

2026 Europe Cities Report Policy Summary for Mayors

Europe's cities sit on the front line of climate change and health. The Lancet Countdown's 2026 Europe Cities report¹ shows that rising heat, infectious disease risk, wildfire danger and pollen exposure are already affecting millions of urban residents' health, with the sharpest increases in southern European cities.

City leaders are already acting: 170 (82.5%) of 206 responding WHO European cities had completed a climate risk and vulnerability assessment by 2024, and most expect climate-related health impacts to grow over the medium term. Mitigation ambition follows a similar pattern: 193 (94%) had an active greenhouse gas

reduction target in 2024, and of 1349 mitigation actions with reported co-benefits, 568 (42%) included a health co-benefit, most often improved air quality or physical health. Yet this is not matched by political attention to cities specifically: European Parliament speeches and social media show markedly less discussion of the health-climate intersection in urban than rural settings.

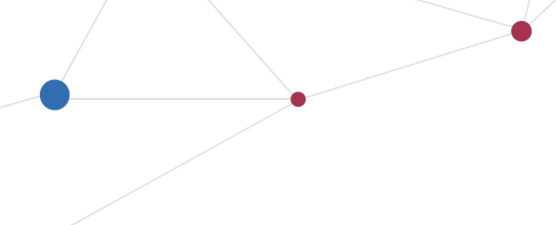
The groundwork for climate-health action is largely in place, but the pace of action, and the political and financial support behind it, are not matching the scale of the risk. This summary, based on the report¹, looks at where mayors can make the most immediate difference.

1 HEAT AND HEALTH

Europe is warming faster than any other world region, and its cities feel many of the resulting health impacts most acutely. Most cities trap heat because of their built environment and heat-retaining materials, creating an urban heat island (UHI) effect that makes them significantly hotter than nearby rural areas. As climate change intensifies heatwaves, this worsens heat-related health risks, including heat exhaustion, cardiovascular strain and mortality, particularly among vulnerable populations.

Across 820 European cities, average UHI intensity has stayed broadly stable since 2003, at 0.5-0.7°C above the surrounding area, though its effects are uneven: southern cities recorded 218 days a year with intensity above 1.5°C, compared with 134 in the west, 119 in the east and 55 in the north. Darker, heat-absorbing materials have increased in many cities since 2015; replacing them with lighter, reflective or natural surfaces, such as soil or vegetation instead of concrete, can lower land surface temperatures.

Heat-related mortality rose in 834 (99%) of 845 cities studied, by an average of 82 additional deaths per million people a year and by as much as 160.6% in southern Europe between 1991-2000 and 2015-2024, the steepest rise anywhere in the region.



Cities' own early-warning systems reflect this shift: extreme heat-health warning days have increased by 300% since 1991-2000, to 5.2 a year across European cities and 10 in the south. Heat is also an economic issue: rising temperatures are estimated to have cut average working hours in European urban areas by 1% between 2020 and 2024, around 17 hours per worker a year, with the largest declines in Córdoba and Sevilla in Spain, Bouches-du-Rhône in France, and Milan in Italy.

Heat should be treated as a public health priority. Comprehensive heat-health action plans, following WHO's 2026 guidance, should include early-warning systems, protection plans for care homes, hospitals, schools and outdoor workers, and targeted support for vulnerable neighbourhoods.

2 SUSTAINABLE AND HEALTHY TRANSPORT

Sustainable transport - walking, cycling and public transport - used in place of private vehicles, pays a health dividend twice: cutting the greenhouse gas emissions that drive climate change, and improving individual health directly through increased physical activity and total population health through reduced air pollution and traffic noise.

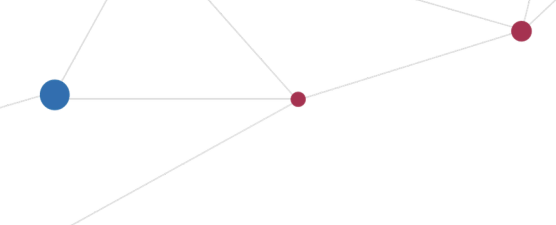
Transport infrastructure varies considerably by region: western cities score highest for the opportunity to walk (6.4 out of 10), while northern cities score highest for cycling (3.5/10) and for public transport availability (3.9/10), and northern cities also have the highest combined sustainable transport score overall (6.5/10). Across the regions, the opportunity to walk generally exceeds that for cycling or public transport, pointing to a persistent gap in dedicated transport infrastructure beyond the pavement.

Mobility around the city is also influenced by adaptation of transport infrastructure to heat. Heat-resilient, shaded cycle lanes and walking routes vary considerably across European cities, an increasingly important factor as the number of days with extreme heat exposure is rising.

Sustainable transport should be planned as core climate-health infrastructure. Ensuring safe cycle lanes, reliable public transport and shaded active travel routes across the cities should be a priority.

3 ENERGY TRANSITION AND HEALTH CO-BENEFITS

Evidence from European cities shows that mitigation policies can deliver measurable health benefits, but progress remains uneven. Northern European cities recorded the largest reductions in local fossil fuel emissions and PM_{2.5}-attributable mortality, demonstrating the potential of climate action to improve public health. Cities in Southern and Eastern Europe would have the highest expected gains from phasing out fossil fuels and reducing air pollution.



Policy action to tackle the energy transition should prioritise the residential sector, which accounted for 38% of total urban PM_{2.5}-attributable mortality in 2023. Housing, heating and energy policies should therefore be treated as central public health tools. This is especially urgent in eastern European cities, where solid fuel use contributed to PM_{2.5}-related mortality rates more than three times higher than that of northern cities.

To deliver these co-benefits, cities need greater investment, stronger technical support and better coordination across governance levels. Dedicated funding for clean household energy, energy-efficient housing and air pollution reduction would help cities cut emissions while protecting health.

4 CLIMATE CHANGE ACTION

Climate action is taking place across European cities, where local action is already delivering measurable benefits: in 88% of cities analysed, urban greening and changes to the built environment were associated with reductions in summer surface urban heat island intensity, with a mean reduction of 0.7°C. These findings show that urban policy can reduce heat exposure, but cooling interventions require scaling up and targeting the neighbourhoods and populations most at risk.

Across European cities, 1,519 planned or implemented adaptation actions were identified, including community engagement, green infrastructure, flood defence and ecological restoration. However, implementation remains limited compared with the pace of rising health threats. Cities remain the primary financiers of their own climate action: nearly four in five adaptation and mitigation funds come from cities' own resources, with only a small share from international or public-private sources, and just 0.5% of planned climate projects address health systems directly. Limited financial capacity was the most frequently reported barrier to implementing climate-health measures. Long-term, health-centred urban planning, supported by dedicated funding, technical capacity and stronger coordination across governance levels can adequately support city-level adaptation to climate change.

The health benefits of climate action should also be more systematically captured. Public health co-benefits were reported for 596 adaptation actions, representing 39.2% of all identified actions, most commonly improved mental wellbeing, quality of life and physical health.

Policies should prioritise investment in urban greening, cooling infrastructure, climate-resilient public spaces, disease surveillance and community-based adaptation, while embedding health protection into all climate-related decision-making.

Recommendations

1 PUT HEALTH AT THE CENTRE OF URBAN CLIMATE PLANNING

Cities should embed public health objectives into all climate adaptation and mitigation plans. This means assessing how climate strategies to tackle different climate change exposures - including heat, extreme weather events, air pollution, pollen, and infectious disease risks - affect different population groups, especially older adults, children, outdoor workers and low-income communities.

2 SCALE UP HEAT-HEALTH PROTECTION

Cities should treat heat protection as a public health priority and strengthen heat action plans by developing early-warning systems for extreme heat, expanding access to shaded public spaces, and putting protection plans in place for care homes, hospitals, schools and outdoor workers. Targeted support for vulnerable neighbourhoods and implementing urban design measures can further reduce heat exposure.

3 INVEST IN GREENER, COOLER URBAN ENVIRONMENTS

Green spaces can reduce urban heat, improve air quality, support mental health and encourage physical activity. Urban greening should be expanded, particularly in areas with high heat exposure and social vulnerability. This includes increasing tree cover, developing shaded walking and cycling routes, and using reflective and cooling materials where appropriate.

4 PROMOTE CLIMATE ACTIONS WITH HEALTH CO-BENEFITS

Cities should prioritise measures that both cut emissions and improve health, including cleaner public transport, safe walking and cycling infrastructure, low-emission zones, energy-efficient housing, and reductions in air pollution from traffic and buildings. These actions can reduce greenhouse gas emissions while improving physical health, mental wellbeing and quality of life.

5 INCREASE FUNDING, TECHNICAL SUPPORT AND COORDINATION FOR CITIES

Cities need the funding, tools and authority to turn climate-health plans into action. National governments, European institutions and funders should provide long-term adaptation finance, local risk-assessment tools and targeted support for smaller municipalities, alongside better coordination across levels of government and between health, planning, transport, housing and environment.

1. Chen-Xu J, Kriit HK, Semenza J, et al. The 2026 Europe Cities report of the *Lancet* Countdown on health and climate change: cities at the forefront of climate change action. *Lancet Public Health* 2026; published online Sep 9. [https://doi.org/10.1016/S2468-2667\(26\)00100-3](https://doi.org/10.1016/S2468-2667(26)00100-3)