccfd097561c2fc46a6f6a).

### **C. Way forward for human-powered mobility**

10. Over the past few years, the policy response has witnessed exciting developments, as more and more cities have started developing better infrastructure and services, such as bike-sharing schemes, to (re)introduce cycling as a transport mode of the same “dignity” as other transport modes, and as a key ingredient for the improvement of urban life. Barcelona, Paris and more recently London, Moscow and New York are notable examples of cities that have taken bold steps in experimenting with active mobility promotion: their experiences will provide invaluable insights on what works, what can be improved, and what can be achieved, as well as serve as an inspiration to others to follow similar paths.

11. The challenge is now to build on the successes and use lessons learned to accelerate the implementation of measures and strategies supporting pedestrian and cycle-friendly cities through an efficient cooperation between national and local authorities, industry and civil society. Human-powered mobility must be fostered as it contributes to health and reduces environmental pollution.

12. Through Goal 4 of the Amsterdam Declaration THE PEP aims to focus political and public attention on healthy and safe mobility in urban areas and promotes “policies and actions conducive to healthy and safe modes of transport” with a particular focus on vulnerable groups such as children and persons with reduced mobility.

13. Such policies should focus on:

- (a) providing infrastructure for safe walking and cycling in urban areas;
- (b) limiting the risks for cyclists and pedestrians;
- (c) raising awareness among policymakers and the public of the health and environmental benefits of active mobility;
- (d) providing access to public transport for all; and
- (e) providing appropriate financing instruments that consider also the economic value of health and other benefits from regular walking and cycling.

14. As such, partnerships are encouraged with relevant stakeholders. In particular with civil society and media as they play a key role in awareness raising, as well as with youth, both as a beneficiary of and as an important driver in the shift towards healthier transport policies and behaviour.

### **D. Role of THE PEP**

15. Such policy responses also require a greater awareness of the need for an integrated approach to the cities of the future: this includes an awareness of both the health and environmental benefits from walking and cycling, but also of the links to active livelihoods in urban areas for a greater sense of vibrancy, economic stimulus, community health and physical and psychological well-being.

16. Policies that aim to promote healthy and safe modes transport should seek to engage citizens in healthy and active transport and to promote sustainable urban transport and land-use policies that contribute to the holistic well-being of citizens, reflecting demographic trends (e.g. new entrants to the urban area through migration and an increasingly active and healthy ageing population), as well as vulnerable groups (e.g. socio-economically disadvantaged persons and persons with disabilities). This is where THE PEP approach towards an integrated policy approach can be effective, in changing mind-sets, adapting behaviour to more sustainable practices, and in allowing policymakers in the transport,

health and environment sectors to recognize and cultivate the links among these areas and adopt strategies that serve all three.

### **III. Organization of THE PEP 2013 Symposium**

#### **A. Proposed content of Symposium**

17. The proposed topic of THE PEP 2013 Symposium is “Active mobility for all: Safe and healthy walking and cycling in cities”, reflecting the different components of Amsterdam Goal 4. It makes reference to the quality of life in urban environments, including healthier patterns of transport through walking and cycling and broad access to mobility through public transport. Questions to be answered and issues to be addressed at THE PEP 2013 Symposium may include the following:

(a) What is the potential for making transport healthier and more accessible for urban populations through walking and cycling?

(b) How can cities improve their liveability and the attractiveness and health for all its citizens through the right transport choices?

(c) What’s the right mix of promotion and infrastructure for walking, cycling and public transport?

(d) What policies are needed at the national level to empower cities to become more “walk-able” and “cycle-able”?

(e) What can be learned from the experiences of those who have pioneered the implementation of active mobility policies?

(f) What are the economic dimensions of increased walking and cycling?

#### **B. Proposed format of the Symposium**

18. The Symposium will be part of the eleventh session of THE PEP Steering Committee (Geneva, 27–29 November 2013). It will take place at the Palais des Nations on 27 November 2013 from 3 to 6 p.m.; with interpretation (English, French, Russian), opening with a keynote address, followed by two policy and evidence-based briefings. Subsequently, a panel discussion will be held, beginning with brief statements from three to four panellists, followed by a moderated discussion.

19. The secretariat will summarize the discussions for the Steering Committee on the following day, 28 November, under item 5 of the provisional agenda. The Committee will be invited to review the results of the Symposium and to consider possible follow-up actions in the context of THE PEP and its future work programme. A detailed programme of THE PEP 2013 Symposium, including speakers and titled presentations, will be available in October 2013. Below is a proposed programme, to be revised as speakers are confirmed.

## Annex

### THE PEP 2013 Symposium

#### Active mobility for all: Safe and healthy walking and cycling in cities

**Wednesday, 27 November 2013, beginning at 3:00 p.m.**

*3:00 – 3:15 p.m.*

*Welcome and opening remarks (THE PEP Chair and moderator)*

*3:15 – 3:45 p.m.*

*Presentation:* “Better health, a better life through walking, cycling and public transport”

*Abstract:* Most recent scientific evidence for the potential of improving the health and well-being of urban populations through more active and public transport.

*Speaker:* Dr Harry Rutter, London School of Hygiene and Tropical Medicine (confirmed)

*3:45–4:15 p.m.*

*Discussion*

*4:20 – 5:00 p.m.*

*Panel discussion:* “Walking, cycling and public transport: from international and national policy to local action”

*Abstract:* The panel will address the issue of translating international and national policies on sustainable urban transport into local action, with a focus on the vertical integration needed to create a national policy framework that enables cities to take action.

*Format:* Brief interventions by four to five panellists of five minutes each, followed by a general discussion with panel, stimulated by questions from the moderator and subsequently opened up for questions from the floor.

*Suggested panellists:* Representative of Lithuania, Representative of Polis (Paul Curtis), Representative of a Healthy Cities Network city, Representative of the French Ministry of Transport, Representative of the European Cycling Federation, Representative of the European Two-wheel Retailers' Association (ETRA)

*5:00 – 5:15 p.m.*

*Coffee break*

*5:15 – 5: 50 p.m.*

*Panel discussion:* “Walking, cycling and public transport: the seamless integration?”

*Abstract:* The panel will focus on identifying enabling factors for integrating walking, cycling and public transport into local transportation, with a particular emphasis on horizontal integration of relevant stakeholders.

*Format:* Brief interventions by four to five panellists of five minutes each, followed by a general discussion with panel, stimulated by questions from the moderator and subsequently opened up for questions from the floor.

*Suggested panellists:* Representative of a city with a bike share scheme, Representative of the Austrian Ministry of Environment, Representative of International Association of

Public Transport (UITP), Representative of Walk21, representative of private business association on mobility management

5:50 – 6:00 *p.m.*

*Final considerations, conclusions and closing remarks*

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