



HEALTHIER, LONGER AND MORE SUSTAINABLE

European manifesto  
for healthy longevity through lifestyles and  
environmental sustainability

initiative of the European Network SALUS

## In summary

*Over the last few decades in Europe, life expectancy has grown more rapidly than healthy life expectancy, this has resulted in an increase in the number of years lived in disability by every citizen. The resulting increase in social, economic, human and environmental costs is enormous, creating a self-sustaining vicious circle. This phenomenon is closely linked to lifestyles and the quality of the environment in which we live, factors which, in recent decades, have been decisive in increasing the incidence of non-communicable diseases (NCD) and therefore in reducing the quality of life, especially as we age.*

*We believe that this model of life is no longer sustainable, a change of paradigm is necessary and urgent.*

*It is time to build a European alliance that promotes healthy longevity through effective health promotion and environmental sustainability strategies.*

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# PROPOSERS

## What is LUMEN APS?

LUMEN APS is a social promotion association aimed at promoting Healthy Lifestyles, through a transversal approach that combines the philosophical principles of Traditional Medicine with the most recent scientific knowledge.

The association was founded in 1992 starting from a small village in northern Italy, and affirms itself, within a few years, at a national level, reaching the European level in 2019. A coherent growth path strongly anchored to the founding values, made possible thanks to the precious contribution of the hundreds of members and volunteers who support the association's activities every year.

LUMEN APS is the leader of the SALUS European Network with the aim of placing health promotion and environmental sustainability and their inseparability at the center of European policies.

[www.naturopatia.org/associazione](http://www.naturopatia.org/associazione)

## What is the SALUS European network?

It is a network made up, to date, of 44 organizations, profit and non-profit, in 11 European countries.

<https://www.salusnetwork.eu/what-is-salus/>

## What does the SALUS European Network do?

The actions that SALUS intends to implement are:

1. To organize events, sustainable and consistent with the SALUS principles, which disseminate valid information on the concrete possibilities of a paradigm shift on the issue of global health, establishing a constructive dialogue with the European Commission and the Council of Europe;
2. To propose legislative initiatives in the appropriate institution, also encouraging the participation and involvement of European citizens in the debate, highlighting the instrument of the European Citizens' Initiatives and any new direct democracy instruments at European level;
3. To support the launch of experiments and data collections that allow to prove the effectiveness of transversal and interdisciplinary paths for health promotion and the effectiveness of legislative proposals promoted at local and European level in this area;
4. To promote the connection of SALUS proposals within other intergroups or interest groups active on related topics.

<https://www.salusnetwork.eu/what-we-do>

## Interest Group SALUS at the European Parliament

On 17th of December 2019 the Interest Group SALUS was born within the European Parliament.

To achieve a paradigm shift, a forward-looking and innovative political intervention that this interest group wants to represent is indispensable.

The interest group is a first step towards a new Copernican revolution that focuses on healthy lifestyles and the relationships that connect them in a systemic and transversal way with environmental and health policies.

More info on: <https://www.salusnetwork.eu/interest-group>

## Subscribers

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# CONTEXT

## Environment and lifestyles: health determinants with an indissoluble link

Over the last century, the processes of industrialization and urbanization have produced improvements in living standards and life expectancy [Graham et al., 2016].

These improvements have been associated with rapid changes in people's lifestyle compared to traditional societies, including changes in physical activity [Booth, Hawley, 2015; Pontzer et al., 2018; Sayre et al., 2019; Raichlen et al., 2017] and in the diet, where basic plant-based diets have given way to foods of animal origin, including dairy, meat and processed meat [Popkin et al., 2012; Clonan et al., 2016]. The change in lifestyles has also seen a rapid increase in the per capita consumption of the Earth's resources by the high-income population [Urry, 2010], which is becoming a consumption model for emerging economies and middle-income countries [Pretty , 2013].

The processes of industrialization and urbanization have produced, both as patterns of consumption and as patterns of production, important changes in the biophysical systems of the Earth: in its terrestrial surface, in the oceans, in the atmosphere and in the cryosphere [Betts et al., 2017 ; McRae et al., 2017]. The pace and magnitude of anthropogenic change has increased dramatically since 1950, with the decade marking the beginning of the "Great Acceleration" in the human transformation of the global environment [Steffen et al., 2007], triggering ecosystem changes that they are happening too rapidly for many species to adapt [Lewis, Maslin, 2015].

Changes in lifestyles and changes in the biosphere have synergistically generated an epidemiological transition, both in high-income countries and globally: noncommunicable diseases have replaced communicable diseases as the main cause of death [GBD, 2017 ].

Although the link between lifestyles and the environment as determinants of health is well established [Bentley, 2014; Whitmee et al., 2015; Graham et al., 2016; van der Vliet et al., 2018; Stenvinkel, 2020], public policies treat them as separate fields of action, thus losing all the synergistic potential that characterizes them [Reis et al., 2015].

As we will see, this is one of the key points of the SALUS strategy.

## What is healthy longevity?

Within the population, aging is characterized by a great variability of the state of health. Three different ways of aging can be described, defined as "aging trajectories" [Kralj et al., 2018]:

- Healthy Active Aging;
- aging with frailty or vulnerability;
- Aging with disabilities.

The trajectories of aging can be influenced by several factors during the course of life: including lifestyle, biological factors, psychological and social factors [Kralj et al., 2018].

### Healthy Active Aging

WHO defines active aging as the process that "allows individuals to realize their potential for physical, social and mental well-being throughout the entire course of existence and to take an active part in society by providing them at the same time protection, safety and adequate care when they need assistance "[1].

The healthy active aging of an individual is determined by two factors: the intrinsic capacity and the environment in which he lives [2].

The intrinsic capacity (IC) is a new concept that refers to all the physical and mental capacity to which the person has in their lifetime. This ability tends to decrease with aging, even in the absence of chronic diseases. Lifestyles, traumas, social and health events can change its trajectory [Cesari, 2018].

Five domains have been identified with which we can define the concept of intrinsic capacity: locomotion, vitality, cognition, senses (in particular vision and hearing) and psychological domains. They influence each other and are in turn influenced by environmental factors [Cesari, 2018].

A desirable paradigm shift consists in moving from treating the disease, or syndrome, to intervening on the five domains at an early stage with respect to the phenotypic manifestation of the disease, in order to modify the trajectories of intrinsic capacity.

### **What is the European situation?**

In Europe, at the beginning of 2018, there were 101 million people aged 65 and over; this was equivalent to nearly one fifth (19.7%) of the total population. Over the next three decades, the number of elderly people in the European Union is expected to follow an upward path, reaching a peak of 149.2 million in 2050; their relative share of the total population will also gradually increase and are projected to reach 28.5% in 2050 [3].

The lengthening of life is certainly a success, but it must be accompanied by a good quality of the same to be able to really consider it as such. Preserving autonomy and independence in the aging process are fundamental objectives both for individual citizens and for politics [Sander, 2015].

The data emerging from the Global Burden of Disease (GBD) 2017 [GBD 2017 Causes of Death Collaborators, 2018] and from Eurostat [4] are not comforting. Healthy Life Expectancy (HALE) is increasing more slowly than Life Expectancy; in other words, as life expectancy increases, so does the expectation of years lived in disability (Years Lived with Disability-YLD). The same data was present in both GBD 2013 and GBD 2010 [GBD 2013 DALYs and HALE Collaborators, 2015]. Depressive disorders are among the main pathologies that reduce healthy life years [Salomon et al., 2012].

## Is healthy longevity achievable?

There is evidence that the extension of life span is accompanied by reduced morbidity in most cases [Fontana et al., 2010]; in fact it has been observed that 20% of centenarians do not contract any chronic disease before the age of one hundred and therefore it is possible to live a long life without getting sick [Evert et al., 2003].

Living a long life without getting sick and without drug addiction is not only possible, it is also desirable. A demographic study on human longevity, published in 2004 in *Experimental Gerontology* [Poulain et al., 2004], identifies 5 geographical areas, called "Blue Zone" [Buettner, 2012], characterized by the greater presence of centenarians and by an expectation of life much higher than the world average.

One of the aforementioned Blue Zones is Okinawa. A 2006 census showed that 54 centenarians per 100,000 inhabitants lived on the island of Okinawa, triple compared to Italy: 16.3 / 100,000 (in 2006 in Italy there were 9470 centenarians out of 58,064,214 Italians) [Willcox DC et al., 2008] [5]. Not only did they live longer, but a 1995 survey found that they were also healthier: the death rate from cardiovascular disease in Okinawan women was 12 times lower than that of American women, breast cancer mortality was 3 times lower and also Colon cancer was 6 times lower. Okinawan men had a 6 times lower risk of myocardial infarction than American men, 7 times lower risk of prostate cancer and 3 times lower risk of lymphoma [Willcox BJ et al., 2007; Kagawa, 1978].

Research conducted in the immediate postwar period found that Okinawans consumed an average of 1.785 calories per day, far fewer than the rest of the Japanese and Americans at the time, 2.068 and 3.130 calories respectively (40, 42). Furthermore, they consumed local and plant-based food, the intake of animal proteins was minimal: on average 19 g per day (of which 15 g from fish) [BAE, 1949; Fontana, 2017; Willcox DC et al., 2014].

Diet is not, however, the only determinant of healthy aging that distinguishes Okinawan centenarians from less long-lived populations: most of them practice a local form of dance or karate and almost every family has a vegetable garden in which they work and an altar at which they pray every morning: physical activity is a positive behavioral determinant [Bell et al., 2014; Britton et al., 2008; Burke et al., 2001; Ford et al., 2000] and there is some evidence that religiosity is a positive social determinant [Spence et al., 2019; Pruchno et al., 2015].

Finally, a strong sense of belonging to the community and great respect and esteem for older people distinguish these subjects [6], it is well demonstrated that support and social contact are a strong positive social determinant [7] [Britton et al., 2008; Achour et al., 2011].

Effects of the food transition that took place during the Second World War: understanding the past to predict the future

In the mid-50s of the last century, a gradual food transition began which some authors have called “westernization”, the transition took place all over the world, from Okinawa to Southern Italy [Kagawa, 1978; Pes et al., 2015].

A study published in 1978 showed that the traditional Japanese diet changed dramatically between 1950 and 1975: it increased the intake of milk (by 15 times), meat, poultry and eggs (by 7.5 times) and fat (by 6 times). ), while that of barley (1/40), potatoes (1/2) and rice (0.7) decreased, the "westernization" was more pronounced in the younger generations, in the rich and in the inhabitants of the cities [Kagawa, 1978] .

During this period, the average Japanese grew taller and heavier (went from a BMI of 21 kg / m<sup>2</sup> to one of 24) and mortality from cardiovascular and cancer diseases increased. Breast, colon and lung cancers increased by 2-3 times, but those of the stomach and uterus decreased by 40% and 70%, respectively. Between 1950 and 1975 life expectancy increased but also the incidence of pathologies in people in the same age group [Kagawa, 1978]. A drastic transition occurred in the consumption of meat: in 1988, in Okinawa, the daily intake of meat was about 90 grams, compared to 3 g / day in the 1950s. Until 1990 Okinawa had the highest life expectancy at birth in Japan, since 2000 the life expectancy of the new born is no different from that of the rest of the Japanese, even if the elderly of Okinawa continue to live longer than the elderly of the rest of Japan [Miyagi et al., 2003].

It is logical to think that the phenomenon that some authors call the "adult longevity revolution" [Robine, Cubaynes, 2017] has particularly affected adults (now centenarians) who live in the Blue zones, who up to 60-70 years, or before gradual dietary transition, they have had a diet of Low-calorie and protein intake.

Given the scenario, it is likely that in the near future we will see a decrease in the centennial rate [Robine, Cubaynes, 2017].

**The Okinawa experience once again confirms the close link between lifestyle and healthy longevity.**

Taking this link into consideration allows us to see the recent COVID-19 experience, and related events, from another point of view. It allows, in fact, to take a more holistic and less reductionist vision, which takes into account the individual as a whole and his interaction with the environment and which allows, in this way, to find more adequate strategies to face the current emergency and those that may occur in the future [Donzelli, 2020].

The invitation to broaden the vision also comes from a very authoritative source, the director of The Lancet, Richard Horton, who on 26 September 2020 said:

*“All of our interventions have focused on cutting lines of viral transmission, thereby controlling the spread of the pathogen. The “science” that has guided governments has been driven mostly by epidemic modellers and infectious disease specialists, who understandably frame the present health emergency in centuries-old terms of plague. But what we have learned so far tells us that the story of COVID-19 is not so simple. Two categories of disease are interacting within specific populations—infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and an array of non-communicable diseases (NCDs). These conditions are clustering within social groups according to patterns of inequality deeply embedded in our societies. The*

*aggregation of these diseases on a background of social and economic disparity exacerbates the adverse effects of each separate disease. COVID-19 is not a pandemic. It is a syndemic.*

*The syndemic nature of the threat we face means that a more nuanced approach is needed if we are to protect the health of our communities.*

*(...) In the case of COVID-19, attacking NCDs will be a prerequisite for successful containment. (...) Paying greater attention to NCDs is not an agenda only for richer nations. NCDs are a neglected cause of ill-health in poorer countries too. (...) no matter how effective a treatment or protective a vaccine, the pursuit of a purely biomedical solution to COVID-19 will fail. (...) an integrated approach to understanding and treating diseases can be far more successful than simply controlling epidemic disease or treating individual patients.*

*The economic crisis that is advancing towards us will not be solved by a drug or a vaccine. Nothing less than national revival is needed. Approaching COVID-19 as a syndemic will invite a larger vision, one encompassing education, employment, housing, food, and environment. Viewing COVID-19 only as a pandemic excludes such a broader but necessary prospectus." [Horton, 2020]*

**As European SALUS network, we believe it is urgent to commit ourselves to change the trajectory of aging from the current condition of fragility to what is defined as active aging.**

We are convinced that Covid-19 is the tip of the iceberg. It is a strong signal that warns of the need to change course and adopt a new paradigm that allows health to be placed at the center, in the broadest sense of the term.

We are convinced that the wrong lifestyle and environmental pollution constitute the submerged basis of this iceberg and that, precisely in the name of this inseparable relationship between health and daily choices, it is urgent to renew the individual and collective modus vivendi to face the challenges. which threaten the healthy longevity of European citizens.

# CURRENT CHALLENGES

The future of Europe is full of challenges that will affect the healthy longevity of citizens and to which we want to respond with this manifesto.

## Antibiotic Resistance (AMR)

In recent years, the excessive and inappropriate use of antibiotics has led to an increasing emergence and spread of multi-resistant bacteria [ECDPC, 2017]. AMR represents an important topic on the global agenda due to its implications on human, animal and environmental health [Cassini et al., 2018]. In Europe, multiple resistance to common bacteria, causing pneumonia and urinary infections, and combined resistance to latest generation cephalosporins, aminoglycosides and fluoroquinolones are on the rise. The EU has 4 million antibiotic-resistant bacterial infections each year with 37,000 deaths [ECDPC, 2017; Limmathurotsakul et al., 2019]. There are therefore very few therapeutic options, such as carbapenems. But even these show increases in resistance in European countries with greater use of antibiotics, including Greece and Italy (eg *Klebsiella pneumoniae* has 25-50% resistance). The European Commission itself has developed an action plan, European One Health Action Plan against Antimicrobial Resistance [8].

## Vulnerability of health systems

The economic sustainability of health systems is a key issue in European policies [Eurostat, 2017; OECD, 2015; OECD, 2018; EC, 2018] and on a global scale [Naimoli et al., 2018]: from a demographic perspective we know that the incidence of NCD will increase (which are already responsible for 70% of deaths globally) [9] making increasingly difficult an equal access to care for the European population; in fact, with increasing average age, a proportional increase in healthy longevity is not expected and, moreover, there is growing concern about the environmental impact of the current health system [Haines et al., 2019; Sowman, 2019]. Furthermore, the vulnerability of health systems is heightened by the increase in epidemics occurring in complex humanitarian emergencies, as well as by a new convergence of ecological, political, economic and social trends, including population growth, increased urbanization, a globally integrated economy, widespread and faster travel, conflict, migration and climate change [GPMB, 2019]. Between 2011 and 2018, WHO monitored 1.483 epidemic events in 172 countries and in 2019 the SARS-COV-2 epidemic appeared, putting a strain on health systems on a global scale. The health emergency activated following the worldwide spread of Covid-19 has shown a great fragmentation of responses in the European framework and important fragility both from the point of view of the health of citizens and from the point of view of health and social organizations. Covid-19 is primarily a syndemia [Horton, 2020], which is characterized by biological and social interactions that increase a person's susceptibility to damage or worsen their health outcomes. Limiting the harm caused by SARS-CoV-2 requires far greater attention to NCD and socioeconomic inequality than has been done so far. This is why we can say that Covid-19 has shown a vacuum in the system: the lack of a pervasive, homogeneous

and effective health promotion strategy at European level, in particular aimed at the elderly population, more fragile and vulnerable also to infections.

## **Climate and environmental crisis**

The processes of industrialization and urbanization have produced, both as patterns of consumption and as patterns of production, important changes in the biophysical systems of the Earth: in its terrestrial surface, in the oceans, in the atmosphere and in the cryosphere [Betts et al., 2017; McRae et al., 2017]. The pace and magnitude of anthropogenic change has increased dramatically since 1950, with the decade marking the beginning of the "Great Acceleration" in the human transformation of the global environment [Steffen et al., 2007], triggering ecosystem changes that they are happening too rapidly for many species to adapt [Lewis, Maslin, 2015].

The Commission's proposal for the first European climate law aims to turn into law the goal set in the European Green Deal - to ensure that Europe's economy and society become climate-neutral by 2050 [10]. The transition to a climate-neutral society represents both a challenge and an opportunity to build a better future for European citizens.

## **Artificial intelligence, new technologies and big data**

Artificial intelligence is developing rapidly and, just as rapidly, it is changing the lives of European citizens in various sectors: leisure, social relations, mobility, production of goods, health, safety. Currently 80% of data processing and analysis taking place in the cloud is done in centralized data centers and computing facilities and 20% in intelligent connected objects, such as automobiles, home appliances or manufacturing robots, and in computing facilities close to the user ("edge computing"). By 2025 these proportions will change significantly [Walker, 2017] and the Covid-19 pandemic in 2020 has accelerated some digitalization processes in the industrial, commercial and social fields [LeHong et al., 2020; Wehmeier, 2020]. It is a development that entails potential, but also risks still being defined [EC, 2020]. Among the health risks, we can include the increase in exposure to electromagnetic fields [Falcioni et al., 2018; SCHEER, 2018], the psychological distress linked to the abuse of social networks [Marico et al., 2018], the effects of nanotechnologies on human and environmental health [EFSA, 2009], in addition to a sedentary lifestyle and reduced opportunities for socialization.

# STRATEGY

## Why is important a transversal, interdisciplinary and holistic approach to the theme of healthy longevity?

The transversal and holistic approach is increasingly emerging in intervention strategies on complex and articulated problems, such as that of human health, so rich in links with various endogenous and exogenous factors [Brown et al., 2010].

The same international organizations have been using this approach for years to guide their actions: an important example is the principle of "Health in all policies" (HiAP) supported by the WHO directives [Leppo et Al., 2013] or the concept of circular economy, supported by the European institutions, which takes its cue from the functioning of living systems, intrinsically interconnected and non-linear [COM (2019) 190 final].

The transversal approach has a strong scientific validation linked to the analysis of complex systems and reconciles the modern and scientific vision with the philosophical vision of many Traditional and Complementary Medicines (T&CM) [França K, Lotti TM, 2017; Walach H, 2005; Rioux J, 2012], placing the parts with the whole in a one-to-one, inseparable and mutually influencing relationship.

## Why focus on promoting healthy lifestyles in a holistic view?

The promotion of health through healthy lifestyles is a strategy, effective and validated by scientific evidence, to reduce the incidence of NCD [11], reduce mortality from infections [Butler, Barrientos, 2020; Zapatera et al., 2015; Simpson et al., 2015; Donzelli, 2020], improve the quality of life of citizens and their psychophysical well-being [Willett W et al., 2019; Lee DC et al. 2014; Mcgarrah et al. 2016; Cotman C & B et al. 2007], as well as reducing environmental pollution [Sowman, 2019; Springmann et al., 2016; Willett et al., 2019] and animal suffering [Kumar et al., 2012].

To improve the ability of health systems to produce health, we believe it is strategic to recognize the added value that some professional figures of T&CM have represented and represent in the field of health promotion and prevention; an example is the professional figure of the Traditional Naturopath [12], which in the Canadian experience represents an innovative model of *primary care* [Fleming et al., 2010; Bradley et al., 2019], the historical professional figure of the Heilpraktiker typical of the German experience [Krug et Al., 2016] or the most recent figures of complementary medicine therapists (CM) recognized in Switzerland (Naturopaths, Osteopaths and Acupuncturists) [Dubois et Al., 2019] or recognized naturopaths in Portugal [13]. Worldwide, over 98 countries have practicing naturopaths, accounting for 36% of all countries and every region of the world. The contribution of naturopaths to health care services internationally is not yet sufficiently examined [Steel et Al., 2020].

The enhancement of their informative, training, motivational and *empowerment* skills (linked to the promotion and maintenance of health), as well as the holistic techniques

aimed at well-being, is perfectly complementary to the diagnostic and therapeutic skills (linked to the treatment of diseases) that characterize, from more than 100 years, the training proposal for health personnel.

Furthermore, it is crucial that health promotion activities:

- are conducted by people who have developed coherence with the proposal [Haddock et al., 2004], not contenting themselves with mere knowledge (form) but giving the value it deserves to experience (substance) and the ability to transfer it;
- are carried out in a context that is as coherent as possible with the proposal [Stulberg, 2014].

### Why focus on ecological restoration in a holistic view?

Ecological restoration, such as reforestation and the reintroduction of wildlife, as well as the many opportunities for collaboration that humans can develop with other living beings, are effective and scientifically validated strategies for reducing pollution and climate change [Lewis et al., 2019; Caselli et al., 2018; Schowalter, 2013], significantly improve the health conditions of the population [EASAC, 2019; Oh et al., 2017; Wen et al., 2019; Jia et al., 2020; van den Bosch et al., 2017], improve animal welfare [Thulin et al., 2020; Kemppinen et al., 2020] and foster the spread of healthy lifestyles [Takayama et al., 2019; Smith et al., 2017; Panter et al., 2017; Calogiuri et al., 2014]. These are strategies that gradually bring the population back to a condition of greater proximity to nature, typical of traditional societies [Fragiadakis et al., 2019]. I would like to add the importance of vital water resources and fresh air as a basement for action.

This approach prefers to help, without hindering with unnecessary human interventions, the **natural self-repairing processes** and biodiversity reconstruction, both in rural areas (ensuring greater ecological continuity) and in the most critical areas (urban areas, primarily polluted sites).

Among the self-repairing processes par excellence, we want to give great space to **reforestation and forest protection**, especially in the areas most affected by deforestation. An issue that is closely linked to the promotion of healthy lifestyles, especially food: a large portion (42%) of our maximum potential for afforestation mitigation depends on the reduced need for grazing achieved through greater production efficiency of beef and / or dietary changes to reduce the consumption of beef. On the other hand, only a ~4% reduction in global grazing land is needed to achieve ambitious reforestation mitigation levels of <2°C and reduced beef consumption can have major health benefits [Griscom et al., 2017; Donzelli, 2016].

It has been calculated that, excluding existing trees and agricultural and urban areas, there is room for an additional 0.9 billion hectares of vegetation cover, which could store 205 gigatonnes of carbon in areas that would naturally support forests and woodlands [Bastin et al., 2019]. Such natural solutions to climate crisis mitigation can provide 37% of the CO<sub>2</sub> reduction needed until 2030 with a >66% probability of keeping warming below 2 °C, according to the Paris Climate Agreement targets [Griscom et al., 2017].

## How can this paradigm shift be economically supported?

Health promotion and environmental sustainability policies are inherently cost-effective, but some specific strategies respond even better to the need to achieve an economically sustainable paradigm shift.

In particular, it has been shown that allocating more public resources to the area of health promotion linked to healthy lifestyles would lead to a more than proportional reduction in expenditure in the care sector, which represents between 7% and 10% of the GDP of the EU Member States [Masters R et al., 2017; WHO, 2017; CoEU, 2019; Medeiros et al., 2015; Cohen, 1994; Owen et al., 2012; Verhaeghe et Al., 2014] and a reduction in social costs [Rappange et al, 2010; EOHSP, 2017; Ockene et al., 1988].

There is also evidence that devoting resources to activating natural processes of ecological restoration, such as planting trees, can effectively counteract climate change and pollution, also from an economic point of view. [Lewis et Al., 2019].

We know that the main economic conflict of interest hindering the promotion of healthy lifestyles and ecological restoration lies in the food industry, in particular in agriculture and intensive livestock production, which have generated much of the deforestation globally [Candel, 2019; Lewis et Al., 2015; Erb et Al., 2016; Kopittke et Al., 2019]; but a paradigm shift is possible, economically sustainable and via a reduction in the consumption of animal protein and a transition to an agro-ecological system [Fischer et A., 2017; Kremen, 2020].

That of lifestyles is a **gradual and market-regulated transition**, which protects the economy as it is governed by the choices of citizens / consumers and not by heterodirect directives, with a natural alignment by the productive sector of economic convenience to ethical and environmental one [Lubowiecki-Vikuk et al., 2021; Niamir-Fuller, 2016]. The alignment between health, ethics and economics can also be supported with incentive interventions, based for example on the principles of behavioral economics [Shuval et al., 2017] or with product pricing policies [Bennett et al., 2020].

The economic sustainability of this proposal also lies in the protection of employment levels, since the sectors of activity, promotion of healthy lifestyles and ecological restoration, are by their nature labor-intensive: health promotion is based more on the empowerment-oriented relationship than on products or technologies, even if of a natural origin; in the same way, ecological restoration requires a human commitment in synergy with natural processes rather than a highly technological intervention. A greater development of these activities would therefore lead to a natural reallocation of public resources from the technological / industrial to the human sphere, also guaranteeing greater employment in the short-medium term.

The lesson of Covid-19 has prompted us to research some public policies aimed at improving health, environmental sustainability and guaranteeing employment. A recent study identified in particular: green infrastructure projects, tree planting, development of the care, education and health sectors (all *labor-intensive* and low-carbon sectors) [Engström et al. , 2020]. More generally, the Global Commission on Adaptation has estimated that an investment of \$ 1.8 trillion globally from 2020 to 2030 could generate up to \$ 7.1 trillion in total net benefits associated with avoided losses, reducing the risks, increasing productivity and guiding innovation and social and environmental protection [14].

Lastly, the lesson of Covid-19 has shown us that where there is political will, it is possible to reallocate resources to face global challenges: in fact, in a few weeks, world governments have allocated 8 trillion dollars for the health crisis linked to Covid-19 [Herrero et al., 2020].

# ACTION AREAS

To implement the strategy described here, we have identified **5 health areas and 1 system area** that transversally promote the healthy longevity of European citizens.

## Health areas:

1. to improve the quality of what we eat: eating styles, agriculture and livestock;
2. to promote the spread of moderate physical activity at all ages;
3. To promote the growth and dissemination of community contexts that foster deep social relationships;
4. To conserve and restore the natural environment, of land, sea and air;
5. To encourage practices that promote self-listening and inner growth, as tools to generate individual health and responsibility towards the environment.

## System area:

It is necessary to structure a European system of health promotion, based on healthy lifestyles, environmental sustainability and their mutual influence, so that a constant and far-sighted investment takes place in the 5 health areas mentioned above.

This system needs some elements to be able to work at its best:

- provide for a transversal professional contribution, through the development of a great alliance with T&CM professionals;
- provide for a transfer of resources from the healthcare sector to the health promotion sector for the same health expenditure;
- activate strategies that allow an alignment of the economic benefits of health care actors and other health and well-being professionals with the health objectives of citizens, thus avoiding conflicts of interest [Donzelli, 2004 (a), 2017 (b), 2019 (c), 2021 (d)].

# OBJECTIVES

The Manifesto is proposed as a collective advocacy action of the European SALUS Network and which can see collaborations with other networks and subjects engaged in the same areas of action at national and European level.

The Manifesto has a time horizon of 10 years, from 2021 to 2031.

The Manifesto is divided into annual programs, which contain objectives and actions.

The members of the SALUS European Network can propose common objectives to be included in the Manifesto.

The objectives must be consistent with the Manifesto and must act, as much as possible, on several health areas at the same time.

The objectives of the annual program are decided by the coordination, with regard to feasibility, validated by the SALUS Philosophical-Scientific Committee, with regard to consistency, and approved by a majority of the active members, i.e. those who participate in at least one network meeting a year.

For the subscription of position papers, open letters, official press releases as SALUS European Network, the silence procedure is used, for a period of at least 1 week. If the silence procedure is interrupted by a member, the consent is verified. In this case the document is signed as a SALUS European Network if it obtains at least the consensus of 15 members. In this case it is specified which members subscribe.

The coordination of the actions relating to this Manifesto is entrusted to LUMEN APS, as the lead body of the European SALUS Network.

The coordination has the task of finding and managing the human and economic resources necessary to achieve the objectives.

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