

WHO HEALTHY  
CITIES  
NETWORK



Phase IV  
(2003–2007)  
of the WHO Healthy  
Cities Network in  
Europe: Goals and  
Requirements





## Abstract

This document outlines the overall goals and development themes of the Phase IV (2003-2007) WHO Healthy Cities network and explains the application process for cities interested in joining this network.

## Keywords

URBAN HEALTH  
HEALTHY CITIES  
STRATEGIC PLANNING  
EUROPE

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## **Background**

As the European Healthy Cities movement has evolved over time, it has responded to new global strategies and WHO priorities and to changing sociopolitical, demographic and organizational contexts. The evolutionary process undertaken by the WHO European Healthy Cities Network is mirrored within member cities – as they too adjust to new national and local contexts, policies, structures and trends in population health trends. Healthy Cities therefore needs to be seen as a dynamic concept. Its shape and content are influenced over time by: new strategies and priorities; lessons learned from past experience; advances in the evidence base relevant to interventions that develop health and to the determinants of health; and changes in political, policy and organizational environments. This dynamic process must be divided into phases for the purposes of action planning and focused delivery, but this may promote a lack of continuity of development over time. Although each phase has especially emphasized one or more core themes and has sought to expand the strategic scope of the project, the principles, methods and vision of Healthy Cities have been related to four overarching action elements:

- action to address the determinants of 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 agendas of cities; and
- action to promote good governance and partnership-based planning for health.

In Phase IV of the WHO European Healthy Cities Network (2003–2007), these action elements are being expanded into strategic goals, themes, structures and ways of working as follows.

## **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 European Region, with an emphasis on the determinants of health, people in poverty and the needs of vulnerable groups;
- to increase the accessibility of the WHO European Network to all Member States of the European Region;
- to promote solidarity, cooperation and working links between European cities and networks and with cities and networks participating in the Healthy Cities movement in other WHO regions;
- to strengthen the national standing of Healthy Cities in the context of policies for health development, public health and urban regeneration;

- 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 generate policy and practice expertise, good evidence and case studies that can be used to promote health in all cities in the Region.

## Approach and core themes in Phase IV

The approach in Phase IV is based on two elements: investment in developing health and a working partnership with the WHO Regional Office for Europe on core developmental themes.

Investment in developing health should be based on partnership and emphasize equity, tackling the determinants of health, sustainable development and participatory and democratic governance. City health development planning will remain at the heart of urban health work, providing 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 and the quality of life.

A working partnership with the WHO Regional Office for Europe on core developmental themes will aim to develop knowledge, tools and expertise that can benefit all European Member States. The choice of these themes will reflect priority issues in European public health and issues that require further development. The work of the WHO European Network on core themes in the fourth phase will be based on specific and commonly agreed deliverables in 18- to 24-month cycles. The WHO European Network can then add new core themes for work efforts.

The cities participating in the fourth phase of the WHO European Network will therefore be working in two main areas.

- Cities continuing in the WHO European Network will be implementing and new cities developing a partnership-based, intersectoral plan for developing health that is informed by an up-to-date city health profile (report on the health of the city).
- During the first two years, cities will be working on the core developmental themes of healthy urban planning and health impact assessment.
  - **Healthy urban planning.** Urban planners should be encouraged to integrate and supported in integrating health considerations in their planning strategies and initiatives with emphasis on equity, well-being, sustainable development and community safety.
  - **Health impact assessment.** Health impact assessment processes should be applied within cities to support intersectoral action for promoting health and reducing inequality. By combining procedures, methods and tools, health impact assessment provides a structured framework for mapping how a policy, programme or project affects health.

In addition, there will be complementary focus on healthy ageing, whereby the WHO European Network can directly benefit from work being carried out in WHO and elsewhere with a view to identifying and implementing transferable tools and expertise at the local level.

- **Healthy ageing.** Healthy ageing works to address the needs of older people related to health, care and the quality of life with special emphasis on active and independent living, creating supportive environments and ensuring access to sensitive and appropriate services.

All cities in the WHO European Network, working individually and collectively, will address these themes throughout the phase. Based on regular progress reviews, the WHO European Network will be deciding collectively throughout this phase to add new themes and to adjust action strategies relating to the above “two plus one” themes.

## Requirements in Phase IV

Cities are required to implement certain approaches and activities during the five years of Phase IV.

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 Network, they also need to be prepared to work and network with other cities in Europe.

This document presents the nine specific requirements for cities in Phase IV.

1. **Sustained local support.** Cities must have sustained local government support and support from key decision-makers (stakeholders) in other sectors for the Healthy Cities principles and goals. Cities must submit with their applications a letter of commitment from the city mayor or leading politician together with a council resolution supporting the city’s participation in Phase IV and a commitment to partnership as the main stakeholder.
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 IV.

3. **Partnership on core developmental themes.** Cities must work in partnership with WHO as the testing ground for developing knowledge, tools and expertise on the core developmental themes. The primary focus will initially be health impact assessment and healthy urban planning, with a complementary focus on healthy ageing. This will require developing and implementing programmes of action within cities in relation to the core themes as well as participating in the wider experimental work of the WHO European Network and contributing to the dissemination of transferable tools and products.

***Addressing the core developmental themes of Phase IV***

During Phase IV, cities will be working individually and collectively on the core developmental themes to benefit their own city and others across Europe. Upon joining the WHO European Network, the city is asked to provide the following baseline information:

- the nature of the current challenges for the city in relation to the core themes;
- current approaches the city is taking in relation to each core developmental theme, with an indication of both achievements to date and how these approaches might be strengthened to improve their effectiveness; and
- any particular strengths or experience by which the city could contribute to the overall work of the WHO European Network.

The processes for mobilizing, delivering and reviewing action in relation to these themes are integral to the operation of the phase as a whole. These operate at different levels: within member cities; subnetworks of cities on each of the core themes; the whole WHO European Network; national networks; and the WHO Regional Office for Europe, which serves the needs of the 52 Member States. In thinking through and delivering programmes of activity at their individual level, cities need to ensure that the core themes are integrated with other aspects of their healthy city work and are reflected in their ways of working.

At the individual city level, the overall aim is for all cities to demonstrate changes both in their local processes or ways of taking action on the themes and in the effects they are having on relevant indicators of health or determinants of health. Cities will produce reports, case studies and evaluations demonstrating that they have made a difference. The WHO European Network will work collectively on developing transferable tools and products and on an overall evaluation of the output of the Network as a whole.



4. **City health development planning.** Cities must demonstrate progress in processes of city health development planning. For the cities new to the WHO European Network, this will require developing and producing a city health development plan (or the equivalent) during Phase IV, learning from the experience of other cities during Phase III. Network cities that developed a city health development plan during Phase III must make progress in implementing it during Phase IV, including review and further development as appropriate to city circumstances.

#### ***City health development plans***

City health development plans are strategy documents, based on HEALTH21, 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 nonstatutory sectors and agencies whose policies and activities influence health. They therefore provide a process and framework for creating partnerships for health and for making healthy public policy and thus yield more than the sum of the contribution of individual partners.

For cities that developed a city health development plan during Phase III, the key requirement for Phase IV is to demonstrate progress in implementation and towards achieving the city's vision. New cities will focus their efforts on the preconditions for and on developing a city health development plan (or the equivalent).

The format and content of city health development plans vary according to the circumstances of each city and the past experience of city health planning. The key in this phase is to ensure that all WHO European Network cities have an articulated vision for improving the health of their city that has the support of key agencies from different sectors of the city (such as public services, the business sector, politicians and the community) and that focuses on the fundamental determinants of health in the city.

5. **City health profile.** Cities must prepare a city health profile. For new cities, this may need to be prepared as a new report for the city in accordance with the WHO template for city health profiling. Cities that have prepared a profile in the past need to produce an updated version for this phase.

#### ***City health profiles***

City health profiles provide an invaluable means of understanding inequality in health within a city and gaining insight into the factors that influence the health of citizens. Profiles should be used actively to inform city-based planning processes and to indicate changes in health within the city. In Phase IV, cities should ensure that their health profiles focus as much attention as possible on the key population groups identified as priorities: older people, people in poverty and other vulnerable groups.

6. **Attending WHO European Network meetings.** Cities must make executive and political commitment that the project coordinator and nominated politician will attend business meetings and symposia of the WHO European Network. At each meeting, the city should at least be represented by the coordinator and politician responsible.
7. **Attending meetings of mayors.** Cities should ensure that their mayor (or leading politician) attends any meetings of mayors held during the phase.
8. **Participation in networking activities.** Cities should participate actively in various networking activities. As a minimum, this includes developing links with the national healthy cities network; participating in at least one subnetwork; and establishing a mentoring relationship, in which cities that have been members of the WHO European Network mentor and advise new cities. Cities should be connected to the Internet and electronic mail and ideally have access to videoconferencing facilities.
9. **Monitoring and evaluation mechanisms.** Cities must have monitoring and evaluation mechanisms that enable ongoing assessment of progress and annual reporting to WHO. Cities will be expected to participate in any external evaluation processes WHO initiates.

## **Organizational structure of the WHO European Healthy Cities Network**

WHO European Network will have three components in Phase IV.

1. The WHO European Network will include cities in all European Member States and probably involve no more than 70 cities. The WHO European Network is the umbrella network of all designated cities. WHO leads and coordinates the WHO European Network supported by a Network Advisory Committee.
2. Subnetworks, or city action groups, work as subgroups on selected themes or topics. All member cities will participate in at least one subnetwork. As a starting-point, subnetworks are expected to be created for each of the core developmental themes to provide leadership on these for the WHO European Network as a whole.
3. A limited group of associate member cities need support and time to become ready to be considered to become full members of the WHO European Network. These cities have demonstrated a commitment to the core principles of Healthy Cities and will be working towards applying for membership of the WHO European Network.

## **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. Although the Healthy Cities movement has always considered its geographical spread and the political commitment from cities to be strengths, the scope of the WHO European Network has not been realized fully in advocacy, public health influence, transferable learning, mutual support and sharing of expertise. Underpinning all the strategic goals of the WHO European Network is an aspiration to increase the effectiveness of the WHO European Network as a whole. In particular, the goals of promoting solidarity and cooperation between cities and of playing a more active role at the

European and global levels require member cities to operate as a strong and cohesive network. To enhance the capacity and effectiveness of the WHO European Network, attention will be paid throughout Phase IV to promoting networking, monitoring and evaluation, methodological support and support for Network infrastructure.

- **Promoting networking.** Networking needs to be promoted both within the WHO European Network, through subnetworks, mentoring, communication processes and other means, and by strengthening links with other national, European and global networks and with other WHO programmes.
- **Monitoring and evaluation.** Impact needs to be monitored, with appropriate indicators and focusing on outcomes. Evidence of good and effective practice should be documented. Empirical comparative studies on selected topics involving groups of interested cities, such as social integration of elderly people or transport and health, should be encouraged and supported.
- **Methodological support.** Training and education should be conducted that are relevant to implementing and evaluating Healthy Cities approaches. Tools and resources to support practice should be developed, such as in relation to healthy urban planning. The replication of projects and activities that have been effective in supporting the goals of Healthy Cities should be supported.
- **Support for the infrastructure of the WHO European Network.** Support measures include WHO and the Network Advisory Committee supporting the Network infrastructure; fundraising; investing in translation and a translation fund; an interactive web site; and a newsletter.

## Overview of the designation process

### Introduction

Table 1 shows an overview of the process leading to the designation of cities to the WHO European Network in Phase IV. Cities will be designated on an ongoing basis throughout the phase based on the applications received. Cities that have been members of the WHO European Network during Phase III (and met the requirements of that phase) will undergo a slightly different application process from the cities new to the Network. The application and designation process is designed to be more straightforward and efficient than it was for Phase III, and cities are being asked to comply exactly with the process. Cities applying for membership are expected to be members of their country's national healthy cities network.

### Time scale

Applications can be submitted at any time but are unlikely to be accepted after 1 January 2006. Complete applications will be assessed as quickly as possible, the target being to respond to cities who have been members of the WHO European Network within eight weeks of receiving the application. The process for new cities is likely to take longer, but cities can communicate with the WHO Centre for Urban Health to be appraised of time scales.

## Numbers and quotas

Any city that can meet the requirements in Phase IV can apply for designation. Most such cities should be designated, provided that the WHO European Network remains a manageable size and is geographically balanced across Europe and maximum quotas per country are generally not exceeded. Although no absolute upper limit on the size of the WHO European Network has been set, it is expected that not more than 70 cities will be members in Phase IV. A quota system (Annex 1) will be used to ensure geographical balance. Between two and ten cities will be designated per country, with one city per six million population within this range. One quarter (25%) of the places in the WHO European Network will be reserved for cities that were not part of the Network in Phase III. In exceptional circumstances, WHO may decide to exceed the quota for a country. No limit has been set on the size of city applying. Instead WHO encourages a balanced representation of cities of different sizes, as close as possible to the urban population distribution of Europe.

## Financial contributions

All designated cities will be required to pay a financial contribution to WHO for the phase, equivalent to US\$ 5000 or US\$ 3000 for each of the 5 years. This will be used to support the costs of the secretariat and for products and services that benefit the WHO European Network. Cities from countries with economies in transition qualify for the reduced contribution level. The countries in which cities are required to pay the full fee are listed in Annex 2. The contribution will be due upon designation and on 1 January each year thereafter. In exceptional circumstances, any city that has difficulty in meeting this financial commitment to the WHO European Network can discuss with WHO alternative ways of making this contribution. Financial hardship should not be a barrier to membership of the WHO European Network.

Additional issues that have resource implications are:

- the costs of participating in the main WHO European Network meetings (1–2 times a year) and at least one subnetwork meeting per year; and
- funds for the healthy city project within the city to maintain the coordinator, associated staff and office during the phase, with sufficient operational funds for implementing the work of Phase IV.

The WHO European Network and subnetworks will meet in different cities across Europe. Every effort will be made to geographically balance the location of meetings. Any city interested in hosting such a meeting should contact WHO at an early stage.

WHO's operational planning, which is linked to resources, is based on biennial cycles. Resources have been secured for 2003–2005. WHO's financial contribution to Phase IV beyond 2005 will have to be decided by the Regional Director at the time of 2006–2007 operational planning.

Table 1. Summary of steps and time scales in the designation process<sup>1</sup>

Step	WHO European Network cities in Phase III	New cities
1	Expression of interest sent to WHO (copied to the national network where this exists), confirming political commitment to Healthy Cities and indicating the time scale for submitting the application	Expression of interest sent to WHO (copied to the national network where this exists), confirming political commitment to Healthy Cities and indicating the time scale for submitting the application
2	WHO accepts or declines the expression of interest (taking into account country quotas) and the time scale for submitting the application	WHO accepts or declines the expression of interest (taking into account country quotas) and the time scale for submitting the application
3	Application submitted to WHO within six months (latest) of the expression of interest Application must conform with the standard application form and requirements: see Annex 3 or <a href="http://www.euro.who.int/healthy-cities">http://www.euro.who.int/healthy-cities</a> for application forms and further details	A national network or a city in the WHO European Network in Phase IV supports the city as required in developing and submitting the application. At this stage, a city may be accepted as an associate member city for up to 18 months
4	The WHO Centre for Urban Health adds relevant information from city materials already submitted during Phase III, such as the evaluation exercise in Phase III	City submits application to WHO in the agreed time scale within 18 months (latest) of the expression of interest  The applicant must conform with the standard application form and requirements (see Annex 3 and <a href="http://www.euro.who.int/healthy-cities">http://www.euro.who.int/healthy-cities</a> for application forms and further details)
5	Designation assessments carried out by assessors on behalf of WHO	WHO adds relevant information from any city materials already submitted and any background information provided by the national network
6	WHO decides about designation and communicates this to the city	Assessment by WHO, with input as necessary from assessors
7		WHO decides about designation and communicates this to the city
8		A city that is not designated could be invited to become an associate member while it works to achieve the preconditions that would lead to designation. However, the number of times a city can apply to the WHO European Network and the time allowed to make a successful application will be limited.

<sup>1</sup> At any stage in this process, WHO may seek further clarification or information from the city, undertake a city visit or carry out an interview with the healthy city coordinator and leading politician.

*Annex 1*

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

<b>Country</b>	<b>Mid-year population, 2002</b>	<b>Quota</b>
Albania	3 164 000	2
Andorra	64 000	2
Armenia	3 790 000	2
Austria	8 070 000	2
Azerbaijan	8 147 000	2
Belarus	10 106 000	2
Belgium	10 275 000	2
Bosnia and Herzegovina	4 127 000	2
Bulgaria	7 790 000	2
Croatia	4 657 000	2
Cyprus	790 000	2
Czech Republic	10 250 000	2
Denmark	5 342 000	2
Estonia	1 360 000	2
Finland	5 183 000	2
France	59 670 000	10
Georgia	5 213 000	2
Germany	81 990 000	10
Greece	10 631 000	2
Hungary	9 867 000	2
Iceland	283 000	2
Ireland	3 878 000	2
Israel	6 303 000	2
Italy	57 450 000	10
Kazakhstan	16 026 000	3
Kyrgyzstan	5 047 000	2
Latvia	2 392 000	2
Lithuania	3 681 000	2
Luxembourg	447 000	2
Malta	394 000	2
Monaco	30 000	2
Netherlands	15 990 000	3
Norway	4 506 000	2
Poland	38 543 000	6
Portugal	10 048 000	2
Republic of Moldova	4 273 000	2
Romania	22 332 000	4
Russian Federation	143 752 000	10
San Marino	27 000	2
Serbia and Montenegro	10 523 000	2
Slovakia	5 408 000	2
Slovenia	1 984 000	2

<b>Country</b>	<b>Mid-year population, 2002</b>	<b>Quota</b>
Spain	39 924 000	7
Sweden	8 823 000	2
Switzerland	7 168 000	2
Tajikistan	6 177 000	2
The former Yugoslav Republic of Macedonia	2 051 000	2
Turkey	68 569 000	10
Turkmenistan	4 930 000	2
Ukraine	48 652 000	8
United Kingdom	59 657 000	10
Uzbekistan	25 618 000	4

The quota is based on a minimum of 2 cities and maximum of 10 cities designated per country, with a proportion of one city per 6 million population within this range.

The source of the data for mid-year population for all countries except Cyprus is the WHO European health for all database in June 2003 (<http://hfadb.who.dk/hfa>). The source of data for Cyprus is (<http://www.who.int/country/cyp/en>).

*Annex 2*

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

Andorra  
Austria  
Belgium  
Cyprus  
Denmark  
Finland  
France  
Germany  
Greece  
Iceland  
Ireland  
Israel  
Italy  
Luxembourg  
Malta  
Monaco  
Netherlands  
Norway  
Portugal  
San Marino  
Spain  
Sweden  
Switzerland  
United Kingdom



Annex 3

APPLICATION FORM

**Application for designation as a member city of the Phase IV (2003–2007) WHO European Healthy Cities Network**

*Assessment will not begin until WHO has received a complete electronic application. The application must be submitted in English. The supporting documents requested must be submitted in their original language with an approved English translation of the full document (or a summary in certain cases).*

*For the yes/no questions, please point the arrow at the appropriate box and click the left button. This will tick the relevant box; a second click removes your response. For the questions requiring text responses, please enter the text into the grey areas; they expand as you type.*

<b>Contact details</b>			
Name	Title		
City	Address		
Telephone	Fax	E-mail	Web site

<b>1. Political and partnership commitment</b>	
<u>Political leadership</u>	
Name of mayor <sup>1</sup>	
Title	
Date elected	Term of office (years)
Name of politician responsible for the healthy city project in your city	
Title	
Date elected	Term of office (years)
<u>Council resolution supporting the participation of the city in Phase IV</u>	
Date of council resolution	
<i>Please attach a signed scanned copy or send the original by post</i>	
<u>Letter of commitment from the city mayor<sup>1</sup> agreeing to the participation of the city in Phase IV</u>	
<i>Please attach a signed scanned copy or send the original by post</i>	
The letter should also include explicit commitment to the following:	
<ul style="list-style-type: none"><li>• the principles of HEALTH21<sup>2</sup> and Agenda 21<sup>3</sup>;</li><li>• agreement that the coordinator and politician responsible for the healthy city project can participate in business meetings;</li><li>• agreement by the mayor<sup>1</sup> to participate in meetings of mayors;</li><li>• agreement that the city can be externally monitored and evaluated by WHO; and</li><li>• agreement to pay an annual financial contribution for all of Phase IV (2003–2007).</li></ul>	

<sup>1</sup> Or the equivalent head or leader of local government.

<sup>2</sup> Available from: [http://www.euro.who.int/InformationSources/Publications/Catalogue/20010911\\_38](http://www.euro.who.int/InformationSources/Publications/Catalogue/20010911_38).

<sup>3</sup> Available from: <http://www.un.org/esa/sustdev/documents/agenda21/english/agenda21toc.htm>.

## 2. Human resources

### Coordinator

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

Title

Date appointed

Full time?                      No                          Yes

*(Full-time employees who only work part time for the healthy city project are classified as part time)*

Curriculum vitae of coordinator

*Please attach an electronic (or scanned) copy or send the original by post*

Post description for coordinator

*Please attach an electronic (or scanned) copy or send the original by post*

Coordinator competent in English:    No                          Yes                       Describe level

If the coordinator is not fluent, describe the support available

### Healthy city project office or team

How many staff 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

Do they have decision-making power on behalf of their organization, group or department etc.?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Terms of reference of partnership group

*Please attach an electronic (or scanned) copy or send the original by post*

Support of intersectoral steering group or partnership group to this application

- This usually comprises a letter or letters signed by each partner of the healthy city project
- *Please attach a signed scanned copy or send the original by post*

#### **4. Themes of Phase IV**

##### **4.1 Core Developmental themes**

###### Healthy urban planning<sup>4</sup>

In less than 200 words, describe the current approaches your city is taking in relation to healthy urban planning, indicating the achievements to date.

In less than 200 words, indicate how these approaches could be strengthened to become more effective.

In less than 200 words, outline the proposed activity of your city in relation to healthy urban planning from 2003 until 2007.

###### Health impact assessment<sup>5</sup>

In less than 200 words, describe the current approaches your city is taking in relation to health impact assessment, indicating the achievements to date.

In less than 200 words, indicate how these approaches could be strengthened to become more effective.

In less than 200 words, outline the proposed activity of your city in relation to health impact assessment from 2003 until 2007.

##### **4.2 Complementary theme**

###### Healthy ageing<sup>6</sup>

In less than 200 words, describe the current approaches your city is taking in relation to healthy ageing, indicating the achievements to date.

In not more than 200 words, indicate how these approaches could be strengthened to become more effective.

In less than 200 words, outline the proposed activity of your city in relation to healthy ageing from 2003 until 2007.

List the indicators and approaches being used to monitor progress and evaluate effectiveness.

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<sup>4</sup> See [http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020116\\_1](http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020116_1).

<sup>5</sup> See [http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020116\\_2](http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020116_2).

<sup>6</sup> See <http://www.euro.who.int/eprise/main/WHO/Progs/HEA/Home> and [http://www.who.int/health\\_topics/ageing/en](http://www.who.int/health_topics/ageing/en).

#### 4. Themes of Phase IV (continued)

##### General

How would your city expect to benefit by being a member of the WHO European Healthy Cities Network?

Other than the core themes, are there any areas in which you feel your city has special strengths or experience that could be shared with other cities?

#### 5. City health development plan<sup>7</sup>

a) If your city **has** a city health development plan, please answer these questions:

Title of plan \_\_\_\_\_ Date completed \_\_\_\_\_

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

What time period does it cover?

*Please attach an electronic copy and send one copy of the original by post*

Available from your web site? No  Yes  If yes, please give the web address \_\_\_\_\_

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

No  Yes  If yes, list titles and dates produced \_\_\_\_\_

*Please attach an electronic copy or send a copy by post if these exist*

b) If your city **does not have** a city health development plan, please answer these questions:

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

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

#### 6. City health profile<sup>8</sup>

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

Title \_\_\_\_\_ Date \_\_\_\_\_

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

What time period does it cover?

*Please attach an electronic copy and send one copy of the original by post*

Available from your web site? No  Yes

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.

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

<sup>7</sup> See [http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020114\\_4](http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020114_4).

<sup>8</sup> See [http://www.euro.who.int/healthy-cities/How2MakeCities/20020115\\_1](http://www.euro.who.int/healthy-cities/How2MakeCities/20020115_1).

## 7. Attendance at business meetings

Confirm that:

Your politician responsible for the healthy city project will attend business meetings Yes

Your coordinator will attend business meetings Yes

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

## 8. Attendance at meetings of mayors

Confirm that:

Your mayor will attend meetings of mayors Yes

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

## 9. Networking

### National healthy cities network<sup>9</sup>

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

Are you a member of this national healthy cities network? No  Yes

### Other networks of healthy cities<sup>10</sup>

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

Are you a member of a national or international multi-city action plan of healthy cities?  
No  Yes   
If yes, which one(s)?

### Linking with other healthy cities

Does your city currently link with other healthy cities to enable:

• peer review? No  Yes  What and with whom?

• mentoring? No  Yes  What and with whom?

• exchanges? No  Yes  What and with whom?

### Linking with other cities

Does your city currently have formal twinning links with other cities?  
No  Yes  How and with whom?

### Other international city networks

Are you a member of any other international city networks working for health or sustainable development? (Such as International Council for Local Environmental Initiatives, International Union of Local Authorities, Medcities, Energie-Cités, Climate Alliance, Council of European Municipalities and Regions)  
No  Yes  If yes, which?

<sup>9</sup> See [http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20010928\\_2](http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20010928_2).

<sup>10</sup> See [http://www.euro.who.int/healthy-cities/How2MakeCities/20020114\\_1](http://www.euro.who.int/healthy-cities/How2MakeCities/20020114_1) for a definition of a healthy city.

### **10. Monitoring and evaluation**

Confirm that:

The city agrees to be externally evaluated by WHO Yes

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

Is your healthy city project systematically monitored or evaluated?

No  Yes  If yes, describe

*Please attach an electronic copy of any substantial report and/or send the original by post*

### **11. Financial commitment**

Confirm that:

The city agrees to pay an annual financial contribution Yes

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

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

Enquiries and applications should be sent to: [infowhohcp@euro.who.int](mailto:infowhohcp@euro.who.int).

See the back page for a checklist of attachments to be submitted with the application.

## **Checklist of attachments to be submitted with the application**

*The following supporting documents for each section should be sent electronically or by post. These should be submitted in their original language with an approved English translation of either the full document (sections 1, 2, 3 and 10) or a summary (sections 5 and 6).*

*Submit signed documents (1a, 1b and 3b) in original (by post) or in scanned form (attached). Submit other documents electronically (including in scanned form) or by post.*

### **1. Political and partnership commitment**

a) Council resolution supporting city participation in Phase IV:

Attached? Yes  No

b) Letter of commitment from the city mayor supporting city participation in Phase IV:

Attached? Yes  No

### **2. Human resources**

a) Curriculum vitae of coordinator:

Attached? Yes  No

b) Post description for coordinator:

Attached? Yes  No

### **3. Intersectoral steering group or partnership group**

a) Terms of reference of partnership group:

Attached? Yes  No

b) Support of intersectoral steering group or partnership group for this application:

Attached? Yes  No

### **5. City health development plan**

Attached? Yes  No  Does WHO have a copy already? Yes  No

### **6. City health profile**

Attached? Yes  No  Does WHO have a copy already? Yes  No

### **10. Monitoring and evaluation**

Is any report attached? Yes  No