



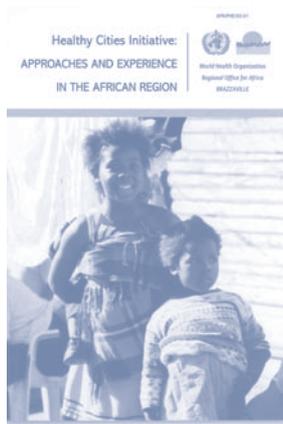
Healthy Cities around the world

An overview of the Healthy Cities
movement in the six
WHO regions

Published on the occasion of the 2003 International Healthy Cities Conference,
Belfast, Northern Ireland, United Kingdom, 19–22 October 2003

African Region

An introduction to Healthy Cities in the Region



The strong tradition of community-based health programmes in Africa, combined with the excess burden of disease associated with human environmental factors, makes Africa especially suitable for Healthy Cities programmes. World Health Day 1996, with its theme “Healthy cities for better living” raised awareness of urban environment and health

concerns and spurred some countries, such as Ethiopia, Mali and Zimbabwe, to initiate some form of Healthy Cities activities.

Rufisque in Senegal developed a Healthy Cities programme with the support of its twin city, Nantes, in France. Other cities developed substantial Healthy Cities programmes with support from the United Nations and bilateral funding agencies (e.g. Dar es Salaam) or using local resources (e.g. Cape Town, Johannesburg).

In 1999–2000, the Regional Office organized four workshops to promote the concept of Healthy Cities in the Region. These workshops strongly endorsed the Healthy Cities approach as being relevant to Africa, and were major milestones towards the effective introduction/implementation of Healthy Cities projects in Member States of the Region.

Many countries (e.g. Cameroon, Gabon, Mozambique, United Republic of Tanzania) are piloting the settings approach. Other countries are focusing on specific environment and/or health issues. Zimbabwe, for example, focuses on housing, waste management and water supply. In other countries both strategies are em-



ployed, and in Johannesburg there are activities focusing on environmental improvement and citywide awareness campaigns and the settings approach. In Uganda, Healthy Cities is not a structured programme in the traditional sense but an initiative that plays a catalytic role in making health an integral component of activities taking place in urban areas.

The urban health context and key challenges

Inadequate development policies have led to high rate of migration from rural to urban areas. This, coupled with low levels of economic growth, causes overcrowding, overloading of services and mushrooming of unplanned and un-serviced urban settlements in most African cities and urban centres. Other problems include:

- severe cuts in municipal budgets owing to structural adjustment policies;
- inappropriate domestic and industrial waste management and pollution control;
- inadequate access to health care;
- social problems (street children, child abuse);
- inadequate institutional capacity to prevent and/or address environmental health challenges and foster health within urban development; and
- a lack of well structured developmental committee which hinders effective community participation.

State of the art

WHO is playing a key role in advocating for the Healthy Cities concept by organizing awareness-raising workshops and providing documentation and training. WHO also provides support to countries to develop municipal or city health plans and community-based initiatives. It supports the initiation of pilot projects that will yield good results and attract others to adopt the approach.

The Regional Office has designated the University of Cape Town, Medical Research Council (MRC) as a WHO collaborating centre, in order to support the development of Healthy Cities programmes in the Region.

At regional level, an officer is responsible for the Healthy Cities settings approach. At national level, a focal point for environmental health activities at WHO country offices oversees Healthy Cities activities.

Different countries have established different structures and mechanisms for supporting the development of Healthy Cities. For example, some have established intersectoral working groups (Congo, Mozambique) while others have coordination units (Central African Republic). Yet others have steering committees chaired by mayors task forces, project offices or part-time coordinators.

Preliminary discussions have taken place at regional level to explore the possibility of forging partnerships with UN-HABITAT Water for African Cities (MAWAC)

programme and an ILO waste management initiative that aims to create employment through privatized waste collection programmes.

At country level, the Healthy Markets project in Congo has forged partnerships with UNICEF and other nongovernmental organizations. The Mutare Healthy Cities Project in Zimbabwe is twinned with that in Haarlem in the Netherlands.

There are still many challenges.

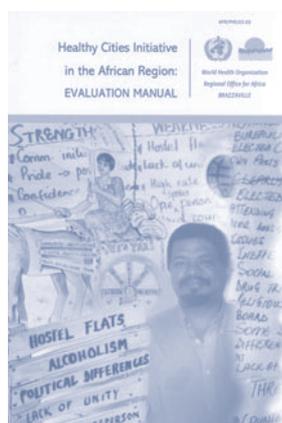
- Strong advocacy is still required to explain and gain acceptance for the Healthy Cities approach.
- It is still difficult to give effective priority to poverty reduction initiatives in the Healthy Cities projects.
- Many local authorities tend to associate international initiatives with potential external financial resources, and are therefore unwilling or unable to mobilize local resources.
- Resources need to be securing that meet and respond to the needs of countries and communities.
- Other initiatives, such as Safer Cities and Sustainable Cities, that have similar principles and strategies, undermine the case for the Healthy Cities approach.
- Healthy Cities is recognized as an important public health programme.
- Widespread poverty leads to concern for economic and housing issues to predominate over that for environment and health issues.
- A serious change of attitude at both national and local level will be required if genuine intersectoral collaboration is to occur.

Overview of achievements

Progress has been made in preparing city health plans, at least for the capital cities, in all 46 countries. Almost all countries have in place elements of a Healthy Cities programme but, in the absence of formal networks, the Healthy Cities model has often been only partially implemented rather than forming a central component of government or city health planning.

Achievement at regional level includes the production of implementation and evaluation manuals, and documentation of Healthy Cities experiences.

At country level, the Bangui Healthy Cities programme was included in the 2001–2002 municipal budget. Healthy Cities activities/environmental health activities were included in annual municipal plans in Ethiopia. The only Healthy Cities project that has been externally evaluated is that in Dar es Salaam, United Republic of Tanzania, in a WHO document entitled *Healthy cities in action*. WHO/UNDP-



LIFE Healthy City projects in five countries: an evaluation (document WHO/SDE/PHE/00.02).

The Buguruni Healthy Market project, which is a key component of the Dar es Salaam Healthy Cities programme, was exhibited at the Hanover 2000 World Fair as an example of a successful community-based health and development project.

Future prospects

The main goal of the Region will be on developing mechanisms and strategies that will effectively mainstream poverty reduction efforts and initiatives, based on the findings of recent literature, into the Healthy Cities projects. At the core of this are efforts to intensify awareness-raising and capacity-building, so as to strengthen and expand the adoption of the Healthy Cities concept.

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Eastern Mediterranean Region

An introduction to Healthy Cities in the Region

Following preparatory conferences in 1989, the Healthy Cities programme in the Eastern Mediterranean Region was formally launched in November 1990 in Cairo, Egypt, when the objectives, strategies and approaches of the Healthy Cities programme for the Region were adopted by the Member States. Since 1990, the Healthy Cities concept has been expanded in a number of countries in the Region, where it is at various levels and stages of implementation.

The Healthy Cities programme in the Region does not replace or otherwise affect ongoing health and environmental activities undertaken by various governmental and municipal agencies. On the contrary, it attempts to generate local and community support to such ongoing activities, and to facilitate contact and dialogue between related activities so as to improve intersectoral coordination and collaboration.

The urban health context and key challenges

The Eastern Mediterranean Region has one of the fastest rates of population growth in the world. The limited availability of safe water and adequate disposal of waste water are major issues. Solid waste management is the most pressing environmental concern in many secondary and some major cities in the Region. These problems are coupled with increasing levels of air pollution and a housing shortage.

The Healthy Cities programme faces a number of hindrances and difficulties, including:

- limitation of resources (financial, human and material);
- deficient technical capacities and supportive infrastructures;
- lack of good governance and absence of community development plans;
- insufficient political commitment and ownership;
- inappropriate community participation and local empowerment;
- lack of coordination between intersectoral (and even international) agencies;
- lack of realization that health is central to development;
- high levels of poverty and scarcity of economic means; and

- changing lifestyles and cultures, bringing new social and health problems.

In addition to the primary objective of improving the health and quality of life of urban dwellers in the Eastern Mediterranean Region, the following secondary objectives have been determined:

- increased awareness of health and environmental issues in urban development efforts;
- political mobilization and community participation in preparing and implementing municipal (citywide or local) health and environment activities and projects, ideally and whenever feasible through the development of a systematic city health and environment plan; and
- increased capacity of municipal authorities to manage urban problems using participatory approaches.

State of the art

The Healthy Cities concept has been adopted across the Region, bridging different political and demographic systems and different kinds of socioeconomic and health problem. The WHO Regional Office for the Eastern Mediterranean works through Healthy Cities coordinators and ministries of health and provides the following support:

- development of promotional materials and technical guidelines;
- provision of limited support for country- and city-level meetings;
- provision of consultancy support and for the development of technical projects and programmes;
- development of project proposals and support for securing external assistance;
- holding of intercountry meetings and conferences;
- establishment of regional networks and contacts with other regions; and
- dissemination of information, technical manuals, papers, publications, etc.

The organization of the Healthy Cities programme is consistent with the social and governmental infrastructures of the Member States. Uniformity in Healthy Cities activities is ensured through the establishment of focal points, support groups and coordinating committees.

Partners have included the Arab Gulf Programme for United Nations Development Organizations (AGFUND) and the Islamic Educational, Scientific and Cultural Organization (ISESCO).

Overview of achievements

Healthy Cities interventions have transformed societies, and a qualitative change is visible in the programme areas. Environmental health and quality of life have been made integral components of the national and local development strategies for promoting health. A dynamic

The Healthy Cities Programme in the Islamic Republic of Iran: a role model

A national workshop was organized in Tehran in December 1991 to introduce the Healthy Cities concept. The Tehran Healthy Cities project was launched in March 1992 and became the cornerstone of the Healthy Cities concept in Iran as well as the Eastern Mediterranean Region of WHO. The project initiated a number of innovative themes and activities, which had a major impact on health and social sector. Following the establishment of the project, 55 cities in 22 provinces have initiated similar projects.

In 1996, a National Coordination Council for Healthy Cities and Healthy Villages was established, with representatives from key ministries. Simultaneously, the Province Health Councils and District Health Councils follow the implementation and monitoring of decisions taken by the National Council, as well as providing support for Healthy Cities and Healthy Villages programmes.

National Healthy Cities projects have had very impressive results, and have led to the creation of some 60 000 women health volunteers, 5000 community schools and employment opportunities for unemployed young people.

Healthy Cities projects in Iran have made great strides, and provide a model to be followed by other countries in the Region.

platform has been provided for facilitating collaborative links between communities and other sectors of the civil society. As a result, communities have gained technical and leadership skills through improved access to public services and credit schemes. Vulnerable groups have been empowered and better served, with a focus on their real problems and needs. Women have attained higher prestige and leadership in dealing with community affairs and social causes.

Future prospects

The future strategy for the Healthy Cities concept in the Region will be:

- to generate and disseminate information on the impact of Healthy Cities interventions on the health, socioeconomic and environmental determinants of quality of life;
- to continue supporting the Member States in consolidating and expanding Healthy Cities programmes through the establishment of national, subregional and regional networks of interested cities;
- to help in empowering communities and vulnerable groups, particularly women, to play a leading role in improving health in cities;
- to build and expand partnerships within and outside

the Region in support of Healthy Cities projects for resource mobilization and joint advocacy and actions; and

- to assist Member States in incorporating community development approaches, such as Healthy Cities projects, into national strategic agendas and policies.

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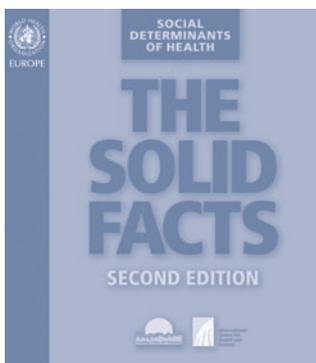
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European Region

An introduction to Healthy Cities in the Region

The Healthy Cities concept was based on the recognition of the importance of the local and urban dimension in health development, and of the key role of local government in health policy and partnership building for health and sustainable development. Healthy Cities has a 15-year history in Europe, which coincides with historic changes in the political and social scene in eastern and western Europe and at the global level. Healthy Cities has evolved over three 5-year phases (1988–1992, 1993–1997 and 1998–2002). Although each phase placed special emphasis on a number of core themes and sought to expand the strategic scope of the project, the goals, methods and vision of Healthy Cities in Europe have remained true to four constants:

- addressing the determinants of health and the principles of health for all and sustainable development;
- integrating and promoting European and global public health priorities;
- placing health on the social and political agendas of cities; and
- promoting good governance and partnership-based planning for health.



In each phase a WHO network of designated and fully committed cities from across Europe provided the testing ground for new ways of working and new approaches to dealing with health matters. There were 35 cities in the network in 1988–1992, and this grew to 39

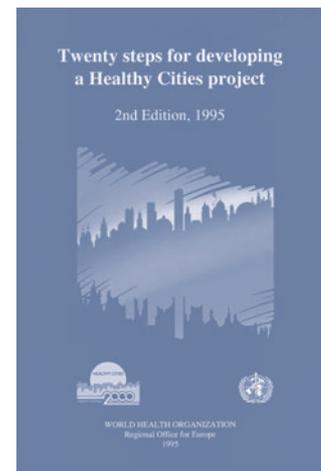
in 1993–1997 and 55 in 1998–2002. The idea proved very popular with cities from the start resulting in a spontaneous and rapid development of national Healthy Cities networks, offering interested cities the possibility of becoming part of this new initiative. National networks amplified the potential for disseminating Healthy Cities ideas and experiences to hundreds of cities, and became a tremendous resource of expertise, innovation and solidarity as well as a platform for public health advocacy and an effective mechanism for inter-city cooperation.

State of the art

To date, Healthy Cities networks have been established in 29 countries in the WHO European Region, bringing

together more than 1300 cities, counties and towns across the Region. Today, the interest of European cities in the Healthy Cities movement is stronger than ever. Healthy Cities is a dynamic concept that has adapted to new country needs, international strategies, new scientific evidence, lessons learnt from past experience, and changes in policy and organization. In addition to working closely with the WHO global network, the Regional Office supports national networks in developing their capacity and raising their quality standards through a system of accreditation.

The work of WHO cities and national networks has been the source of precious know-how and the basis for developing a successful series of practical tools and resource materials. Several of these tools have been published in many languages – some in more than 20. A wealth of knowledge and innovative ideas has been accumulated on different approaches to partnership-building, health development planning and participative governance, as well as on a wide range of public health topics. These reflect the rich diversity of Healthy Cities in Europe, one of whose major strengths is the continued strong and active involvement of politicians.



Developing strategic partnerships with other agencies and networks that are concerned with urban development and local government has been a long-standing priority for WHO. As a founder and active member of the European Union-supported European Sustainable Cities and Towns Campaign, the WHO European Healthy Cities programme works closely with the principal local government networks in Europe. The programme has the following six-point strategy:

- to promote policies and action for health and sustainable development at the local level;
- to increase accessibility of the WHO Healthy Cities network to all 52 Member States of the European Region;
- to promote solidarity, cooperation and working links between European cities and networks and with other WHO regions;
- to strengthen the national standing of Healthy Cities;
- to invest in strategic partnerships with other agencies and networks concerned with urban issues; and
- to give more emphasis to the evaluation and dissemination of knowledge and examples of good practice.



Case study – healthy urban planning

In 1997, the WHO European Centre for Urban Health launched a healthy urban planning initiative as part of a move to integrate health more firmly into the sustainable development agenda of cities. The initiative has involved collaboration between urban planning practitioners in healthy cities and experts from academia. In 2000, the book *Healthy urban planning: a WHO guide to planning for people* was published following a series of seminars and wide consultation. The book advocates health and well-being as a key goal of town planning, setting out 12 key health objectives for planners and robust policy guidelines for development projects. Furthermore, the City Action Group for Healthy Urban Planning was established to test and further develop the ideas put forward in the book. The Group includes urban planners from Vienna (Austria), Zagreb (Croatia), Horsens (Denmark), Turku (Finland), Pécs (Hungary), Milan (Italy), Sandnes (Norway), Seixal (Portugal), Gothenburg (Sweden), Geneva (Switzerland) and Belfast and Sheffield (United Kingdom). The Group's meetings provided a forum for exchanging ideas and knowledge on what healthy urban planning implies in practice and how it affects planning processes and outcomes. Case studies of the experience of this group were published in 2003. Healthy urban planning has been identified as a core theme for phase IV of the WHO Healthy Cities programme in Europe.

Future prospects

Urban health is an increasingly relevant field for the European Region. National and local governments are called on to address a wide range of challenging issues, such as social exclusion and migration, the needs of Europe's ageing population, urban transport and regeneration, physical inactivity and obesity, community safety and violence, local environmental health, and access to services and quality of life in cities. A host of new European and global strategies and initiatives recognize and stress the importance of the urban context and the key role of local government. Healthy Cities is well positioned owing to its long experience in partnership-based work and its well established networks. There are great new opportunities to further expand the Healthy Cities

policy and strategic agenda and to strengthen its standing nationally, regionally and internationally. In July 2003, phase IV (2003–2007) of the WHO Healthy Cities programme was launched, with healthy urban planning and health impact assessment as its core themes and healthy ageing as a complementary theme. In addition, the cities in the WHO European network will continue to focus on developing and implementing health development plans, with a particular emphasis on equity. Last but not least, WHO will give priority to promoting and supporting the development of national networks and projects in the newly independent states and the Balkan region, and to strengthening links with Healthy Cities programmes and networks in other WHO regions.



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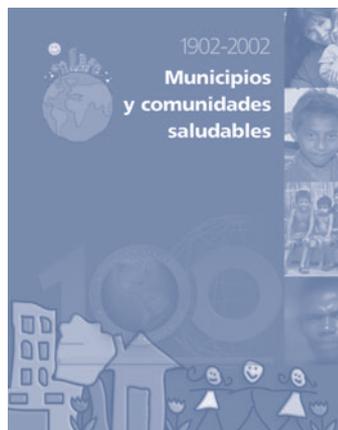
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Region of the Americas

An introduction to Healthy Cities in the Region

Latin America and the Caribbean (LAC)



An increase in democratic processes and widespread decentralization of state functions in the late 1980s gave support to the subsequent adoption and rapid expansion throughout the LAC countries of the concept of Healthy Municipalities and Communities (HMC). Countries had already been involved in various projects that focused on local solutions to health problems, equity in health services and community priority-setting. Many projects address two common areas of concern for communities: the environment and basic sanitation.

Canada

Since the Healthy Cities movement began in Canada in 1984, two strong provincial networks of Healthy Cities have developed in Ontario and Quebec, representing a total of 200 communities. Provincial networks are also being formed in New Brunswick and Saskatchewan. Areas that are currently being addressed include youth programmes, community safety, local economic development, recreation and urban planning.

United States

There are more than 200 self-declared Healthy Cities and Communities at both the state and city level in the United States. A few common themes have emerged, such as conservation of resources and environmental health, domestic and youth violence, adolescent services, and job and life skills training. The Coalition for Healthier Cities and Communities and the National Civic League in Denver, Colorado support and promote the HMC concept.

The urban health context and key challenges

HMC is an effective strategy for influencing local health and development policies and is an opportunity for the health sector to promote local health policies and achieve equity in access to health services.

There is a need in the Americas to disseminate and advocate for the implementation of the HMC strategy and to build and strengthen intersectoral alliances. There is also a need to conduct ongoing monitoring and evaluation. Nevertheless, the best sustainable resource of communities is proving to be the members themselves.

State of the art

The primary function of the Pan American Health Organization (PAHO) is to provide a clearing house for information and to serve as a technical resource for the development and evaluation of HMC projects. The role of technical cooperation in the area of HMC projects has been to promote the use of methodological instruments, technical information and exchanges among countries so that they develop their own models. To facilitate the exchange of HMC experiences within the Region and internationally, PAHO has included on its web site information on each Member State's involvement, including contact information and in some cases links to a country's own HMC web site



Partners include the International Union of Local Authorities, the International Union of Health Promotion and Education, the Society for Public Health Education, the Centers for Disease Control and Prevention (CDC), the Inter-American Consortium of Universities and Training Centers in Health Education, the Latin America and Caribbean Healthy Municipalities Network and the Healthy Schools Network.

Overview of achievements

- A number of projects have been assessed and formally documented.
- The national Mexican Network of Municipalities for Health has over 1000 municipalities participating.
- Ten countries have developed national networks.
- The regional HMC network was recently revived and now has over 16 countries participating.
- Many countries in the Region have established local and national intersectoral committees and have developed local HMC plans.
- Most countries are using the PAHO-developed advocacy and orientation materials.

Salamá, Honduras: creating synergies to improve health

The HMC process in Salamá, launched in 1994, demonstrated a positive impact on material and physical conditions throughout the municipality and its surrounding communities. It established inter-municipal alliances as a new norm for furthering sustainable community development in the face of seemingly overwhelming obstacles. The implementation of various health promotion activities created an empowering environment.

Standardized surveys can not only guide the development of the HMC initiative but can facilitate resource mobilization from municipal authorities in support of the HMC process. They can constitute an important means of measuring and evaluating progress.

Where there is a strong sense of community ownership of the HMC initiative, the lack of political commitment from municipal authorities inhibits – but does not preclude – determined action to improve health and living conditions within the municipality.

Regional alliances are at times necessary in order to effectively address the underlying determinants of poor health at the community level.

Future prospects

The future strategy for the Region will be:

- to strengthen HMC in the Region, supported by an active network and up-to-date website;
- to facilitate cooperation and collaboration among PAHO/WHO collaborating centers and Member States;
- to strengthen and contribute to the database of HMC effectiveness; and
- to advocate for and build capacity in developing, implementing, monitoring and evaluating the effectiveness of HMC projects in the Region.



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For more information on Healthy Cities activities in the WHO Region for the Americas please consult the PAHO web site at <http://www.paho.org>.

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South-East Asia Region

An introduction to Healthy Cities in the Region

The Interregional Healthy Cities Programme launched in the South-East Asia Region in 1994 comprised six cities. Progress in Healthy Cities development has been slow owing to a lack of clear concepts among local authorities and a lack of coordinated urban infrastructure to support the process. To address these issues, several local and regional meetings and workshops were held. A comprehensive review of the programme in selected Member States was conducted in 1998, and a Healthy Cities Framework for Action was developed for the Region in 1999.

The urban health context and key challenges

Most governments and civic authorities have not planned for the projected population explosion in cities. At only 42 %, the South-East Asia Region has the lowest sanitation coverage of all WHO regions, and the situation is far worse in urban slums. Other challenges are the poor urban infrastructure and governance and low capacity for intersectoral collaboration.

The prevailing mass illiteracy and poverty in many countries of the Region makes it difficult for large segments of the population (the potential recipients of the benefit) to understand the Healthy Cities concept and participate in it. Nevertheless, the increasing trend towards political decentralization seen in the Region is an emerging opportunity for promoting healthy settings at local levels.

There is a need:

- to generate political mobilization and community participation in preparing and implementing a municipal health plan;
- to increase awareness of health issues in urban development efforts by municipal and national authorities, including non-health ministries and agencies; and
- to create a network of cities that promotes information exchange and technology transfer.
- To facilitate intersectoral action for health;
- to strengthen capacity-building for sustaining Healthy Cities projects;
- to improve the role of city planning and the quality of living conditions in the city (promoting decentralized decision-making and management of health-related action);
- to improve urban governance; and

- to establish mechanisms for resource mobilization to sustain Healthy Cities projects.

State of the art

The common threads that run through the process of making a conceptual difference between a Healthy Cities project and other community development efforts comprise three elements: a defined action plan, a managerial mechanism and a built-in approach to community involvement. Several actions undertaken so far to facilitate the national process include training for coordinators and others, a review of Healthy Cities projects in selected countries, development of the Healthy Cities Framework for Action, and a Healthy District concept formulated in 2001.

The role of WHO in Healthy Cities projects has been to advocate and raise awareness, facilitate operations, provide technical guidance, build capacity, provide financial support for initiating projects, establish regional networking, promote information exchange and assist in donor coordination and evaluation.

Besides technical support, WHO provides seed money to almost all Healthy Cities projects for initiating advocacy and planning meetings among project leaders and their stakeholders. Most Healthy Cities Project began with one or two selected "settings".

Overview of achievements

Despite a slow beginning, there are at present about 40 Healthy Cities in the Region, involving all Member States. In 2002, the Regional Office commissioned an evaluation of Healthy Cities projects in 12 cities in India, Nepal, Sri Lanka and Thailand. Some of the important observations/conclusions of this study indicate that the following factors contribute to successful implementation:

- exposure and commitment of decision-makers, particularly local politicians;
- clarity of vision and mission, with a strong planning and management team;
- sense of ownership of policies;
- high degree of stakeholder involvement; and
- institutionalization of Healthy Cities programme policies.

The example of Thailand

Healthy Cities, as a formal process, was launched in Thailand on World Health Day 1996. In that year, WHO and the Thai Government together carried out Healthy Cities demonstration projects in five cities. Healthy Cities appeared in the 8th National Economic and Social Development Plan (1997–2001), with a regular annual budget from the Department of Health for direct support to the “settings” approach.

The Healthy Cities concept is now well established, even though there have been many changes in decision-makers, both at central and local authority level. In the 9th National Economic and Social Development Plan (2002–2006), Healthy Cities is the main approach for urban development and will cover all municipalities and Tombon Administration Organization, thus signalling a move from concept to integration into the development process.

The Healthy Cities movement has established a National Steering Committee with subcommittees at both national and local level, with policies of advocacy and cooperation among organizations, the private sector and civil society. In addition, technical advice and in-service supervision and training courses help to strengthen the capacity of staff at all levels in implementing policy. Besides the normal governmental lines of administration or cooperation, the National Municipality Leagues of Thailand participated actively in stimulating the municipalities to apply the Healthy Cities approach.

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For more information on Healthy Cities activities in the WHO South-East Asia Region please consult the web site of the Regional Office at <http://www.whosea.org>.

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Future prospects

The Healthy Cities process augurs well as a support tool for local-level intersectoral collaboration. We hope to also see increasing evidence of this healthy settings concept being incorporated into national planning processes, as a means both of looking at health and development issues more comprehensively and of implementing national development through intersectoral. The Regional Office will continue to provide guidance, facilitation and networking support to Member States as the process moves forward.

Further information

Healthy Cities: report of a regional consultation, New Delhi, 20–22 April 1999. New Delhi, SEARO, 1999 (document SEA/EH/527).

Healthy Cities: framework for action. New Delhi, SEARO, 1999 (document SEA/EH/529).

Strengthening Healthy Cities projects in the South-East Asia Region: an opinion survey. New Delhi, SEARO, 2000 (document SEA/EH/530).

Western Pacific Region

An introduction to Healthy Cities in the Region

Since the late 1980s, when Australia, Japan and New Zealand embarked on their Healthy Cities projects, several more countries in the Western Pacific Region have joined the Healthy Cities movement. These include Cambodia, China, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, the Republic of Korea, and Viet Nam. Countries such as Fiji and Papua New Guinea are considering joining the movement.

Currently over 100 Healthy Cities projects are being implemented in the Region. These projects share some common features, such as intersectoral collaboration and community participation. Nevertheless, they also address a diversity of priority health issues, reflecting the different states of economic development, physical environments, political/administrative systems, and social and cultural norms of the cities involved.

The urban health context and key challenges

In the last several years, other regional entities and agencies have also become interested in collaborating with WHO on Healthy Cities. ASEAN held its first Healthy Cities conference in June 2002, at which the Urban Governance Initiative of UNDP also participated; CityNet wishes to have a Healthy Cities activity among its member cities; and the United Nations University's Institute of Advanced Studies wishes to undertake urban ecosystem assessment studies in some Healthy Cities.

A number of human and institutional resources (e.g. national coordinators, external consultants, short training courses, etc.) have been developed to provide technical input to Healthy Cities initiatives in the Region. Many cities implementing Healthy Cities activities, even in developing countries, have local resources to implement various activities, in some cases with budgets specific to Healthy Cities (e.g. Ulaanbaatar). They wish to learn from the experience of others and exchange information with other cities. They have also expressed a strong desire to be recognized more formally, particularly about those aspects of the initiatives that they implement well.

To cope with the growing interest in Healthy Cities, facilitate mutual support among Healthy Cities initiatives and utilize the human and institutional resources available in the Region in an effective and coordinated manner, WHO is currently supporting the establish-

ment of a new regional network known as the Alliance for Healthy Cities. The Alliance would encourage Healthy Cities initiatives to develop innovative approaches and learn from each other, and also provide formal recognition to individual Healthy Cities initiatives and to work carried out well. The setting up of the Alliance has just been discussed at a WHO regional consultation held on 15–17 October 2003.

State of the art

Since 1994, WHO has:

- convened technical review workshops on Healthy Cities (Johor Bahru, 1995; Beijing, 1996; Malacca, 1999; Johor Bahru, 2001; Manila, October 2003);
- documented experiences in developing Healthy Cities projects;
- worked with training/educational institutions in offer training courses on Healthy Cities (4-week course by the National Institute of Public Administration in Malaysia, with financial support from the Japan International Cooperation Agency; 1-week course by the Flinders University in South Australia; and 1-week and 2-week courses by the Tokyo Medical and Dental University in Japan);
- in June 2000, published regional guidelines for developing a Healthy Cities project;
- developed and maintained a regional database on Healthy Cities projects and made it available on the WHO web site;
- formulated with Member States a regional action plan for 2000–2003 at the regional workshop in Malacca in October 1999; and
- developed case studies on evaluation methodologies for Healthy Cities projects and discussed them at the Johor Bahru workshop in 2001.

The approach described in the guidelines document will be adopted by the Alliance. The Alliance will issue criteria for accepting members to the network, and for recognizing outstanding practices.

At the regional level, the Alliance will be established with cities as members, and with all interested individuals and non-city entities as associate members. In addition, there are national networks with coordinators in China, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam. WHO will participate in the Alliance as a member (not as a secretariat). ASEAN, CityNet, TUGI and UNU/IAS are also expected to form partnerships with the Alliance.

The Healthy Cities programme at both local and national levels in Malaysia has played a pioneering and leadership role in the Western Pacific Region. Started in 1994 in two cities (Kuching and Johor Bahru), the programme has grown, not only in the number of participating cities, but also in terms of helping cities in other countries to learn from the Malaysian experience.

Future prospects

The establishment of the Alliance for Healthy Cities is the most urgent matter in the immediate future. It is envisaged that local governments across the Region will participate in the Alliance as a mechanism for improving their capacity to respond to health and quality of life needs in relation to good governance. It is also envisaged that members of the Alliance will be champions for responsive city health care systems within their national sphere of influence and “centres of excellence” for learning about Healthy Cities approaches.

Further information

Publications and information relevant to Healthy Cities in the Western Pacific Region can be found at: http://www.wpro.who.int/themes_focuses/theme2/focus1/healthy_cities.asp.

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