



Active Well-being
INITIATIVE

White Paper

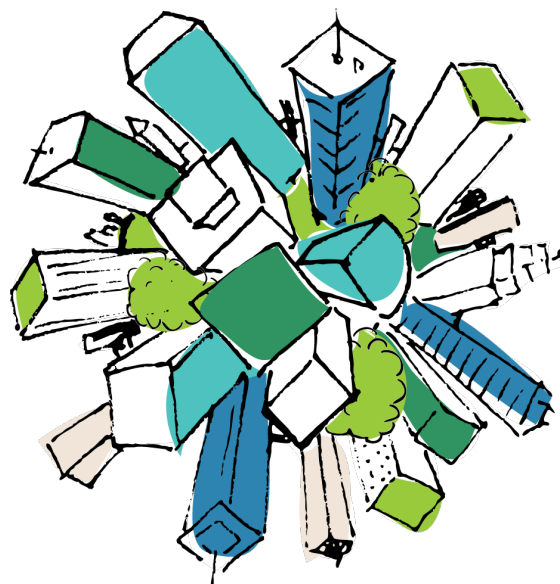
***The 2017 Active Well-being Initiative White Paper
on urbanisation, non-communicable diseases and
the potential for cities to enhance the individual
and collective well-being of their population***

September 2017

The world is becoming more urban and its population less physically active. Cities face the growing burden of non-communicable diseases (NCDs¹), such as cardiovascular diseases, cancer, chronic respiratory diseases, obesity and diabetes, which make the largest contribution to morbidity and mortality. NCDs kill 40 million people each year, equivalent to 70% of all deaths globally. This includes 15 million people who die prematurely between the ages of 30 and 69 years².

Most of these premature deaths from NCDs are largely preventable by reinforcing health systems and influencing public policies in sectors outside health that tackle shared risk factors. It is well known that the environment in which people live and work, and their lifestyles, influence their health and well-being. Behavioural risk factors, an unhealthy diet, physical inactivity, harmful tobacco, alcohol and drug use, as well as increased traffic and pollution, ageing, social inequalities, migration, unequal access to education about healthy lifestyles and NCD prevention, plus a lack of adequate and safe facilities can all contribute to the burden of NCDs and compete for limited resources.

Over the last few decades, even if millions of people have been taken out of poverty thanks to economic development and social progress, and even though we can marvel at increasing life expectancy for the world's population, modern lifestyles in the digital age bring with them a number of social and health challenges for government and city leaders. Rapid progress in science, pharmacology and the treatment of communicable diseases is countered by the ever-increasing social and economic burden of NCDs. And there is a consensus that prevention is generally better than treatment, even if this is easier said than achieved!



¹ According to the WHO definition, Non-Communicable Diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCDs are cardiovascular diseases (like heart attack and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. The Active Well-being Initiative also considers mental disorders to be part of the growing health issue which physical activity and sport can help to tackle.

² source: www.who.int/mediacentre/factsheets/fs355/en/

The **Active Well-being Initiative (AWI)** is life-centric. It focuses its attention and energy on the positive determinants of physical, mental and social health, and the promotion of individual and collective well-being, whilst always **respecting the natural environment**. The accent is placed on the **promotion of well-being** and accessibility to **sustainable, healthy lifestyles**. It proposes a shift from the largely pathogenic paradigm of illness treatment in which we currently operate.

The **AWI** aims to promote physical activity, sport and well-being for all. It operates through an innovative but rigorous model - one which empowers city leaders, communities, organisations and citizens to drive positive changes.

The **AWI** has developed a number of standards, supporting tools and training modules to enable cities and their leaders to take healthy steps towards the enhanced well-being of their population.

The **AWI** model is organic, **contextual** and builds on what **already exists**, allowing compatible standards, programmes and initiatives to be “plugged in”. It provides a **systemic, flexible and evolutive** approach, and tools that can be **adapted to the local context**.

The **AWI** model encourages everyone to think differently, to adopt a new paradigm to face today’s world challenges, and to work transversally and inclusively. It calls for a new approach to design, plan and operate cities and neighbourhoods. It believes in innovation; the efficient and impactful use of existing resources; reinforcement of health systems, education and coordination of health care professionals; and consideration of new jobs, new functions and new roles which need to be engineered. The **AWI** model has been tested and proven in a diverse sample of pilot cities around the world.

The purpose of this **2017 AWI White Paper** is to provide background facts, arguments and discussion material to support cities and organisations in the development of their own specific situations and individual pathways to become more active, healthy and happy places for people to live. Essentially, the AWI model also represents a unique and powerful tool to assist those authorities and leaders who wish to tackle the UN Sustainable Development Goals. Investing more effort in prevention and in the promotion of active and healthy lifestyles has become an urgent matter for city leaders, governments and employers alike. Because people’s health matters, and well-being is a good investment in the short and long term!

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1. Introduction

The facts are clear:

- The world is becoming increasingly urban. This brings benefits but also challenges. By 2050, more than two-thirds of the world's population is expected to live in cities. And in many cases, urban environments do not promote active and healthy lifestyles.
- The prevalence of NCDs and mental illness is dramatically increasing, placing a massive burden on families' budgets and on public health spending. More than 80 per cent of the world's adolescent population is insufficiently physically active; and worldwide obesity has more than doubled since 1980, with 5 per cent of children and 12 per cent of adults affected. Physical inactivity, an unhealthy diet, overweight and obesity are known to be key drivers of NCDs.
- Solutions exist. Physical activity and sport are recognised to bring many benefits in improving well-being and enhancing mental health. More active people mean more healthy people. More walkable and cyclable cities means safer, cleaner and more inclusive environments.

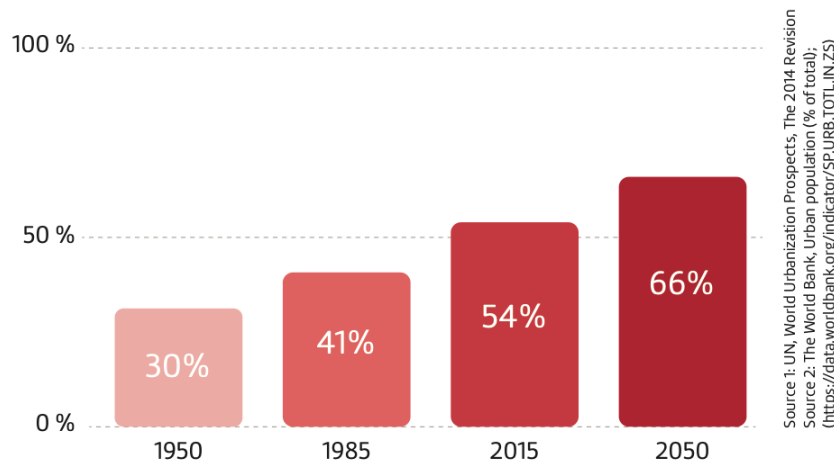
Today, cities must re-think the way they address their urban planning and growth; how they design infrastructure and mobility; and how they operate and integrate their diverse communities, in order to enable their citizens and communities to be more active and healthy. However, more investment is required to promote individual and collective well-being, because prevention is a smarter and cheaper choice than cure. Citizens and communities must be educated and empowered to make sustainable healthier choices. Cities need to address such challenges with a new paradigm – and urgently.

But where should cities start? How can mayors and city leaders tackle such challenges in an integrated, cohesive and impactful way? While many worthwhile initiatives are already being undertaken everywhere in the world, in most cases cities start from a blank page and struggle to tackle the complexity and multiple dimensions of the issues at stake.

This is what the **Active Well-being Initiative** aims to do: to support cities to tackle these issues and become more sustainable, active and healthy places for their citizens and communities.

2. A more urban world with many challenges

Urban Population



The world's population is expected to reach 9.8 billion people in 2050, and 11.2 billion by 2100. While 30 per cent of the world's population was urban in 1950, we now have more than 54 per cent of the world's population in cities, and expect 66 per cent of the world's population to be urban by 2050 (source: World Cities Report 2016 - UN Habitat).

This means that, by 2050, continuing population growth and urbanisation are projected to add 2.5 billion people to the world's urban population. Nearly 90 per cent of the increase will be concentrated in Asia and Africa.

Urbanisation typically underpins a profound social, political and economic transformation. In many places around the world, rapid and poorly controlled urbanisation has become unsustainable, with a focus on short-term economic benefits, and unbridled consumption and production.

Urbanisation is costly

As the world continues to urbanise, sustainable development challenges will be increasingly concentrated in cities, particularly in the low- and middle-income countries where the pace of transformation is fastest. Such challenges include pollution, congestion, climate change and its impact, hunger and food insecurity, water scarcity, poverty, criminality and armed conflicts, social inequalities, gender

inequalities, poor quality of education, new patterns of migration, poor governance, the need for continual investment in public services and infrastructure, and the quest for more sustainable energy sources and smart technologies. Importantly, there will also be growing pressure on public finance and health services caused by the rapid increase in the prevalence of NCDs.

Modern urban life fosters unhealthy lifestyles. Changes in dietary patterns and food systems have led to increasing consumption of highly processed foods. Physical labour is reduced and advances in technology allow us to tap on a screen to change TV channels, shop online or order dinner. According to recent statistics from the World Health Organisation (WHO), one in four adults is not sufficiently active. More worrying is the fact that more than 80 per cent of the world's adolescent population is insufficiently physically active, according to WHO recommended standards. A recent study in England found that adults are 20 per cent less active today than they were in the 1960s (Public Health England, 2017).

Cities also contribute to a more stressful life and there is evidence that stress-related pathologies, burn-outs, and various forms of mental illnesses, such as schizophrenia and addictions, are more prevalent in city environments. Recent research in psychiatry has indeed established a robust link between urban living and psychosis (Unpacking “the City”: an experience-based approach to the role of urban living in psychosis, Ola Söderström et al. 2016).



Need for a New Urban Agenda

Integrated policies to improve the lives of city dwellers are now needed. This often requires major shifts in strategic and policy thinking. Whatever the context and agenda of the city, this has become a reality everywhere.

The 2030 Agenda for Sustainable Development gives a prominent role to cities. Cities are places where change can happen at a faster pace than through the lofty promises and commitments found in many international agreements and declarations. As advocated by UN Habitat III in 2016, cities need a New Urban Agenda. However, this must incorporate the health and well-being of all urban dwellers, whatever their age, gender, physical abilities, ethnic origin and socio-economic status. Because individual and collective health and well-being sustain the development and productivity of the city. However, this essential focus was largely missing from the recommendations issued by UN Habitat III.

The world's rapid and often unsustainable urbanisation accelerates the burden of NCDs. Today, cities require new forms of collaboration and cooperation, governance, planning and education that can support positive changes and empower individual citizens and communities to make healthy choices. From potentially pathogenic environments, cities must design and create more salutogenic environments for and with their city dwellers. Streets, parks, schools and infrastructure that invite people to walk, cycle, move and make more healthy choices in their everyday lives. This is what the **Active Well-being Initiative** strives to do with the development and promotion of its unique model and its wide range of standards and services.

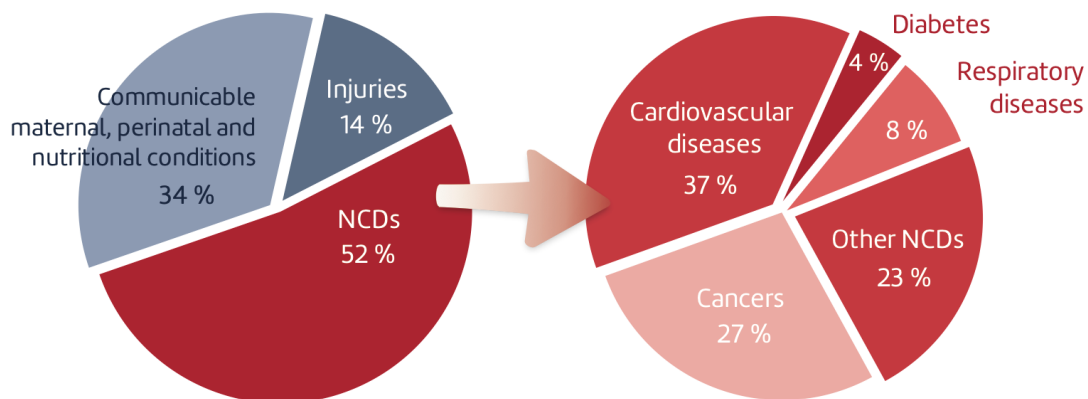
Mayors and local leaders now have a real opportunity – and responsibility – to change the lives of their city dwellers for the better.



3. The growing burden of non-communicable diseases

People of all ages, regions and countries are affected by NCDs. Today, more than ever. Non-communicable diseases are the primary cause of death and disability worldwide. Rapid urbanisation and globalisation promoting unhealthy lifestyles explain in large part the growing epidemic of NCDs, resulting in a major social and financial burden. And the current ageing of the world's population can only add to the challenges faced by our post-modern society.

Proportion of global deaths under the age 70 years
by cause of death, comparable estimates, 2012



Source: WHO, Global status report on non-communicable diseases 2014

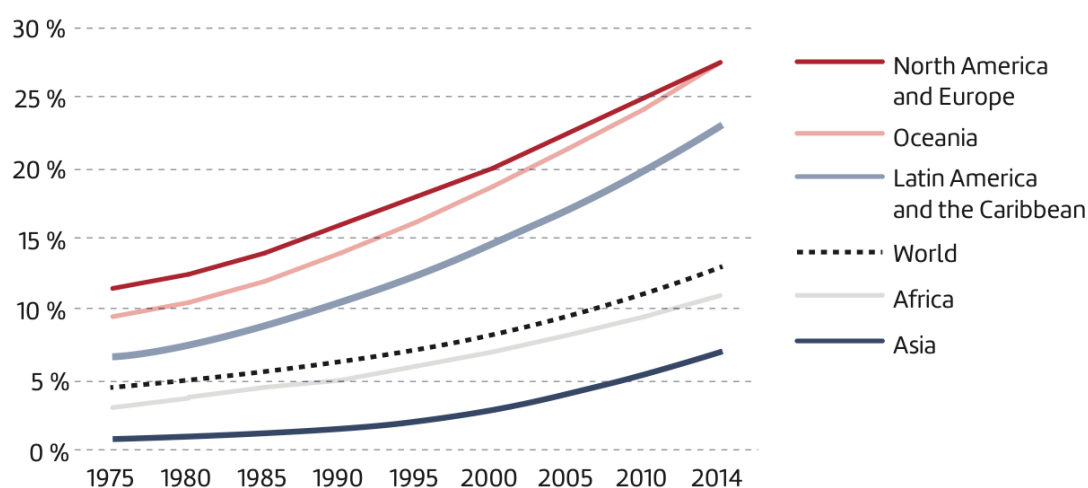
The following facts from the WHO speak for themselves:

- Non-communicable diseases kill 40 million people each year, equivalent to 70 per cent of all deaths globally.
- Each year, 15 million people die from an NCD between the ages of 30 and 69; over 80 per cent of these "premature" deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.7 million people annually, followed by cancers (8.8 million), respiratory diseases (3.9 million), and diabetes (1.6 million).
- These four groups of diseases account for over 80 per cent of all premature NCD deaths.
- Tobacco use, physical inactivity, an unhealthy diet and the harmful use of alcohol increase the risk of dying from an NCD.

The following WHO facts add to the worrying state of the world population's health:

- Worldwide obesity more than doubled between 1980 and 2014.
- The problem is most severe in Northern America, Europe and Oceania, where 28 per cent of adults are classified as obese, compared with 7 per cent in Asia and 11 per cent in Africa. In Latin America and the Caribbean, roughly 25 per cent of the population is currently considered obese.
- In 2014, more than 1.9 billion adults, 18 years and older, were overweight. Of these, over 600 million were obese.
- Some 39 per cent of adults aged 18 and over were overweight in 2014, and 13 per cent were obese.
- Most of the world's population lives in countries where overweight and obesity kill more people than underweight.
- While many low- and middle-income countries still face high levels of undernutrition, they are now also experiencing an increasing burden of people suffering from overweight and obesity, and an associated rise in certain NCDs.
- Around 41 million children under the age of 5 were overweight or obese in 2014.

Prevalence of obesity in adults 18 years and over



Source : WHO/NCD-RisC and WHO Global Health Observatory Data Repository, 2017

While obesity is known to be largely preventable, it is also well documented that a lack of physical activity, an unhealthy diet and obesity are the main drivers of NCDs. And prevention should therefore start at an early stage.

A focus on youth is needed

Our young people have stopped moving! Evidence shows that children are spending more time sitting down or not moving at a higher frequency than ever before. In the UK, for example, only 10 per cent of children aged 2-5 are believed to be achieving the Chief Medical Officer's recommendations for 180 minutes of physical activity every day (Early Years Physical Activity Manifesto – British Heart Foundation National Centre - 2016). In Canada, only 5 per cent of the 12-to-17-year-olds meet the international guidelines for weekly physical activity (Active Healthy Kids Canada, 2011).



It is well known that the early years are critical for developing physical capacities and the pleasure of movement. Physical activity is critical for children's self-esteem and well-being. It contributes to their physical, cognitive and emotional development. Their brain functions and their academic achievement are stronger when they can grow being physically active. And yet many children, particularly those from poorer communities, enter primary school with low physical literacy and a tendency to be overweight.

According to the WHO, childhood obesity is one of the most serious public health challenges of the 21st century. The problem is global and is steadily affecting many low- and middle-income countries, particularly in urban settings. The prevalence has increased at an alarming rate: globally, in 2015, the number of overweight children under the age of five was estimated to be over 42 million. Almost half of all overweight children under 5 lived in Asia, and one quarter lived in Africa (WHO).

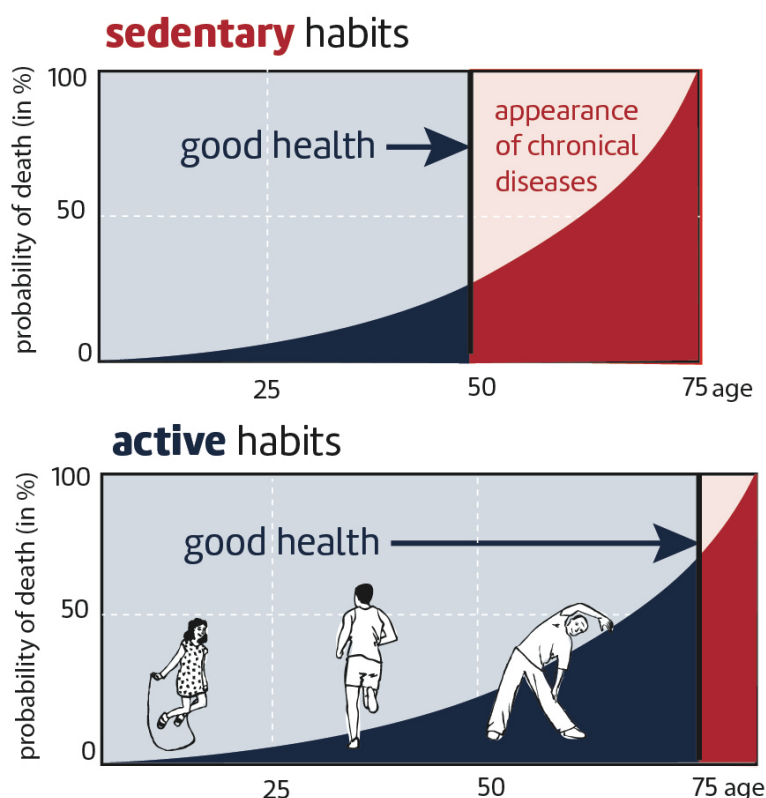
This rapid increase of the prevalence of overweight and obesity among children and young people is indeed particularly worrying. According to a recently published study, "In 2015, a total of 107.7 million children and 603.7 million adults were obese. Since 1980, the prevalence of obesity has doubled in more than 70 countries and has continuously increased in most other countries. Although the prevalence of obesity among children has been lower than that among adults, the rate of increase in childhood obesity in many countries has been greater than the rate of increase in adult obesity." (The New England Journal of Medicine – Health Effects of Overweight and Obesity in 195 Countries over 25 Years, July 2017)

The effect of ageing

Importantly, our population is ageing quickly, and this is a major factor behind the continuous increase in health spending by families and public authorities. According to recent statistics from the UN, the number of people aged 60 and above will increase from 962 million in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100. With the current increase in longevity and decline in fertility, the economic impact of an ageing population on urban economies is wide-ranging. Although increased life expectancy can be celebrated as great progress for today's society, we must be aware that it includes new demands for strengthened safety nets, health systems and social services.

The following graphic explains how living longer may sadly lead many people to simultaneously suffer from NCDs for a longer period of their lives, with the resulting social and financial burden! A more responsible approach to active and healthy lifestyles will mean, for many people, living longer lives in better health, with the suffering and costs caused by NCDs hitting them for a shorter period of time.

Lifestyle and diseases



Source : R.Béliveau, D.Gingras, L'Alimentation anti-âge, Le Livre de poche, 2011

Caption: healthy ageing is possible with proper measures of prevention and promotion of active, healthy lifestyles – with heavy healthcare spending taking place over a shorter end-of-life period

Cities' economies suffer from a significant burden because of premature deaths or inability to work resulting mainly from cardiovascular diseases and mental health conditions (two of the most impactful factors). And today, NCDs affect people at younger ages, resulting in longer periods of ill-health, premature deaths, and greater loss of productivity that is so vital for economic growth. Tackling the now well-known risk factors for NCDs will not only reduce the number of deaths worldwide, it will also boost the economic development of cities and make them more productive and more competitive.



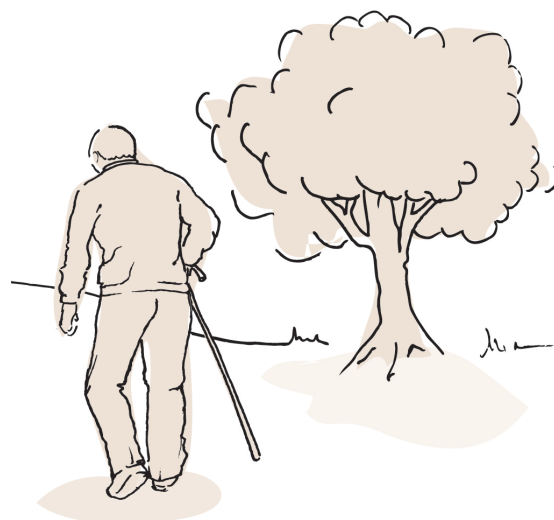
The discriminating damage of NCDs

It is also well documented that poverty is closely linked with NCDs. Essentially, vulnerable and socially disadvantaged people get sicker and die sooner than people with a higher socio-economic background. In emerging economies, the exorbitant costs of healthcare for NCDs drain household resources and force millions of people into poverty. Indeed, the rapid rise in the prevalence of NCDs is now known to impede poverty-reduction efforts, especially in low-income countries. In its 2011 report, the World Bank stated that “what makes the NCD challenge particularly daunting for many developing countries is that, compared to their high-income counterparts, they will face higher levels of NCDs at earlier stages of economic development, with fewer resources, and with less time to respond effectively”.

To fight NCDs, accessibility to physical activity and healthy lifestyles can be identified as the main challenges in many urban environments: physical access to safe places and facilities to be active or practise sport; financial accessibility in terms of monetary and time resources; accessibility in terms of inclusion for disabled and sick people; but also knowledge accessibility. The latter is critical as people must be aware of their health capital and how to preserve or maximise it in the long term. They must be able to access proper health care and prevention campaigns, and rely on knowledgeable health care professionals who can provide targeted recommendations and motivate them to change their lifestyle.

It is also important to note that equal access to physical activity directly influences people's health. More equal and inclusive access to safe physical activity facilities and places is indeed known to be a key factor. A recent study showed that countries with the greatest activity inequality are also the countries with the greatest obesity problem (Stanford University 2017). Individuals in the five countries with the greatest activity inequality are nearly 200 per cent more likely to be obese than individuals from the five countries with the lowest activity inequality.

We also know that 40 per cent of people who die from NCDs are in their most productive years. For example, in 2013 alone, NCDs killed eight million people before their 60th birthday. And because the prevalence of NCDs threatens progress towards achieving the UN Sustainable Development Goals, action must be taken to reduce the damage and premature deaths from NCDs, everywhere.



Inactivity kills – and the economic burden of NCDs is growing

It is estimated that 1.6 million deaths annually can be attributed to insufficient physical activity (WHO citing the Lancet - Systematic analysis for the Global Burden of Disease Study 2015, Lancet 2016; 388(10053):1659-1724). Another piece of recent research calculated that five million people die each year from causes associated with inactivity (National Institutes of Health, Stanford University, July 2017).

In a report published by the WHO and UN-Habitat, it is estimated that NCDs not only present a threat to human health in cities, but also have significant economic implications ("Global Report on Urban Health: Equitable, healthier cities for sustainable development"). It is even stated that, in India, NCDs may cost the economy a shocking USD 6.2 trillion during the 2012-2030 period. In China, for the same period of time, the estimate stands at USD 27.8 trillion. In Europe, it is estimated that NCDs represent the largest component of the disease burden, comprising about 85 per cent of the spending on health (while OECD countries spend only 3 per cent of healthcare budgets on prevention and public awareness!). A recent World Bank report also pointed to a 12 per cent loss of GDP in Egypt caused by lost employment and reduced numbers of hours worked by people reportedly suffering from NCDs. In another part of the world, the Barbados Minister of Health recently warned his fellow citizens that the

struggling national economy is losing USD 145 million a year as the cost of NCDs continues to soar.

In Europe, the cost of physical inactivity has even been assessed, and is estimated to have led to direct and indirect costs to the EU-28 that exceed 80 billion euros per year through the four major NCDs and through the indirect costs of inactivity-related mood and anxiety disorders (CEBR Report 2015, The Economic Cost of Physical Inactivity).

The importance of promoting an active and healthy population in cities was neatly summarised by WHO Director of the Centre for Health Development Alex Ross: “At the core of the dynamic and transformative nature of cities are people – healthy people. In order to pursue this goal and the SDGs, we must ensure that all citizens and communities, regardless of income, social status or gender, have access to the quality health services they need with sufficient financial protection. A healthy population is the basis of a city’s, and ultimately a nation’s and the planet’s, sustainable economic growth, social stability and full realisation of human potential.” (in Global Report on Urban Health – 2016)

Governments and city authorities have largely failed in their attempts to meet today’s new paradigm and now face a colossal burden of NCDs. The cost of physical inactivity is known to be daunting and growing. The cost of local governments’ inaction can be said to be equally high and damaging! It is time to act. Now!



4. Solutions exist

Solutions do exist to address the need for more sustainable design and management of cities, and for the reduction of common modifiable risk factors associated with NCDs.

Indeed, many NCDs are largely preventable by means of effective interventions that tackle shared risk factors. And here, the promotion of an active and healthy lifestyle is known to play a key role in countering the growing prevalence of NCDs within the population.

The WHO typically refers to four key risk factors - poor diet, physical inactivity, tobacco use and harmful alcohol consumption - all of which are “easily” modifiable. Many low-cost options and policies can indeed be implemented by governments, city leaders and other stakeholders to make their citizens more active and to promote healthy choices in all stages of life. And it is important for all players and sectors to invest in better management of NCDs and lifestyle choices. As part of the 2030 Agenda for Sustainable Development, Heads of State and Government committed to develop ambitious national responses, by 2030, to reduce by one-third premature mortality from NCDs through prevention and treatment. The epidemic of sedentary behaviours and associated NCDs is becoming a universal priority for all governments and city leaders. Everyone must take action if they are to meet the UN Sustainable Development Goals.



Source: UN in collaboration with Project Everyone, Sustainable Development Goals Indicators (<http://www.un.org/apps/news/story.asp?NewsID=53429#.WcbiONp8hjY2w>)

Caption: SDGs 3 and 11 are particularly relevant for the AWI and its proposed model and tools. But several of the other goals can also benefit from the Global Active City standard, and its requirements and guidelines.

Moving away from pathogenic environments and lifestyles

According to the WHO, the detection, screening and treatment of NCDs, as well as palliative care, are all key components of the response to them. However, much remains to be done with regard to better understanding and influencing people's behaviour, both individually and collectively.

The time has come to invest more in **prevention**. Because prevention is better than cure. But beyond just prevention, ambitious policies driven towards the active **promotion** of healthy and active lifestyles should be planned and delivered at all scales: nations, regions, cities, neighbourhoods, companies, kindergartens, schools, clubs and families. The way medicine envisages health today should be more predictive and narrative. And not just based on the promising future of genomics and other exciting developments in new drugs and treatments. Tomorrow's medicine should first turn back to the fundamentals of healthy and active living, with the goal of influencing individual and collective behaviours. Here lies the real challenge, which of course includes the way young doctors are now being trained and prepared to fight the growing pandemic of inactivity.

Also, accompanying measures such as new legislation (banning smoking from public spaces, restricting food marketing to children, imposing new labelling on food packaging, etc.) or new forms of smart taxes must also be considered in order to improve the environment, drive a real impact on people's behaviours and hence reduce the prevalence of NCDs in a sustainable way.

The need for a new inclusive and integrated approach

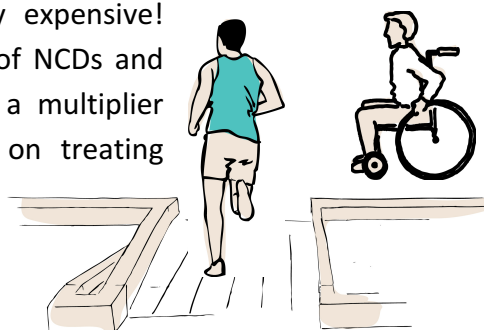
Many cities have of course already taken excellent, innovative and impactful measures. The Active Well-Being Initiative has worked with a diverse panel of pilot cities ([link here](#)), and its team of experts has witnessed a number of successful and promising measures and actions in very different contexts. However, these were usually planned and delivered in isolation, with no clear, overarching vision that would propose an integrated set of actions, initiatives or campaigns. In other words, most actions observed in the field were the result of individual initiatives and hence lacked impact and coherence. This challenge is addressed at the core of the model developed by the Active Well-being Initiative.



Today, it is becoming increasingly clear that investing in the fight against NCDs makes sense for more sustainable development of our cities. In a world where the vast majority of health spending goes on treating people, it is now urgent to shift the focus and realise that the costs of inaction on NCDs far outweigh the costs of action. Cities need to adopt a new governance model with a strong focus on people's well-being. They need to address the causes rather than just the consequences of NCDs. Not just because of the need to combat the ravages of NCDs, but also because movement, physical activity and sport can generate many other collateral benefits in a city that decides to empower its dwellers and communities: pollution, social inclusion, safety, labour productivity, competitiveness, etc. can all be partially addressed through actions based on physical activity and sport.

Smart investments with quick wins

The good news is: solutions are not necessarily expensive! Modest but smart investments in the prevention of NCDs and the promotion of healthy lifestyles can generate a multiplier effect and save large expenditures (and pain!) on treating people. The Active Well-being Initiative model focuses on empowering cities and their key players to maximise the use of existing resources, defining new synergies and placing all actions under a coordinated and focused vision.



And the other good news is: evidence shows that some well-designed efforts can deliver health and well-being improvements sooner than commonly thought. Within a few years, elimination of exposure to risk factors or new physical activity promotion measures can lead to great results. As stated by the World Bank in its 2011 report "leaders at the national and local level have the power to save many lives, avoid widespread suffering, and forestall major human and economic cost, all within a short space of time."

What is next?

City leaders need to define a multi-sectorial action plan which can only be the result of multi-stakeholder engagement. But where to start? The Active Well-being Initiative model comes as a unique response to address such complex and pressing challenges. The formulation of a Global Active City policy must be driven by the city mayor, but must also involve a number of key ministries/departments such as health, education, sport, urban development and transport, but also the corporate world and civil society

at large. The agendas and priorities of all stakeholders should be aligned along a shared vision.

As people live longer and increasingly in urban settings, city leaders are well placed to act and take the necessary measures. Just as the current fight against global warming now demonstrates, cities are where things can happen. Where things can change. Increasingly. And this is precisely why the Active Well-being Initiative focuses its efforts and proposals around the role cities can play in today's new paradigm. Mayors and city leaders must lead this disruptive change.

In 2013, the International Olympic Committee (IOC) published its consensus statement on the "Prevention and management of non-communicable disease". It stated that "Morbidity and mortality from preventable, non-communicable chronic disease (NCD) threatens the health of our populations and our economies. The accumulation of vast amounts of scientific knowledge has done little to change this. New and innovative thinking is essential to foster new creative approaches that leverage and integrate evidence through the support of big data, technology and design thinking."

Today, the **Active Well-being Initiative** is proud to be counting on the International Olympic Committee's support in both the development of its model and the promotion of its first label: Global Active City. This innovative solution comes as a direct response to the challenging worldwide epidemic of inactivity and to the need to meet the UN Sustainable Development Goals by 2030. It is now hoped that cities - Olympic cities and any other city in the world - will consider adopting this ground-breaking framework and suite of tools and services.

