

WHO EUROPEAN
HEALTHY CITIES
NETWORK



Phase V
(2009–2013)
of the WHO European
Healthy Cities Network:
goals and requirements



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ABSTRACT

This document outlines the overall goals and development themes of Phase V (2009–2013) of the WHO European Healthy Cities Network and explains the application process for cities interested in joining this Network.

Keywords

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Background

European cities and national networks are making a mark within the international community through their leadership and contribution to health and sustainable development. The principles of the WHO European Healthy Cities movement are a dynamic driving force in many European cities that support politicians, public sectors and other agencies in implementing strategies and action to address the growing health challenges in cities. Healthy Cities is an active and vibrant process. It provides a setting for innovative and creative solutions to old and new public health issues and is a platform for inspiration and learning for European cities working to contribute to health capital. The content, organizational features and ways of working of each five-year phase of the WHO European Healthy Cities Network have been shaped by new WHO strategies; priority health issues of relevance and concern at the urban and local levels; lessons learned from and achievements in previous phases; new scientific evidence on the determinants of health and on the effectiveness of public health interventions; and changes in the social and political European environment. The WHO European Healthy Cities Network especially emphasizes working on public health concepts and issues that are challenging and cutting edge and offer the opportunity for innovative solutions and systematic approaches.

WHO European Member States have made various commitments on a range of issues including strengthening health systems, addressing the obesity epidemic, controlling the noncommunicable diseases epidemic and preparedness to deal with the effects of climate change. Healthy cities continuously and actively explore ways to contribute to implementing WHO strategies at the urban and local levels. They have the potential to provide essential public health leadership, to create the preconditions for healthier living and participatory governance and to facilitate intersectoral action. Further, in times of economic downturns, city governments have a key role to play as advocates and guardians of the health needs of the people who are most vulnerable and socially disadvantaged.

Throughout its evolution since 1988, the heart of Healthy Cities remains the four overarching action elements on which it was founded:

- action to address the determinants of health, equity in health and the principles of health for all;
- action to integrate and promote European and global public health priorities;
- action to put health on the social and political agenda of cities; and
- action to promote good governance and integrated planning for health.

Overall goals of the WHO European Healthy Cities Network

The WHO European Healthy Cities Network has six strategic goals:

- to promote policies and action for health and sustainable development at the local level and across the WHO European Region, with an emphasis on the determinants of health, people living in poverty and the needs of vulnerable groups;
- to strengthen the national standing of Healthy Cities in the context of policies for health development, public health and urban regeneration with emphasis on national-local cooperation;
- to generate policy and practice expertise, good evidence, knowledge and methods that can be used to promote health in all cities in the Region;
- to promote solidarity, cooperation and working links between European cities and networks and with cities and networks participating in the Healthy Cities movement;
- to play an active role in advocating for health at the European and global levels through partnerships with other agencies concerned with urban issues and networks of local authorities; and
- to increase the accessibility of the WHO European Network to all Member States in the European Region.

Themes in Phase V of the WHO European Network

The Zagreb Healthy Cities Declaration (Annex 5) outlines the principles, goals and themes of Phase V of the WHO European Healthy Cities Network. The overarching theme for Phase V is health and health equity in all local policies. Health in all policies is based on a recognition that population health is not merely a product of health sector activities but largely determined by policies and actions beyond the health sector. Health and well-being are increasingly becoming shared values across societal sectors. Solid evidence shows that the actions of other sectors beyond the boundaries of the health sector significantly influence the risk factors of major diseases and the determinants of health. Health in all policies addresses all policies such as those influencing transport, housing and urban development, the environment, education, agriculture, fiscal policies, tax policies and economic policies.

Further, health in all policies is not confined to the public health community or to the national level. It is relevant and has a tremendous potential for positive health outcomes at the local level, strengthening the public health leadership role of municipal governments. Health in all policies is a horizontal approach that seeks to engage all sectors of society in integrating health and well-being considerations as central values in their strategies and plans. Addressing the determinants of health would not be comprehensive without an explicit commitment to tackling inequality in health.

In implementing health and health equity in all local policies, Phase V will draw on the conclusions and recommendations of the global Commission on Social Determinants of

Health. Cities will be expected to work to systematically promote the active engagement and the collaboration of different sectors in the pursuit of health outcomes. They will explore and introduce governance measures that facilitate intersectoral collaboration for health and health equity, planning approaches that support integration and mechanisms that support the involvement of civil society. All member cities of the WHO European Network in Phase V are expected to work on this overarching theme, especially emphasizing action addressing the social determinants of health and inequality in health.

Health profiles, integrated planning for health and sustainable development will remain at the heart of urban health work, while the core themes will provide cities with a means to build and maintain strategic partnerships for health and to develop a platform to encourage all sectors to focus their work on health, equity in health and quality of life. Cities will be encouraged to introduce and apply evidence-based interventions and to explore innovative ways that can influence human behaviour, including social marketing techniques. Health impact assessment is a valuable tool for assessing the effects on health of the policies and plans of different sectors. The concept of the city health development plan (or the equivalent) remains valid and desirable, encompassing the emphasis on integrated planning and strategic thinking.

Phase V will take account of the diversity and specificity of cities within the WHO European Network. Under the umbrella approach to be taken in Phase V, cities can assess their local priorities and select issues for special emphasis that will have the maximum effect in improving the population's health.

In addition to the overarching theme of health and health equity in all policies, Phase V will focus on three core themes. These core themes represent entry points to addressing important aspects of the urban environment. All Phase V themes are interrelated, interdependent and mutually supportive. Within these themes, cities will be able to identify priority issues that are of particular concern to them. The scope for strategic work and action of each of the core themes is very broad. Several important issues are listed under each of the three core themes. The list is not meant to be exhaustive or prescriptive. The issues listed, however, represent aspects that cities should consider seriously when deciding how to approach each of the themes and how to assign priority.

Phase V offers cities the possibility to work both at the macro strategic and policy level, encouraging and steering the city as a whole to actively embrace health as a core value, but also at the action and operational level on a wide range of public health issues. Cities will have the opportunity to address old and new public health priorities systematically and through approaches that are anchored in the most advanced public health concepts. All cities in the WHO European Network, working individually and collectively, will address the overarching theme and the core themes.

Core theme 1

Caring and supportive environments. *A healthy city should be above all a city for all its citizens, inclusive, supportive, sensitive and responsive to their diverse needs and expectations.*

Important issues

- **Better outcomes for all children.** Providing early childhood services and support to all young citizens and aiming to systematically improve the lives of children. Investing in early childhood development is one of the best ways to reduce inequality in health.
- **Age-friendly cities.** Introducing policies and holistic action plans addressing the health needs of older people that emphasize participation, empowerment, independent living, supportive and secure physical and social environments and accessible services and support.
- **Migrants and social inclusion.** Systematically addressing the health and social needs of migrants, promoting integration, tolerance and cultural understanding.
- **Active citizenship.** Providing an effective infrastructure for community participation and empowerment, utilizing community development techniques as the catalyst for action and promoting social networking opportunities.
- **Health and social services.** Advocating and supporting the development of health and social services that are responsive, high quality and accessible to all, based on systematic needs assessment of the population and particularly for vulnerable groups.
- **Health literacy.** Developing and implementing programmes aiming to strengthen the health literacy skills of the population. Health literacy means the degree to which individuals have the capacity to obtain, process and understand basic health information and services provided by complex health systems needed to make appropriate decisions to maintain and promote their health.

Core theme 2

Healthy living. *A healthy city provides conditions and opportunities that support healthy lifestyles.*

Important issues

- **Preventing noncommunicable diseases.** Scaling up efforts and strengthening local partnerships to tackle the epidemic of noncommunicable and chronic diseases through population-based integrated approaches addressing the risk factors and social determinants of these diseases.
- **Local health systems.** Strengthening the capacity of local health systems, including public health services and primary health care services, to prevent, control and manage cardiovascular disease, cancer, respiratory disease and alcohol-related disease.

- **Tobacco-free cities.** Implementing and enforcing city-wide smoke-free policies in public and working spaces.
- **Alcohol and drugs.** Developing intersectoral plans of action to prevent alcohol and drug abuse.
- **Active living.** Making active living, physical activity and pedestrian mobility a core part of city development policies and plans.
- **Healthy food and diet.** Increasing equitable access to healthy food and broadening the understanding of healthy eating habits.
- **Violence and injuries.** Introducing policies and plans to deal with all aspects of violence and injuries in cities, including violence involving women, children and older people, road crashes and home accidents.
- **Healthy settings.** Supporting programmes on healthy living and mental well-being that would be implemented through the settings of people's everyday lives, such as neighbourhoods, schools and workplaces.
- **Well-being and happiness.** Broadening the understanding of and exploring and promoting the factors and conditions that support well-being and happiness, reduce stress and enhance the resilience of communities.

Core theme 3

Healthy urban environment and design. *A healthy city offers a physical and built environment that supports health, recreation and well-being, safety, social interaction, easy mobility, a sense of pride and cultural identity and that is accessible to the needs of all its citizens.*

Important issues

- **Healthy urban planning.** Integrating health considerations into urban planning processes, programmes and projects and establishing the necessary capacity and political and institutional commitment to achieve this goal. Especially emphasizing master planning, transport accessibility and neighbourhood planning.
- **Housing and regeneration.** Increasing access through planning and design to integrated transport systems, better housing for all, health-enhancing regeneration schemes and to green and open spaces for recreation and physical activity.
- **Healthy transport.** Promoting accessibility, by facilitating the ability for everyone, including very young people and people with limited mobility, to reach their required destination without having to use a car.
- **Climate change and public health emergencies.** Tackling the health implications of climate change in cities and being vigilant about global changes such as the impact of globalized economies, the free movement of people and preparedness for and response to public health emergencies.
- **Safety and security.** Ensuring that the planning and design of cities and neighbourhoods allows social interaction, increases a sense of safety and security and supports easy mobility for everyone, especially young and older people.

- **Exposure to noise and pollution.** Promoting and adopting practices that protect people, especially children, from toxic and health-damaging exposure, including indoor and outdoor air pollution, tobacco smoke in workplaces and public places and noise.
- **Healthy urban design.** Creating socially supportive environments and an environment that encourages walking and cycling. Enhancing cities' distinctive and multifaceted cultural assets in urban design and promoting urban designs that meet all citizens' expectations for safety, accessibility, comfort and active living.
- **Creativity and liveability.** Promoting policies and cultural activities that encourage creativity and contribute to thriving communities by developing human and social capital, improving social cohesion and activating social change.

Requirements in Phase V of the WHO Healthy Cities Network

Cities are required to implement certain approaches and activities during the five years of Phase V. As a precondition to making commitments to work in the areas described previously, cities need to secure political support and adequate resources and to put in place the necessary structures to facilitate the implementation of the goals related to a healthy city. To be members of the WHO European Healthy Cities Network, they also need to be prepared to work and network with other cities in Europe.

The list below outlines the 10 specific requirements for cities to be members of the WHO European Healthy Cities Network in Phase V.

1. **Sustained local support.** Cities must have sustained local government support and support from key decision-makers (stakeholders) across sectors for the Healthy Cities principles and goals. Cities must submit with their applications a letter of commitment from the city mayor or lead politician together with a council resolution supporting the city's participation in Phase V and a commitment to partnership with different stakeholders.
2. **Coordinator and steering group.** Cities must have a full-time identified coordinator (or the equivalent) who is fluent in English and administrative and technical support for their healthy city initiative. Cities must also have a steering group involving political and executive-level decision-makers from the key sectors necessary to ensure delivery of the requirements for Phase V.
3. **City health profile.** City health profiles provide an invaluable means of gaining insight into the factors that influence the health of citizens and of understanding inequality in health within a city. All cities must prepare a city health profile. For cities that are new members, this may need to be prepared as a new report for the city in accordance with the WHO guidance for city health profiling. Cities that have prepared a profile in the past need to produce an updated version for this phase. Profiles should be used actively to inform city-based planning processes and to indicate changes in health within the city. In Phase V, cities should ensure that their health profiles focus as much attention as possible on inequality in health and the health of vulnerable groups.

4. **Integrated planning for health.** To implement the goals and themes of Phase V, cities need to work systematically and through processes that support the creation of a comprehensive vision for health and integrated ways of planning that draw on the contribution of different sectors. Cities must demonstrate progress in processes of integrated strategic health planning on the Phase V themes. This may comprise a city health development plan or other equivalent document or documents. These plans are strategy documents that contain a comprehensive picture of a city's specific and systematic efforts to develop health. They contain a city's vision and values and a strategy to achieve this vision. They draw on the contribution of the numerous statutory and non-statutory sectors and agencies whose policies and activities influence health. They therefore provide a process and framework for creating partnerships for health and for achieving health and health equity in all local policies. The format and content of city health development plans vary according to the circumstances of each city and the past experience in city health planning.
5. **Partnership.** Cities must work in partnership as the testing ground for developing knowledge, tools and expertise on the overall Phase V goal and core themes. This will require developing and implementing programmes of action within cities in relation to the core themes. Cities must also participate in the wider work of the WHO European Network and its thematic subnetworks and contribute to disseminating knowledge and products.
6. **Capacity-building.** Cities must create learning environments for individuals, politicians and organizations to achieve health and health equity in all local policies. Cities will invest in a capacity-building strategy that will provide understanding of how the social determinants of health affect health and equity in health; generate evidence and agreement on indicators of health and equity in health for measuring performance; and develop knowledge management systems and innovative tools and ways of assessing health impact.
7. **Attending WHO European Network meetings.** Cities must make an executive and political commitment that the project coordinator and nominated politician will attend business meetings and conferences of the WHO European Network. At each meeting, the city should at least be represented by the coordinator and politician responsible.
8. **Attending meetings of mayors.** Cities should ensure that their mayor (or leading politician) attends any meetings of mayors held during Phase V.
9. **Participation in networking activities.** Cities should participate actively in various networking activities. This includes actively supporting the national healthy cities network and participating in at least one thematic subnetwork. Cities must be connected to the Internet and have access to teleconferencing.
10. **Monitoring and evaluation mechanisms.** Cities must have monitoring and evaluation mechanisms that enable ongoing assessment of progress and annual reporting to WHO. Cities must also have in place an annual plan for activities based on achieving progress on all Phase V core themes. Cities will be expected to participate in any external evaluation processes WHO initiates.

Organizational structure of the WHO European Healthy Cities Network

The WHO European Healthy Cities Network will have three components in Phase V.

1. The WHO European Network will include cities in all WHO European Member States and is expected to increase to 100 cities. WHO leads and coordinates the WHO European Network supported by a Network Advisory Committee.
2. National healthy cities networks are a resource to their countries and to WHO. They represent an integral part of the Healthy Cities movement in Europe. Designated cities should participate actively in developing and supporting their national networks. Designated cities are required to be members of a national network if it exists.
3. Subnetworks, task forces and working groups: during Phase V, a range of mechanisms for theme interest groups will be established (or strengthened for existing mechanisms) to support designated cities and national network cities in implementing the requirements of Phase V. Their role will be to support the development of technical guidance and training materials, to organize and run training courses and to offer a platform for cities with a strong commitment and interest in certain themes and issues.

Methods of working

Attention will be paid to ensuring that capacity is built across the WHO European Network, focusing both on strengthening the capacity of member cities individually and on investing in the potential of the WHO European Network as a whole.

WHO will provide strategic and technical leadership throughout Phase V and will be supported by WHO collaborating centres; thematic subnetworks; experts in various fields; and WHO advisory committees. Several WHO units and programmes are expected to provide direct technical input to the WHO European Network during Phase V.

External institutions with appropriate experience and expertise will carry out the secretariat functions of the WHO European Network during Phase V.

Networking. Networking represents a key aspect of the added value the WHO European Network brings to its member cities. It offers a wide range of possibilities for learning, sharing experiences and working together as well as opportunities for mutual support, mentoring, advocacy and resource development. During Phase V, special attention will be given to strengthening and expanding the creative use of electronic interaction and communication.

Capacity-building and tool development. Training and learning activities will be conducted that are relevant to implementing and evaluating Healthy Cities approaches. Tools and resources to support implementation will be developed.

Monitoring, evaluation and knowledge. Impact needs to be monitored, with appropriate indicators and focusing on outcomes. Evidence and knowledge of good and effective practice should be documented, shared and built on. Empirical comparative studies on selected topics involving groups of interested cities will be encouraged.

Support structures and mechanisms of the WHO European Network. These include the WHO Regional Office for Europe; the Secretariat of the WHO European Network (consisting of one or more external institutions with complementary roles); WHO collaborating centres; the Network Advisory Committee; and other internal WHO and external partners.

Process of designating cities in Phase V

Introduction

Table 1 shows an overview of the process leading to the designation of cities to the WHO European Network in Phase V. Cities will be designated on an ongoing basis throughout Phase V based on the applications received. Cities that have been members of the WHO European Network during Phase IV will undergo a different application process from the cities that have not been members. Cities applying for membership are expected to be members of their country's national healthy cities network.

Expression of interest letters. Any city that can meet the designation requirements can apply to be a member of Phase V. Cities should send a letter of expression of interest from the mayor of the city, indicating that they wish to apply to be a member of the WHO European Healthy Cities Network in Phase V and that the city will dedicate resources to meet Phase V goals and requirements, make the annual financial commitment to WHO and participate actively in the WHO European Network and in subnetworks. The letter should also identify the focal point in the city for the Phase V application, including e-mail address.

Application for designation. The Phase V application form will be available online on the WHO European Healthy Cities web site. The application form will be available in English, French, German and Russian. Cities will be designated to Phase V on an ongoing basis based on the applications received. Applications can be submitted at any time but are unlikely to be accepted after 30 June 2010. Cities that were members in Phase IV are encouraged to apply and will have a simplified application process (Annex 3).

Country quotas. The cities designated to the WHO European Network will be geographically balanced from across countries in the WHO European Region. Membership of the WHO European Network will increase to 100 cities, and the maximum quota per country will be 12 cities. Deviation from these numbers during Phase V will be considered in an effort to ensure good geographical balance among all parts of Europe.

New cities from countries that reached their quota in Phase IV are also encouraged to apply, and there will be a special effort to encourage greater participation from underrepresented countries and regions in Europe. Annex 1 provides details on country quotas.

Financial commitment

All designated cities will be required to make an annual financial contribution for each of the five years of Phase V (2009–2013), paid directly to WHO. Member cities in Phase IV applying for membership in Phase V will be sent an invoice for payment when WHO receives the letter expressing interest. Cities that were not members in Phase IV will be sent an invoice when the application is received. When cities are notified of being successfully designated to the WHO European Network and have paid their financial contribution, they will be forwarded the official WHO Phase V designation certificate. WHO will use the contributions for staffing, technical work, secretarial and managerial functions of Phase V according to the need and in accordance with WHO procedures and capacity to provide support. Designated cities that have not paid their annual financial contribution will not be invited to attend the business meeting of that year.

All cities from European Union countries, Andorra, Iceland, Israel, Monaco, Norway, San Marino and Switzerland will pay a full contribution of US\$ 6000 each year (Annex 2). Cities from other countries will pay US\$ 3500 per year. In exceptional circumstances, a city that has difficulty in meeting this financial commitment can discuss with WHO alternative ways of making this contribution.

Table 1. Summary of steps in the process of designating cities for membership in the WHO European Network in Phase V*

Step	Cities that have been members of the WHO European Network in Phase IV	Other cities
1	Expression of interest sent to WHO including commitments towards the goals and requirement for Phase V	Expression of interest sent to WHO including commitments towards the goals and requirement for Phase V
2	WHO accepts or declines the expression of interest	WHO accepts or declines the expression of interest
3	Financial contribution sent to WHO	Full application submitted to WHO (Annex 4)
4	Simplified application submitted to WHO (Annex 3)	Financial contribution sent to WHO
5	Designation assessments carried out by assessors on behalf of WHO	WHO adds relevant background information and information provided by national networks
6	WHO accepts designation, formally communicates this to the city and informs the country's health ministry	Assessors carry out designation assessments on behalf of WHO
7	WHO Phase V designation certificate is issued	WHO accepts designation, formally communicates this to the city and informs the country's health ministry
8		WHO Phase V designation certificate is issued

* At any stage in this process, WHO may seek further clarification or information from the city, undertake a city visit or carry on an interview with the healthy city coordinator and lead politician.

Annex 1

**COUNTRY QUOTAS FOR CITIES PARTICIPATING IN THE WHO
EUROPEAN HEALTHY CITIES NETWORK IN PHASE V**

The quotas are based on a maximum of 12 cities designated per country, with 1 city for each country up to 5 million in population, with a few exceptions due to historical reasons of participation in earlier phases of the WHO European Network. Quotas may be exceeded in certain countries if healthy cities are underrepresented in neighbouring countries and provided there is geographical balance between the different parts of Europe.

Country	Population (million)	Maximum quota
Albania	3.2	1
Andorra	0.1	1
Armenia	3.0	1
Austria	8.3	2
Azerbaijan	8.6	2
Belarus	9.7	2
Belgium	10.6	3
Bosnia and Herzegovina	3.8	2
Bulgaria	7.7	2
Croatia	4.4	2
Cyprus	1.0	2
Czech Republic	10.3	2
Denmark	5.5	2
Estonia	1.3	2
Finland	5.3	2
France	61.7	12
Georgia	4.5	1
Germany	82.3	12
Greece	11.2	3
Hungary	10.1	2
Iceland	0.3	1
Ireland	4.4	2
Israel	7.3	2
Italy	59.3	12
Kazakhstan	15.5	3
Kyrgyzstan	5.2	1
Latvia	2.3	1
Lithuania	3.4	1
Luxembourg	0.5	1
Malta	0.4	1

Country	Population (million)	Maximum quota
Monaco	0.03	1
Montenegro	0.6	1
Netherlands	16.4	3
Norway	4.7	2
Poland	38.1	8
Portugal	10.7	3
Republic of Moldova	4.0	1
Romania	21.6	4
Russian Federation	141.7	12
San Marino	0.03	1
Serbia	9.5	2
Slovakia	5.4	2
Slovenia	2.0	2
Spain	45.3	10
Sweden	9.1	3
Switzerland	7.5	2
Tajikistan	7.1	2
The former Yugoslav Republic of Macedonia	2.0	1
Turkey	74.0	12
Turkmenistan	5.4	1
Ukraine	46.5	9
United Kingdom	60.4	12
Uzbekistan	27.4	5

Annex 2

COUNTRIES IN WHICH CITIES IN THE WHO EUROPEAN HEALTHY
CITIES NETWORK ARE REQUIRED TO PAY THE FULL FINANCIAL
CONTRIBUTION TO WHO

Andorra
Austria
Belgium
Bulgaria
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Latvia
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal
Romania
San Marino
Slovakia
Slovenia
Spain
Sweden
Switzerland
United Kingdom

Annex 3

**APPLICATION FORM FOR CITIES THAT WERE MEMBERS OF THE WHO
EUROPEAN HEALTHY CITIES NETWORK IN PHASE IV**

**Application for designation as a member city of the WHO European
Healthy Cities Network in Phase V (2009–2013)**

Assessment will not begin until WHO has received a complete electronic application. The application must be submitted in English. The supporting documents must be submitted in their original language with a correct English translation (or a summary in certain cases).

Before you complete the form, please read carefully the document outlining the Goals and requirements of the WHO Healthy Cities Network in Phase V (<http://www.euro.who.int/document/hcp/PhaseVgoalsreq.pdf>) and, in particular, the Zagreb Declaration for Healthy Cities: health and health equity in all local policies in Annex 5.

If you need assistance or have questions while completing this application, please contact:

WHO Centre for Urban Health
infowhohcp@euro.who.int

Application for designation as a member city of the Phase V (2009–2013) WHO
European Healthy Cities Network

Applicant City:

City:	Country:
City population:	

Coordinator			
Name:	Title:		
Address 1:	Address 2:	City:	
Country	Postal code		
Telephone:	Fax:	E-mail:	Web site:

1. Political and partnership commitment

Political leadership

Name of mayor:^{*}

Title:

Date elected:

Name of politician responsible for the healthy city project:

Title:

Date elected:

Council resolution supporting the participation of the city in Phase V

Date of council resolution:

Please send a signed scanned copy of the council resolution by e-mail or send the original by post. Please let us know how the document will be sent.

By e-mail

By post

A copy of the Zagreb Healthy Cities Declaration signed by the mayor

Please send a signed scanned copy of the Zagreb Declaration by e-mail or send the original by post. Please let us know how the document will be sent.

By e-mail

By post

Letter of commitment from the mayor agreeing to the city participating in Phase V

Please send a signed scanned copy of the letter of commitment by e-mail or send the original by post. Please let us know how the document will be sent.

By e-mail

By post

The letter should also include explicit commitment to the following:

- agreement to dedicate resources to meet the goals and requirements for Phase V;
- agreement to actively participate in the WHO European Network and subnetwork meetings;
- agreement by the mayor to participate in meetings of mayors;
- agreement that the city can be externally monitored and evaluated by WHO; and
- agreement to pay an annual financial contribution for all of Phase V (2009–2013).

2. Health and health equity in all local policies

How will your city take forward the overarching Phase V theme of health and health equity in all local policies?

Please outline no more than three actions in less than 250 words.

^{*} Or the equivalent head or leader of local government.

3. Core themes of Phase V

Core theme 1: Caring and supportive environments (important issues: better outcomes for all children, age-friendly cities, migrants and social inclusion, active citizenship, health and social services and health literacy)

Please describe (in less than 250 words) how you intend to address the core theme of caring and supportive environments overall and which issues you intend to especially emphasize. These should be relevant to your local conditions, interests and priorities.

Core theme 2: Healthy living (important issues: preventing noncommunicable diseases, local health systems, tobacco-free cities, alcohol and drugs, active living, healthy food and diet, violence and injuries, healthy settings and well-being and happiness)

Please describe (in less than 250 words) how you intend to address the core theme of healthy living overall and which issues you intend to especially emphasize. These should be relevant to your local conditions, interests and priorities.

Core theme 3: Healthy urban environment and design (important issues: healthy urban planning, housing and regeneration, healthy transport, climate change and public health emergencies, safety and security, exposure to noise and pollution, healthy urban design and creativity and liveability)

Please describe (in less than 250 words) how you intend to address the core theme of healthy urban environment and design overall and which issues you intend to especially emphasize. These should be relevant to your local conditions, interests and priorities.

4. Capacity-building

How will your city address training and capacity-building for health and health equity throughout Phase V?

Please identify no more than three actions in less than 250 words.

5. Networking

What are the particular strengths or experience your city could contribute to the overall work of the WHO European Healthy Cities Network?

Please identify three areas:

How does your city expect to gain from the WHO European Network during Phase V?

Is your city a member of the national healthy cities network in your country?

6. Monitoring and evaluation

Confirm that:

The city agrees to be externally evaluated by WHO: Yes No

Have your healthy city activities systematically monitored or evaluated?
Yes No If yes, describe

Please send a signed scanned copy of any substantial report by e-mail or an original by post. Please let us know how the document will be sent.

By e-mail

By post

Thank you for your interest in becoming a member of the WHO European Healthy Cities Network in Phase V.

Please print a copy of this page for your records.

See below a checklist of signed scanned or original documents to be submitted by e-mail or post with the application.

- Council resolution supporting city participation in Phase V
- Letter of commitment from the city mayor supporting city participation in Phase V
- Signed copy of the Zagreb Healthy Cities Declaration
- Optional evaluation report

WHO European Healthy Cities Secretariat
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø
Denmark

infowhohcp@euro.who.int

Please reference Phase V application documentation.

Annex 4

**APPLICATION FORM FOR CITIES THAT WERE NOT MEMBERS OF THE
WHO EUROPEAN HEALTHY CITIES NETWORK IN PHASE IV**

**Application for designation as a member city of the WHO European
Healthy Cities Network in Phase V (2009–2013)**

Assessment will not begin until WHO has received a complete electronic application. The application must be submitted in English. The supporting documents must be submitted in their original language with a correct English translation (or a summary in certain cases).

Before you complete the form, please read carefully the document outlining the Goals and requirements of the WHO Healthy Cities Network in Phase V (<http://www.euro.who.int/document/hcp/PhaseVgoalsreq.pdf>) and, in particular, the Zagreb Declaration for Healthy Cities: health and health equity in all local policies in Annex 5.

If you need assistance or have questions while completing this application, please contact:

WHO Centre for Urban Health
infowhohcp@euro.who.int

Application for designation as a member city of the Phase V (2009–2013) WHO European Healthy Cities Network

Applicant City:

City:	Country:
City population:	

Coordinator			
Name:	Title:		
Address 1:	Address 2:	City:	
Country	Postal code		
Telephone:	Fax:	E-mail:	Web site:

1. Political and partnership commitment

Political leadership

Name of mayor:^{*}

Title:

Date elected:

Name of politician responsible for the healthy city project in your city:

Title:

Date elected:

Council resolution supporting the participation of the city in Phase V

Date of council resolution:

Please send a signed scanned copy of the council resolution by e-mail or send the original by post. Please let us know how the document will be sent.

By e-mail By post

A copy of the Zagreb Healthy Cities Declaration signed by the mayor

Please send a signed scanned copy of the Zagreb Declaration by e-mail or send the original by post. Please let us know how the document will be sent.

By e-mail By post

Letter of commitment from the mayor agreeing to the city participating in Phase V

Please send a signed scanned copy of the letter of commitment by e-mail or send the original by post. Please let us know how the document will be sent.

By e-mail By post

The letter should also include explicit commitment to the following:

- agreement to dedicate resources to meet the goals and requirements for Phase V;
- agreement to actively participate in the WHO European Network and subnetwork meetings;
- agreement by the mayor to participate in meetings of mayors;
- agreement that the city can be externally monitored and evaluated by WHO; and
- agreement to pay an annual financial contribution for all of Phase V (2009–2013).

2. Human resources

Coordinator

Name of coordinator (or equivalent) for the healthy city project in your city:

Title:

Date appointed:

Full time? Yes No (*Full-time employees who only work part time for the healthy city project are classified as part time.*)

Curriculum vitae of coordinator

Please attach a one-page summary.

Job description for coordinator

Please attach a brief summary.

Coordinator competence in English: basic intermediate advanced

If the coordinator is not fluent in English, describe the support available:

^{*} Or the equivalent head or leader of local government.

Healthy city project office or team

How many staff members currently work for the healthy city project office or team?
(Full-time employees who only work part time for the healthy city project are classified as part time.)

- Number of full-time staff:
- Number of part-time staff:
- Number of regular volunteers:

3. Intersectoral steering group or partnership group

Which people and agencies are represented on the main intersectoral steering group or partnership group that supports the healthy city project in your city?

Names of main agencies or representatives:

Please attach a letter of commitment to this application signed by the chair of the steering or partnership group.

Please send a signed scanned copy of the letter of commitment by e-mail or send the original by post. Please let us know how the document will be sent.

By e-mail By post

4. City health profile

a) If your city has a city health profile, please answer these questions.

Title of the profile: Date issued:

What is its status? (For example: draft, in consultation, endorsed, implemented)

What time period does it cover?

Please send a copy of the city health profile by e-mail or send the original by post.

Please let us know how the document will be sent.

By e-mail By post

Is the profile available from your web site? Yes No

If yes, please give the web address:

b) If your city does not have a city health profile, please answer these questions.

Do you have anything similar? If so, please describe it:

What are your intentions and time scale for producing a city health profile?

5. Integrated planning for health

Can your city show evidence of integrated planning for health, such as a city health development plan or equivalent?

Title of plan: Date completed:

What is its status? (*For example: draft, in consultation, endorsed, implemented*)

What time period does it cover?

Please send a copy of the plan by e-mail or send the original by post. Please let us know how the document will be sent.

By e-mail By post

Is the plan available from your web site? Yes No If yes, please give the web address

If the plan is being implemented, are there progress or evaluation reports?

Yes No If yes, list the titles and dates produced

Please send the reports by e-mail or send the originals by post. Please let us know how the document will be sent.

By e-mail By post

b) If your city does not have a city health development plan or equivalent, please answer these questions.

Do you have anything similar? If so, please describe it.

Is there evidence of strategic partnerships for health in your city? If so, please outline the remit and/or achievements of the partnership (in less than 200 words).

6. Health and health equity in all local policies

How will your city take forward the overarching Phase V theme of health and health equity in all local policies?

Please outline no more than three actions (in less than 250 words).

7. Core themes of Phase V

Core theme 1: Caring and supportive environments (important issues: better outcomes for all children, age-friendly cities, migrants and social inclusion, active citizenship, health and social services and health literacy)

Please describe (in less than 250 words) how you intend to address the core theme of caring and supportive environments overall and which issues you intend to especially emphasize. These should be relevant to your local conditions, interests and priorities.

Core theme 2: Healthy living (important issues: preventing noncommunicable diseases, local health systems, tobacco-free cities, alcohol and drugs, active living, healthy food and diet, violence and injuries, healthy settings and well-being and happiness)

Please describe (in less than 250 words) how you intend to address the core theme of healthy living overall and which issues you intend to especially emphasize. These should be relevant to your local conditions, interests and priorities.

Core theme 3: Healthy urban design (important issues: healthy urban planning, housing and regeneration, healthy transport, climate change and public health emergencies, safety and security, exposure to noise and pollution, healthy urban design and creativity and liveability)

Please describe (in less than 250 words) how you intend to address the core theme of healthy urban environment and design overall and which issues you intend to especially emphasize. These should be relevant to your local conditions, interests and priorities.

8. Capacity-building

How will your city address training and capacity-building for health and health equity throughout Phase V?

Please identify no more than three actions (in less than 250 words).

9 Networking

What are the particular strengths or experience your city could contribute to the overall work of the WHO European Network?

Please identify no more than three areas.

How does your city expect to gain from the WHO European Network during Phase V?

National healthy cities network

Does your country have a national healthy cities network? Yes No

Is your city a member of this national healthy cities network? Yes No

Other networks of healthy cities

Are you a member of a regional or metropolitan (subnational) network of healthy cities?
Yes No If yes, which?

Other international city networks

Are you a member of any other international city networks working for health or sustainable development? (Such as ICLEI – Local Governments for Sustainability, the European Sustainable Cities and Towns Campaign, International Union of Local Authorities, Medcities, Energie-Cités, Climate Alliance and the Council of European Municipalities and Regions)

Yes No If yes, which?

10. Monitoring and evaluation

Confirm that:

The city agrees to be externally evaluated by WHO: Yes No

This should appear in the letter of commitment from the mayor (see section 1).

Is your healthy city project systematically monitored or evaluated?

Yes No If yes, describe

Please send a signed scanned copy of any substantial report by e-mail or an original by post. Please let us know how the document will be sent.

By e-mail By post

Thank you for your interest in becoming a member of the WHO European Healthy Cities Network in Phase V.

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- Signed copy of the Zagreb Healthy Cities Declaration
- Curriculum vitae of coordinator
- Post description for coordinator
- Letter of commitment to this application signed by the chair of the steering or partnership group
- City health development plan
- City health profile
- Optional evaluation report

WHO Centre for Urban Health
Healthy Cities and Urban Governance
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø
Denmark

infowhohcp@euro.who.int

Please reference Phase V application documentation.

Annex 5

ZAGREB DECLARATION FOR HEALTHY CITIES

Health and health equity in all local policies



This Declaration expresses the clear and strong commitment of political leaders of cities in Europe to strengthen and champion action on health, health equity, sustainable development and social justice. It celebrates and builds on 20 years of knowledge, experience and public health accomplishments of the European Healthy Cities movement. It highlights continuing action and value priorities and identifies new challenges, evidence and approaches, such as outlined in the final report of the Commission on Social Determinants of Health, for cities to address and adopt as they work to protect and enhance the health and well-being of all their citizens. It reviews plans and priorities for Phase V (2009–2013) of the WHO European Healthy Cities Network and national healthy cities networks in Europe and identifies how regional and national governments and WHO can support and benefit from these approaches.

We, the mayors and senior political representatives of European cities gathered at the 2008 International Healthy Cities Conference in Zagreb, on the threshold of launching a fifth phase of healthy city action that will inspire and guide our work in the next five years, unanimously declare the following.

Values and principles of action

1. We fully endorse, draw inspiration and understand the implications of the WHO position on health: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Health is a precondition for well-being and the quality of life. It is a benchmark for measuring progress towards the reduction of poverty, the promotion of social inclusion and the elimination of discrimination. Good health is fundamental to sustainable economic growth.
2. We recognize that our cities’ action for health goes beyond high-quality, accessible health care and encompasses disease prevention, health promotion and systematic action on inequality in health, the risk factors for noncommunicable diseases and injuries and the social, economic and environmental determinants of health.
3. We understand that we have a unique leadership role to play in securing the highest level of political commitment to strengthen and scale up our efforts to improve and protect the health of our citizens by using: our public platforms to raise awareness about the root causes of ill health within our urban contexts and champion healthy city principles, values and approaches in addressing these challenges: our convening power to bring together and engage all relevant stakeholders in taking action for health; and our influence to advocate with all sectors to address health concerns in their policies.
4. We affirm our commitment to the Healthy Cities principles and values related to equity, empowerment, partnership, solidarity and sustainable development (see Box 1); and to approaches identified and agreed in earlier Healthy Cities declarations and political statements (1988–2008) incorporating and giving local expression to relevant WHO, United Nations and European Union conventions, declarations, charters, strategies and action plans on health promotion, preventing noncommunicable diseases, equity, healthy public policies and environmental health. These include the following:
 - Athens Declaration for Healthy Cities (1998)
 - Action for Equity in Europe: Mayors’ Statement of the WHO European Healthy Cities Network in Phase III (1998–2002) (2000)
 - WHO Framework Convention on Tobacco Control (2003)
 - Belfast Declaration for Healthy Cities: the Power of Local Action (2003)
 - Designing Healthier and Safer Cities: the Challenge of Healthy Urban Planning – Mayors’ and Political Leaders’ Statement of the WHO European

Healthy Cities Network and the Network of European National Healthy Cities Networks (2005)

- *Health for All: the policy framework for the WHO European Region – 2005 update* (WHO Regional Office for Europe, 2005)
- *Gaining health: the European Strategy for the Prevention and Control of Noncommunicable Diseases* (WHO Regional Office for Europe, 2006)
- European Charter on Counteracting Obesity (WHO Regional Office for Europe, 2006)
- *Health in all policies: prospects and potentials* (Ståhl T et al., eds. Helsinki, Ministry of Social Affairs and Health, Finland, 2006)
- Aalborg+10 – Inspiring Futures (2006)
- The Tallinn Charter: Health Systems for Health and Wealth (WHO Regional Office for Europe, 2008)
- *Prevention and control of noncommunicable diseases: implementation of the global strategy. Report by the Secretariat* (WHO, 2008)
- *Closing the gap in a generation: health equity through action on the social determinants of health* (Commission on Social Determinants of Health, 2008)

Box 1. Healthy Cities principles and values

- **Equity:** addressing inequality in health, and paying attention to the needs of those who are vulnerable and socially disadvantaged; inequity is inequality in health that is unfair and unjust and avoidable causes of ill health. The right to health applies to all regardless of sex, race, religious belief, sexual orientation, age, disability or socioeconomic circumstance.
- **Participation and empowerment:** ensuring the individual and collective right of people to participate in decision-making that affects their health, health care and well-being. Providing access to opportunities and skills development together with positive thinking to empower citizens to become self-sufficient.
- **Working in partnership:** building effective multisectoral strategic partnerships to implement integrated approaches and achieve sustainable improvement in health.
- **Solidarity and friendship:** working in the spirit of peace, friendship and solidarity through networking and respect and appreciation of the social and cultural diversity of the cities of the Healthy Cities movement.
- **Sustainable development:** the necessity of working to ensure that economic development – and all its supportive infrastructural needs including transport systems – is environmentally and socially sustainable: meeting the needs of the present in ways that do not compromise the ability of future generations to meet their own needs.

5. We celebrate and embrace Healthy Cities as a dynamic concept and movement that has evolved through times of peace and war, by responding to changing social, demographic and epidemiological landscapes, technological developments and new scientific evidence. New problem-solving approaches have been developed in synergy with and have been informed by WHO strategies and priorities globally and in the European Region. During the past 20 years, Healthy Cities has served as a unique multicountry public health local action initiative that takes account of and responds to emerging public health threats and their implications for the urban environment.

New concerns and challenges

6. We will build on this learning as we look to address new and continuing concerns and challenges related to:
 - narrowing inequality in health, social exclusion, preventing and addressing specific health threats, especially to vulnerable groups, including our children, older people and migrant populations. We recognize inequity in health not only as an affront to human dignity but also as a risk to social stability and economic performance.
 - the growing burden of noncommunicable and chronic diseases, injuries and violence, which result in premature deaths, disability, suffering and enormous economic costs, which we recognize as avoidable through investment in action and conditions that support healthy living and well-being;
 - emerging public health threats, including climate change and how it can affect the health of our citizens as well as urban environments and critical infrastructure; and
 - how the built environment and new technologies affect the health of our citizens and the importance of integrating health and sustainable development considerations in how we plan, design, maintain, improve and manage our cities and neighbourhoods and use new technologies.

Report of the Commission on Social Determinants of Health

7. We receive with enthusiasm and conviction the evidence and recommendations outlined by the Commission on Social Determinants of Health in *Closing the gap in a generation: health equity through action on the social determinants of health* (WHO, 2008). In particular, we welcome the recommendation of placing health and health equity at the heart of urban governance and planning. We are proud that Healthy Cities recognized early the significance of the social determinants of health and placed action related to them at the centre of its agenda. The new evidence presented by the Commission (Box 2) provides us not only with inspiration and solid arguments for our Phase V actions towards health and health equity in all local policies (see no. 8) but also gives us an opportunity to add our voices to national and global efforts to address social injustice.

Box 2. Commission on Social Determinants of Health: overarching recommendations and principles for action

- Improve daily living conditions: the circumstances in which people are born, grow, live, work and age
- Tackle the inequitable distribution of power, money, and resources: the structural drivers of the conditions of daily life – globally, nationally, regionally and locally
- Measure and understand the problem and assess the impact of action: expand the knowledge base, develop a workforce that is trained in the social determinants of health and raise public awareness about the social determinants of health.

Commitments and themes in Phase V of the WHO European Healthy Cities Network

8. We hereby pledge to strengthen political commitment and solidarity to achieve health and health equity in all local policies as the overarching goal of Phase V of the WHO European Healthy Cities Network (2009–2013) and agree that our Phase V action priorities will be geared towards:
 - making **health, health equity, social justice** and **sustainable development** key values in our vision for developing our cities and introducing appropriate processes to assess health impact and ensure capacity-building to enable all sectors to maximize their contribution to this goal;
 - promoting **ethical governance** through value-based policies and strategies and supported by strong mechanisms for transparency and accountability;
 - using our **civic leadership** to bring together and improve communication between strategic partners and stakeholders and combined organizational resources to improve living, social, economic and environmental circumstances resulting in risk conditions that adversely affect physical and mental health and well-being;
 - **leading by example** and advocating and actively promoting health and health equity in all local policies and action plans initiated by the public, corporate and voluntary sectors; and
 - **promoting integrated and systematic approaches** with specific objectives and measurable outcomes, where appropriate, to developing health and institutional changes that support interdisciplinary and intersectoral work.
9. We pledge to focus our efforts to address the core themes of Phase V of the WHO European Healthy Cities Network (Box 3) supported by WHO and collaborating institutions and to share our learning to benefit all cities in Europe and beyond.

Box 3. Core themes of Phase V of the WHO European Healthy Cities Network

The choice of core themes offers the opportunity to work on priority urban health issues that are relevant to all European cities. Topics that are of particular concern to individual cities and/or are challenging and cutting edge for innovative public health action are especially emphasized. Healthy Cities encourages and supports experimentation with new ideas by developing concepts and implementing them in diverse organizational contexts.

1. Creating caring and supportive environments

A healthy city is a city for all its citizens: inclusive, supportive, sensitive and responsive to their diverse needs and expectations.

2. Healthy living

A healthy city provides conditions and opportunities that encourage, enable and support healthy lifestyles for people of all social groups and ages.

3. Healthy urban environment and design

A healthy city offers a physical and built environment that encourages, enables and supports health, recreation and well-being, safety, social interaction, accessibility and mobility, a sense of pride and cultural identity and is responsive to the needs of all its citizens.

Partnership

10. Cities cannot act alone. Within the European Region of WHO, national and regional governments have a key role to play. They influence the pace and sustainability of modernization, multifaceted economic development and the pattern of urban development. They also provide the fiscal and legislative framework for health and the determinants of health. We therefore, call on:
 - **national and regional governments in the European Region:**
 - to recognize **the importance of the local dimension** of national health policies and acknowledge that cities can significantly contribute to developing and achieving national strategies for health, health equity and sustainable development;
 - to use, in their national health strategies, **the experience and insights of cities** in analysing and responding to local health conditions using intersectoral and participatory approaches;
 - to examine how **additional resources** and legal instruments, where appropriate, could be made available to support health equity and sustainable development policies;
 - **to support national Healthy Cities networks in Europe** in their coordinating and capacity-building role; and
 - to encourage the participation of **local government representatives** in Member States' delegations to meetings of WHO's governing bodies and other relevant international forums;

- **the WHO Regional Office for Europe:**
 - to provide strategic leadership and technical support for action towards the goals of Phase V (2009–2013) of the WHO European Healthy Cities Network;
 - to encourage, enable and coordinate capacity-building and networking for healthy cities in **all Member States of the European Region**, especially those that have not been involved so far in the Healthy Cities movement; and
 - to promote and encourage the development of **local action components** and recognize the role of local governments in all relevant WHO strategic objectives and technical areas;
 - to encourage increased involvement of other professions and disciplines in the Healthy Cities agenda, recognizing their critical contribution to health and well-being.

We, the mayors and senior political representatives of European cities gathered at the 2008 International Healthy Cities Conference in Zagreb on 18 October 2008 are convinced that our implementation of the commitments to the values, principles and actions outlined in this Zagreb Declaration for Healthy Cities will bring about changes that will substantially improve the health and well-being of our citizens and significantly reduce the social injustice that costs so many lives and is responsible for so much human misery in Europe and beyond.

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

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This document outlines the overall goals and development themes of Phase V (2009–2013) of the WHO European Healthy Cities Network and explains the application process for cities interested in joining this Network.

**World Health Organization
Regional Office for Europe**

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