World Health Organization
REGIONAL OFFICE FOR **Europe**

**WHO European Healthy Cities Network
Phase VI
(2014–2018)**

Pre-pilot of the Flagship Healthy Cities training course
19–21 September 2016
Turku, Finland

Overall report

Healthy Cities 21st Century

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ABSTRACT

The pre-pilot of the Flagship Healthy Cities training course for coordinators of cities and national networks was held on 19–21 September 2016 in Turku, Finland. It was a follow-up to the meeting of the WHO European Healthy Cities Network and national networks coordinators, that was held in Copenhagen, Denmark, on 4–6 April 2016, from which requests arose to discuss and address two main items in the training course: social media and online communications; and leadership.

The training course discussed the WHO European Healthy Cities Network in general, including plans for the network in the coming months and year, as well as addressing the two topics specifically through expert trainers. This Overall meeting report captures discussions from throughout the training.

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Introduction

The pre-pilot of the Flagship Healthy Cities training course for coordinators of city and national networks was held on 19–21 September 2016 in Turku, Finland. It was a follow-up to the meeting of the WHO European Healthy Cities Network and national networks coordinators, held in Copenhagen, Denmark, on 4–6 April 2016, from which requests arose to discuss and address two main items in the training course: social media and online communications; and leadership.

The objectives of the pre-pilot course, following from its provisional scope and purpose (see Annex 1), were to:

■ support coordinators in understanding the goals and requirements for Phase VI of the WHO European Healthy Cities Network and in implementing the objectives of Phase VI through investing in the people in the Network;

■ use action- and peer-led learning, supported by expert trainers and guest lectures;

■ provide the opportunity to strengthen networking and build the assets of the WHO European Healthy Cities Network.

It aimed to answer the following questions:

■ What are the criteria for the next phase of the Network – what is the Network asking from cities and how can this be measured?

■ How do we implement the criteria using the 20 steps to initiating, developing and sustaining a healthy city outlined in *Twenty steps for developing a Healthy Cities project*?[1]

■ What are the core competencies and skills required of a WHO European Healthy Cities coordinator?

■ How can the Network provide training for the knowledge and skills needed?

■ What is needed for national networks?

This report summarizes the topics discussed during the training course by attending coordinators of Healthy Cities and national networks, together with WHO Regional Office for Europe representatives and guest experts and speakers (see Annex 2). A separate report details the two modules given as part of the course: social media and online communications; and leadership.

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1 Twenty steps for developing a Healthy Cities project, 3rd edition. Copenhagen: WHO Regional Office for Europe; 1997 (http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/1997/twenty-steps-for-developing-a-healthy-cities-project, accessed 30 March 2017).

Roadmap for the WHO European Healthy Cities Network

The WHO European Healthy Cities Network is working towards its 30-year anniversary, which will take place in 2018.

The Flagship Healthy Cities training course will be launched in 2018, with a pilot to be held in summer 2017; the Turku training course was a pre-pilot to examine the course structure and gather input from the Network and participants on how it could be improved.

The WHO European Healthy Cities Network roadmap 2017–2018 (Fig. 1) has five elements:

- the WHO European Healthy Cities Network Annual Conference, to be held in Pécs, Hungary, on 1–3 March 2017;
- the pilot of the Flagship training course, planned for autumn 2017;
- the Healthy Cities Mayors' Forum, to be held in Copenhagen, Denmark, in February 2018;
- the launch of the Flagship training course in spring 2018;
- the International Conference (marking the start of the next phase of the Network) in autumn 2018.

Fig. 1. WHO European Healthy Cities Network roadmap 2017–2018

International Conference Autumn 2018 **Start of next phase**

Launch of Flagship course Spring 2017

Healthy Cities Mayors Forum Copenhagen Early 2018

Pilot of Flagship course Summer/Autumn 2017

Annual Conference Pécs 1-3 March 2017
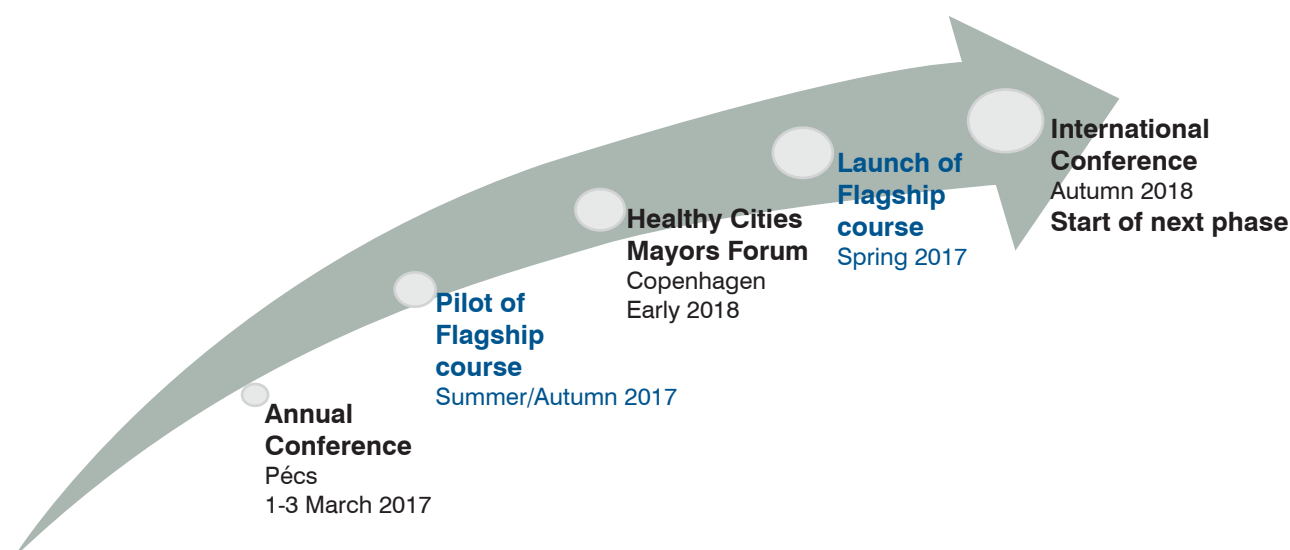
Annual Conference, 1–3 March 2017, Pécs, Hungary

The Annual Business and Technical Conference of the WHO European Healthy Cities Network and Network of European National Healthy Cities Networks will be held in Pécs, Hungary, on 1–3 March 2017. A scientific committee for the Conference will be convened in Copenhagen, Denmark, in October 2016, formed of the advisory groups of both the cities and the national networks and relevant WHO technical staff.

Political vision

The WHO Regional Director for Europe is convening a political working group, with the objective of creating the first draft of the WHO European Healthy Cities Network's political vision for the next phase. The drafting group is made up of political representatives of 7–8 cities, who will meet in Udine, Italy, on 14–15 November 2016. The first draft of the political vision will be presented at the Annual Conference in Pécs, Hungary, on 1–3 March 2017.

Following discussions at the Annual Conference, WHO will host the Mayors' Forum in Copenhagen, Denmark, in early 2018. This will be an official WHO meeting, and cities will be invited to participate as delegations to continue to discuss the political vision of the Network. Any subsequent amendments will then be made, with a view to adoption of the finalized political vision at the International Conference in summer/autumn 2018.

2018 International Conference

In 2018 the Healthy Cities International Conference will mark the end of Phase VI and the launch of the next phase. A call for the host city for the Conference will be put out by the end of 2016 and announced at the Annual Business and Technical Meeting in Pécs, Hungary, on 1–3 March 2017. All current work the Network is undertaking leads towards this milestone event.

Communications strategy

A communications strategy for the WHO European Healthy Cities Network is under development, following input from across the Network. Improved communications bring increased political visibility at the local, national, and international levels and encourage both increased public participation in the Network and ownership by citizens of healthy cities.

The following update on the strategy was presented during the training course by the Regional Focal Point for the WHO European Healthy Cities Network.

Regarding the status of communications within the Network, it was noted that:

■ the spark is there but there is scope to increase interaction both internally between coordinators, cities, national networks and WHO, and externally between all elements of the Network and the broader public;

■ having content such as photos, stories and events around campaigns would strengthen engagement with Healthy Cities;

■ links to Sustainable Development Goals (SDGs) and Health 2020 could be more actively explored and cross-promoted;

■ shared key messages, ha shtags and a common toolkit are needed.

The objectives of the communications strategy are to:

■ increase the visibility of Healthy Cities;

■ increase Network collaboration;

■ strengthen synergies between Healthy Cities, the SDGs and Health 2020;

■ increase engagement and interaction with Healthy Cities communication;

■ strengthen the skills, competencies and capacities of coordinators at both the local and national levels.

Key elements of the communications strategy

Having coordinated communications resources, initiatives and campaigns across the Network would be a valuable resource and enhance the Network both internally and externally. A number of key elements are addressed within the strategy.

Communications toolkit

A communications toolkit should be compiled, to include:

■ key messages – putting policies into simple terms;

■ logos, graphic elements and images;

■ shared hashtags for social media;

■ tools for using social media, engaging press and producing content.

Picture bank

Pictures are particularly effective in social media communications, accompanied by short statements or quotations and stories. A photography project should be launched to collect pictures from around the WHO European Region of Healthy Cities initiatives, their impact and those benefiting from them.

Story bank

Collecting stories about Healthy Cities is key to communicating about the Network. Stories, quotations and pictures should be harvested from Network members and an online story bank created. This could be initiated by asking coordinators questions such as:

■ What inspires your work as a Healthy Cities coordinator?

■ What is the achievement you are most proud of?

■ Who or what has touched you most in your work as a coordinator and why?

Social media

As a Network, social media – Twitter, Facebook and Instagram – should be the key communication outlets for Healthy Cities. Emphasis should be placed on strengthening the social media presence through social media centred events, Twitter storms and campaigns, among others. Social media updates from local Healthy Cities channels can be monitored via Tweetdeck and retweeted where relevant.

Website

The Healthy Cities part of the WHO Regional Office for Europe website should be built upon to include all necessary information and documents, and a Healthy Cities website should be built, with social media feeding directly into it. The aim is a much more visual representation of the Network and a succinct list of its goals and key activities.

Press

Mainstream media may be interested in particular Healthy Cities initiatives. Pitching these with specific mentions of the WHO European Healthy Cities Network will be key to obtaining mainstream media coverage.

The SDGs and Health 2020

Health 2020 and SDG messages and hashtags should be integrated into Healthy Cities communications. WHO communications work on Health 2020 and the SDGs should incorporate stories and achievements from Healthy Cities networks.

Healthy Cities newsletter

An email newsletter should be issued quarterly, pulling in content from social media, the story bank and the picture bank. This could be done via a newsletter service such as MailChimp or Campaign Monitor, and integrated with content from the current newsletter.

Outreach

Network coordinators should reach out to other networks, United Nations agencies and civil society organizations. External initiatives and campaigns that represent a Healthy Cities approach can be tagged into Healthy Cities social media, and other agencies and civil society can be encouraged to

use the Healthy Cities hashtag. Joint social media campaigns with other United Nations agencies or civil society should also be explored.

Campaigns

Ideas for coordinated campaigns to highlight the WHO European Healthy Cities Network include the following.

■ An "I commit to Healthy Cities" campaign could be held in conjunction with the November 2017 Healthy Cities Mayors' Forum in February 2018. Mayors will be photographed holding up an "I commit to Healthy Cities because..." placard with the name of the city – the photos will be shared on social media.

■ A relay race for Healthy Cities could be organized across Europe, in which a baton, flag or flame is passed from city to city. The race would connect all cities within a national network, or the entire European Network, and would incorporate different methods of healthy movement, allowing participants to walk, run, cycle, parkour, skateboard and roller-skate from one point in the race to the next, moving from healthy city to healthy city. The race would involve citizens from all walks of life, including mayors, celebrities, politicians, young and old, and events could be planned along the way for those not participating in the race. The race could be run in 2018 to mark the 30-year anniversary of the WHO European Healthy Cities Network, finishing at the International Conference.

■ Schools in Network countries could be asked to engage children of various ages to draw a response to the question "What is a healthy city?". The entries could be photographed and shared on social media with the Healthy Cities hashtag. The best images could then be exhibited at the Annual Conference in Pécs, Hungary, in March 2017 or at the International Conference in 2018.

App game

A simple version of a "Sim City" style of healthy city game, in which players build their own virtual healthy city, should be developed through a Hackathon of volunteers in collaboration with universities. Parks, healthy infrastructure, participatory processes and sustainable initiatives can be implemented to improve the city's health score and get players/cities the best scores. The game could be launched at the Annual Conference in Pécs, Hungary, in March 2017 or at the International Conference in 2018.

Internal communication

Internal communication is also crucial for the Network to function effectively and reach its potential, and should be reviewed. Ideas include a platform for sharing relevant presentations, documents and updates; continuation of the monthly WebEx meetings; an improved newsletter; and improved communications within cities (including strengthening of contacts with ministries and high-level politicians).

Other WHO networks, such as the Regions for Health Network, have communications strategies and elements that could be used to inform the Healthy Cities communications strategy. It is also crucial that relevant WHO networks collaborate on communications and work more closely together to promote each other's, as well as joint, activities.

The communications strategy will continue to be developed, and will be addressed through a dedicated WebEx meeting following completion of the strategy.

Feedback and requests for future iterations

The following suggestions for consideration were made during a group discussion on feedback and requests for future iterations of the training course:

- continuing to develop the topics of leadership and communications through future iterations of the course;

- changing the name of the course for each iteration, to ensure that coordinators are allowed to attend more than one, as attendance must be justified – proposed names included "masterclass" and "advanced training";

- using different methods of session delivery during the courses, as not all members of the Network are comfortable with participatory approaches;

- offering the training course in Russian as well as in English, since the language of the course is critical;

- bringing other sectors into the training course, such as holding a session for health and urban planners, requiring each coordinator to bring a colleague from the urban planning sector to participate – United Nations partners could be used to facilitate this;

- ensuring a mix of "masterclasses" and subsequent application of the masterclass skills to real issues faced by coordinators;

- integrating the action-led learning approach to training course sessions;

- filling knowledge gaps via online training, leaving the physical training course to address skills, asset-building and networking, since it is important to deliver a course that spans the diversity of experience in the Network;

- making the annual training course compulsory for coordinators (or requiring attendance at a certain number of training courses per phase);

- asking WHO to identify key topics for the Network each year, in line with the objectives of the relevant phase, which would be used by national networks to run their own preparatory meetings and training sessions to address these issues and prepare their members for attendance at the annual Flagship training course;

- including training elements in the Annual Conference so that coordinators had to commit to less travel and time, since budgetary limitations are stifling in many city administrations.

Criteria for the next phase of the Network

Particular areas to focus on when designing the criteria for the next phase of the Network were highlighted. Questions to be considered for development of criteria for the next phase were brainstormed and discussed for each of the areas. Crucially, it was noted that the criteria should be adaptable to the particular context of an individual city, allowing each city to address its individual priorities, as these differ from both WHO priorities and Network-wide priorities.

The criteria identified for defining and identifying a WHO healthy city are as follows.

Political commitment

Political commitment was identified as the most important element for an effective and successful healthy city, as without the support of the mayor or politicians, ideas and initiatives cannot be implemented. Means to ensure that political commitment is adequately maintained throughout the phase should be considered, including implementing the United Nations SDGs at the local level, and introducing and delivering the WHO Health 2020 strategic goals by:

- improving health for all and reducing health inequalities;
- improving leadership and participatory governance for health;
- contributing to international networking.

Questions to be considered for development of this criterion are:

- How can cities be held accountable to political commitment?
- How can political commitment be measured?

Allocating resources

The allocation of resources is also critical, especially when implementing cross-sectoral and intersectoral activities. Key elements that a Healthy Cities coordinator must plan to allocate resources for are:

- political attendance
- the coordinator and team
- activities
- monitoring and evaluation.

Questions to be considered for development of this criterion are:

- How can this be measured?
- Is there a lowest limit to what is acceptable?

Planning for progress and change

Planning is vital for a healthy city, especially in times of political and financial instability. To ensure that healthy cities maintain effectiveness in changing times, the following methods of planning are crucial:

- integrated planning for health and well-being;
- healthy urban planning;
- embracing social and technical innovations.

Questions to be considered for development of this criterion are:

- Is there a standard for integrated planning, such as a city health development plan?
- How can progress and innovations be measured?

Monitoring and evaluation

Cities often perform poorly when it comes to monitoring and evaluation, and this needs to be strengthened considerably. Having a minimum requirement was discussed as an option, but key barriers identified were the different standards of reporting across the Network and the fact that cities of different sizes have different resources, making a minimum requirement for all cities unfair. The importance of measuring processes and not simply health outcomes was also highlighted. Means of monitoring and evaluation that would be useful to the Network are:

- health profiles
- indicators
- health surveys
- participatory research
- problem analysis.

Questions to be considered for development of this criterion are:

- Can we use a common framework for evaluations?
- Can we develop common indicators?
- Is there a minimum criterion for monitoring?

The current monitoring and evaluation for the Network is not considered adequate by coordinators, and the excessive number – and time-consuming nature – of questionnaires sent by the Secretariat was noted.

The possibility of using city health profiles as a baseline for each individual city would allow for a midterm and an end-of-phase evaluation. The profile would highlight areas of particular need for the individual city, such as migrant health, for example. Monitoring would thus measure the responsiveness of a city to the issues identified in the city profile baseline.

Cross-sectoral and intersectoral work

Cross-sectoral and intersectoral work is a crucial element of Healthy Cities work, as almost all projects involve multiple sectors in their design and implementation. Examples include:

- health and equity in all local policies
- a whole-of-government approach
- public participation.

Questions to be considered for development of this criterion are:

- How can this be measured?
- What does it look like in reality?

Networking

Networking is essential for the development of the Network. It requires:

- engaging with different stakeholders
- sharing and learning from good practice
- being a good role model
- peer support
- thinking global – acting local.

Questions to be considered for development of this criterion are:

- How can cities be held accountable to this (is it simply attending meetings, or can the effectiveness of the participation be measured)?
- What actions can be measured?

Capacity-building

The final requirement noted was capacity-building, which needs:

- courage
- inspiration
- innovation
- communication
- sustainability.

Questions to be considered for development of this criterion are:

- What kind of capacity-building might cities achieve?
- How can it be measured?

Updating *Twenty steps* for developing a Healthy Cities project

The original *Twenty steps* publication was produced in 1992 at the end of Phase I, a developmental phase for the Network, and was based on a 10-year strategy. The current third edition is to be updated for the new Phase VII, starting in 2018. A draft version will be circulated in Pécs, Hungary, at the WHO European Healthy Cities Network Annual Conference on 1–3 March 2017. Key points for updating the publication include the following.

- The new publication will address the concerns of pioneering cities, as well as addressing new member and intermediary cities.
- It must also address the topics of sustainability and development, in line with the United Nations 2030 Agenda for Sustainable Development, adopted in 2015.
- The publication presents "becoming a healthy city" as a journey, and the 20 steps should help coordinators and politicians throughout the journey, both practically and conceptually.
- The new edition could include the core 20 steps text followed by appendices for both "master" cities and "advanced" cities, to ensure that it is useful for more mature healthy cities, as well as new cities joining the Network.
- Illustrative case studies should be integrated throughout the text, and an annex should describe the case studies in greater detail.
- The publication could also be presented in an online format – with training modules for each step available online.
- It must be visually striking and engaging, with a maximum of one page for each step.
- The "20 steps" is a good "brand" for Healthy Cities, and this updated publication will help maintain that visibility.

The following framework will be used as a foundation to adapt the new edition to the contemporary context (Fig. 2).

The updated publication will be split into three sections:

- Phase 1. Getting started
- Phase 2. Getting organized
- Phase 3. Taking action.

Fig. 2. Elements of a Healthy City

A clean, safe, high quality physicak environment (including housing quality).	Access to a wide variety of experiences and resources with the possibility of multiple contacts, interaction and communication.	A diverse, vital and innovative city economy.
An ecosystem which is stable now and sustainable in the long term.	WHO HEALTHY CITIES PROJECT / Promoting Health in the Urban Context / HEALTHY CITIES / 2000 / WHO HEALTHY CITIES PAPERS / No. 1	Encouragement of connectedness with the past, with the cultural and biological heritage and with other groups and individuals.
A strong, mutually supportive and non-exploitive community.		A city form that is compatible with, and enhances the above parameters and behaviours.
A high degree of public control aver the decisions affecting one's life, health and well-being.		An optimum level of appropriate public health and sick care services accessible to all.
The meeting of basic needs (food, water, shelter, income, safety, work) for all the city's people.		High health status (both high positive health status and low disease status).

Source: Twenty steps for developing a Healthy Cities project, 3rd edition. Copenhagen: WHO Regional Office for Europe; 1997 (http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/1997/twenty-steps-for-developing-a-healthy-cities-project, accessed 30 March 2017).

Phase 1. Getting started

The initial section will include the following steps:

1. building and sustaining support
2. understanding Healthy Cities ideas
3. producing a city profile
4. finding funding
5. identifying the best location for the Healthy Cities office
6. project proposal and renewal
7. getting council approval.

Phase 2. Getting organized

The second section will include the following steps:

8. appointing a steering committee
9. analysing the project environment
10. defining project work
11. setting up a project office
12. project planning
13. building project capacity
14. creating accountability mechanisms.

Phase 3. Taking action

The final section will include the following steps:

15. increasing health awareness
16. advocating strategic planning
17. mobilizing intersectoral action
18. encouraging community participation
19. promoting innovation
20. securing healthy public policy.

Core competencies of a Healthy Cities coordinator

A Healthy Cities coordinator requires a mix of skills and competencies to be effective at every stage of the Healthy Cities process. While different coordinators have different skill sets, certain core competencies are required to operate effectively as a Healthy Cities coordinator. Table 1 highlights the skills required for the three phases of the updated *Twenty steps* publication. The green shaded boxes indicate the phases for which the competency/skill is required.

Table 1. Competencies and skills required for a Healthy Cities coordinator

Competency/skill	Phase 1. Getting started	Phase 2. Getting organized	Phase 3. Taking action	Core skills in relation to phases
Political awareness/navigating the landscape	▓	▓	▓	Essential skill across all three phases
Communications	▓	▓	▓	Essential skill across all three phases
Building partnerships/networking	▓	▓	▓	Essential skill across all three phases
Strategic leadership	▓	▓	▓	Essential skill across all three phases
Negotiation	▓	▓	▓	Essential skill across all three phases
Diplomacy/facilitation		▓	▓	Essential skill across two phases
Management	▓	▓	▓	Essential skill across all three phases
Monitoring/accountability		▓	▓	Essential skill across two phases
Marketing	▓	▓	▓	Essential skill across all three phases
Project planning	▓			Skill key to one phase in particular
Governance	▓	▓	▓	Essential skill across all three phases
Financial acumen	▓	▓	▓	Essential skill across all three phases
Analytical ability		▓		Skill key to one phase in particular
Resilience	▓	▓	▓	Essential skill across all three phases
Resourcefulness	▓	▓	▓	Essential skill across all three phases
A visionary approach			▓	Skill key to one phase in particular
Innovation/creativity			▓	Skill key to one phase in particular
Number of skills important to each phase	12	14	15	

Development of the competencies and skills presented in Table 1 is most needed for the following activities relevant to each phase.

Activities in Phase 1 requiring the greatest combination of skills are:

- finding funding
- project proposal and renewal
- getting council approval.

Activities in Phase 2 requiring the greatest combination of skills are:

- planning project strategy
- defining project work
- building project capacity
- appointing a steering committee
- establishing an accountability mechanism
- setting up the project office.

The activity in Phase 3 requiring the greatest combination of skills is:

- promoting innovation.

Activities requiring a combination of a large number of skills are:

- encouraging community participation
- securing healthy public policy
- mobilizing intersectoral action
- advocating strategic planning.

Annex 1

Provisional scope and purpose

Since its founding in 1988, the WHO European Healthy Cities Network has been an active and vibrant platform for inspiration and learning for European cities working to contribute to health, well-being and health equity. Six strategic goals underpin the work of Healthy Cities:

- to promote action to put health high on the social and political agenda of cities;

- to promote policies and action for health and sustainable development at the local level, emphasizing addressing the determinants of health, equity in health and the principles of the European Health for All and Health 2020 policies;

- to promote intersectoral and participatory governance for health, health and equity in all local policies and in integrated planning for health;

- to generate policy and practice expertise, good evidence, knowledge and methods that can be used to promote health in all cities in the European Region;

- to promote solidarity, cooperation and working links between European cities and networks of local authorities, and partnerships with agencies concerned with urban issues;

- to increase the accessibility of the Network to all Member States in the European Region.

As outlined in the goals and requirements for Phase VI,[2] members of the Network are required to secure adequate resources to facilitate the implementation of these strategic goals, including the identification of a full-time coordinator who is fluent in English, and administrative and technical support for their healthy city initiatives.

As an integral part of their local leadership for health, coordinators are expected to draw upon a range of skills and competencies. They should have a vision and understanding of the importance of health in social and economic development, the commitment and conviction to forge new partnerships and alliances, the negotiation skills and communication abilities to promote accountability for health by statutory and non-statutory local actors, and the flexibility to anticipate and plan for change. Ultimately, they should act as a guardian, facilitator, catalyst, advocate and defender of the right to the highest level of health for all residents.

To ensure Healthy Cities coordinators have the skills and core competencies required to fulfil this challenging and ever-changing role, a flagship Healthy Cities training course is being developed, to be hosted in Turku, Finland. The course will be piloted in 2016 and 2017 in order to launch officially in Phase VII, which commences in 2018, coinciding with the 30-year celebrations of the WHO European Healthy Cities Network. The first of these pilots will be held on 19–21 September 2016 and will provide practical core competency training on communication and leadership from professional trainers, with technical guidance from WHO staff, as well as guest seminars to inspire and motivate. This initial pilot will also act as a platform for discussion and input on the development of a curriculum for the training course itself.

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2   Phase VI (2014–2018) of the WHO European Healthy Cities Network: goals and requirements. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2014/phase-vi-2014-2018-of-the-who-european-healthy-cities-network-goals-and-requirements, accessed 14 May 2017).

Training course objectives

The aims of the course are to:

- build the capacity of Healthy Cities coordinators through practical professional training in core competencies and skills, including communication and leadership;
- encourage branding and identity strengthening through clarification of the roles and responsibilities of Healthy Cities, national networks and WHO;
- pilot a global flagship Healthy Cities training course for coordinators, to be launched in 2018, and receive input from coordinators on the development of its curriculum;
- enhance awareness in key technical areas relevant to the future work of Healthy Cities, including the 2030 Agenda for Sustainable Development and related SDGs and the cultural determinants of health;
- inspire and motivate coordinators through guest lectures on innovative and stimulating topics;
- strengthen networking among WHO European Healthy Cities Network coordinators;
- provide a platform for initial discussion and planning for the themes of the upcoming Annual Conference on 1–3 March 2017 in Pécs, Hungary, and beyond for the next phase.

Annex 2

Provisional list of participants

Healthy Cities and national network coordinators

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Healthy Cities National Network Coordinator
Russian Federation Healthy Cities Network

Ms Sanna Ahonen
Healthy Cities National Network Coordinator
Finnish National Network

Mr Murat Ar
Healthy Cities National Network Coordinator/Director
Turkish Healthy Cities Association

Mr Gökay Bahçekapili
Healthy Cities Coordinator
Gebze Municipality, Turkey

Dr Pascal Bisscheroux
Healthy Cities Coordinator
Rotterdam, the Netherlands

Ms İnci Çalışkan
Healthy Cities Coordinator
Tepebaşı/Eskişehir, Turkey

Mr Darren Crossley
Healthy Cities Coordinator/Deputy Chief Executive
Carlisle, United Kingdom (also representing UK National Healthy Cities Network)

Ms Raimonda Dakša
Public Health Organizer, Jurmala City Welfare Department
Jurmala, Latvia

Ms Joan Devlin
Healthy Cities Coordinator
Belfast, United Kingdom (also representing WHO Healthy Cities Secretariat)

Dr Milka Donchin
Healthy Cities National Network Coordinator
Israel National Network of Healthy Cities

Ms Fiona Donovan
Healthy Cities Coordinator/Healthy Cities National Network Coordinator
Galway, Ireland/National Healthy Cities and Counties of Ireland Network

Mr Christoph Gormanns
Healthy Cities Coordinator
Düsseldorf, Germany

Ms Hande Goymen
Assistant Healthy Cities Coordinator
Çankaya, Turkey

Mrs Maarit Luukkaa
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Turku, Finland

Ms Karolina Mackiewicz
Development Manager
Baltic Region Healthy Cities Association

Ms Milda Makutėnaitė
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Kaunas, Lithuania

Mr Jadran Mandekic
Expert Associate for the Rijeka Healthy Cities Project
Rijeka, Croatia

Mrs Kerstin Månsson
Healthy Cities National Network Coordinator
National Healthy Cities Network of Sweden

Mr Jan Meijdam
Policy Advisor for Healthy Urban Environment
Rotterdam, the Netherlands

Ms Kate Moloney
Healthy Cities Coordinator
Waterford, Ireland

Ms Jonna Monaghan
Health and Wellbeing Manager/Belfast Healthy Cities Project
Belfast, United Kingdom

Dr Olja Niciforovic Surkovic
Healthy Cities Coordinator
Novi Sad, Serbia

Dr Nilay Ogulturk
Director of Social Welfare/Çankaya Healthy Cities Project
Çankaya, Turkey

Ms Heini Parkkunen
Development Manager/Turku Healthy Cities Project
Turku, Finland

Dr Stefania Pascut
Healthy Cities Coordinator
Udine, Italy

Dr Tania Radulescu
Healthy Cities Coordinator
Bucharest, Romania

Mrs Johanna Reiman
Healthy Cities Network Coordinator/Executive Director
Baltic Region Healthy Cities Association

Ms Miri Reiss
Healthy Cities Coordinator
Jerusalem, Israel

Mrs Ilana Shemla-Laloum
Healthy Cities Coordinator
Ashdod Municipality, Israel

Mrs Tatiana Shestakova
Healthy Cities Coordinator/Network Coordinator
Cherepovets, Russian Federation/Russian Association of Healthy Cities, Regions and Towns

Dr Inga Solovjova
Head of the Health Division
Riga, Latvia

Mrs Faina Sorokina
Healthy Cities Coordinator
Saint Petersburg, Russian Federation

Ms Aija Vecenāne
Chief Specialist/Project Coordinator
Riga, Latvia

Ms Maria Wikland
Healthy Cities Coordinator
Stockholm, Sweden

Guest speakers/experts

Ms Taru Koivisto
Director
Finnish Ministry of Social Affairs and Health

Dr Kai Lehikoinen
University of the Arts, Helsinki, Finland

Ms Minna Sartes
Director of Recreation Division
City of Turku, Finland

Professor Markku Wilenius
Finland Futures Research Centre

WHO Regional Office for Europe consultants/temporary advisors

Ms Elisabeth Bengtsson
WHO Temporary Advisor on Healthy Cities

Ms Maria Brink Schleimann
WHO Communications Consultant

Professor Geoff Green
WHO Temporary Advisor on Healthy Cities

Ms Tamsin Rose
Expert Trainer on Leadership
WHO Temporary Advisor

Mr Jon Worth
Expert Trainer on Communication
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WHO Regional Office for Europe

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The WHO Regional
Office for Europe

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.

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