



# NATIONAL HEALTHY CITIES NETWORKS

**A powerful force for health  
and sustainable development  
in Europe**





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sustainable development in Europe

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## Abstract

National healthy cities networks are the backbone of the healthy cities movement in Europe. They provide political, strategic and technical support to their members, represent a national resource of experience and expertise in health development and offer a dynamic platform for public health advocacy at the national and international level. Each national network is unique. Each one develops in response to the needs of its member cities, according to the resources available and within its own cultural and legal framework. The publication has two parts: analysis of the multifaceted work and achievements of national networks across Europe and a profile of each network focusing on its special features, successes and aspirations.

## Keywords

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# Preface

National networks represent the backbone of the healthy cities movement in Europe. They represent a rich and diverse resource of public health knowledge and experience and an effective platform for giving visibility to local health issues and concerns and for supporting countries' efforts towards health development. In line with the spirit and the directions of WHO's country strategy of matching services to new needs, national networks have the potential and the capacity to support the development and the implementation of country strategies related to health promotion, preventing noncommunicable diseases and environment and health.

This book provides a fascinating account of the many facets and achievements of national healthy cities networks over the last 15 years. It underlines the importance of working closely with politicians and policy-makers and demonstrates with specific examples why and how national networks represent a valuable resource for innovative public health work. The book gives only a glimpse into the many aspects of the work of national networks but makes a convincing case for the need to continue supporting and strengthening national networks at the country level and internationally.

One of the main strategic aims of the fourth phase (2003–2007) of the WHO European Healthy Cities project is to bring healthy cities to all countries of the WHO European Region. Most of the

independent states of the former USSR and several countries in south-eastern Europe will therefore be the focus of our efforts. Existing national networks will be playing a major role in supporting and mentoring the newcomers.

On behalf of WHO, I would like to thank all the European national networks and, in particular, the coordinators for providing the valuable information that comprises the basis for this publication and for their support in finalizing the profiles of the national networks. I would also like to thank the members, past and present, of the Advisory Committee on National Healthy Cities Networks for providing valuable comments on the questionnaires used to gather the information. Special thanks are also due to Robert Jensen for administrative support and to David Breuer for meticulous text editing.

Finally I would like to express our gratitude to the Italian Healthy Cities Network for having generously covered the printing costs of this publication.

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# Introduction

National healthy cities networks mobilize and inspire cities to develop responsive local strategies for urban health and sustainable development. Although the main objective of national networks is to support cities in implementing the healthy cities approach, many networks have also become a significant resource for national governments.

The principles of healthy cities have spread rapidly since the mid-1980s. This publication concentrates on the development and achievements of national healthy cities networks in the European Region of WHO, but all other WHO regions have active healthy city initiatives<sup>1</sup> and many networks that support sustainable urban development at the national and international levels. For example, the European Sustainable Cities & Towns Campaign brings together the WHO European Healthy Cities Network and nine other European and international networks of local authorities in a major initiative to promote local action for sustainable development. This book does not review the contribution of all other public health and sustainable development networks or the development of healthy cities in other parts of the world. The WHO Regional Office for Europe works directly with the WHO European Healthy Cities Network and with the Network of the European National Healthy Cities Networks. This publication focuses on these national networks.

This book has been prepared in close consultation with the coordinators of national networks of healthy cities in Europe. It draws on the numerous surveys of national networks carried out by WHO since 1997<sup>2</sup> as well as new material collected in late 2002 and early 2003. At the end of 2002, the 30 national networks in 29 European countries were asked to provide profiles including case studies, a statement by a leading national politician and evidence of the network's impact as well as information on their collaboration with the national government. They were also asked to provide statistics and to describe their organization, resources, major activities, membership criteria and partnerships. This basic information is being published on the WHO web site in the form of fact sheets for each network<sup>3</sup> and is summarized in the national network profiles in Chapter 5 of this book. The initial findings from analysis of

material across the national networks were presented to representatives of the national networks in early 2003.<sup>4</sup> The subsequent discussion enabled a joint reflection on the strengths and the challenges facing healthy cities networks and the topics the representatives would like included in the book.

This publication has been produced for people who have experience with national networks of healthy cities, both politicians and technical staff, and for a wider audience who may be discovering the multifaceted healthy cities applications for the first time. The book briefly describes the history and development of national healthy cities networks in Europe. The following chapters describe how the networks in the European Region are organized and what they have achieved. Although these chapters give an overview, many countries provide specific examples. Chapter 4 provides a framework for the future development of national networks. It includes the criteria for a successful national network and some of the challenges and dilemmas currently facing the national networks. Chapter 5 is a compendium of profiles of the national networks in Europe. The profiles explain how the networks were started, their current activities at the city, national and sometimes international levels and their future plans.

<sup>1</sup> *Healthy cities in action: 5 case-studies from Africa, Asia, Middle East and Latin America*. Geneva, World Health Organization, 2000 ([http://whqlibdoc.who.int/hq/2000/WHO\\_SDE\\_PHE\\_00.02.pdf](http://whqlibdoc.who.int/hq/2000/WHO_SDE_PHE_00.02.pdf), accessed 17 September 2003).

<sup>2</sup> Farrington J. *The state of national networks for healthy cities*. Copenhagen, WHO Regional Office for Europe, 1997 (Centre for Urban Health).

Rothstein L. *The state of national networks for healthy cities*. Copenhagen, WHO Regional Office for Europe, 1999 (Centre for Urban Health).

<sup>3</sup> National network fact sheets. Copenhagen, WHO Regional Office for Europe, 2002 ([http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111\\_5](http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111_5), accessed 17 September 2003).

<sup>4</sup> *Network of European National Healthy Cities Networks. Report on a WHO business meeting*. Copenhagen, Denmark, 28 February–1 March 2003. Copenhagen, WHO Regional Office for Europe (in press).



# 1.

## The development of the WHO Healthy Cities project in Europe

National networks of healthy cities in Europe developed as a spontaneous reaction to great demand by cities to participate in the healthy cities movement. When WHO launched the Healthy Cities project in 1987 with 11 pilot cities, it expanded quickly and gained high visibility.<sup>1</sup> Today, national healthy cities networks have been established in 29 countries in the WHO European Region, bringing together about 1300 cities, counties and organizations across Europe (Fig. 1.1). The healthy cities movement is active in every part of the world, and all six WHO regional offices support this movement. This chapter reviews the historical development of the national healthy cities networks in Europe.

The WHO Healthy Cities project was a direct, local response to a series of global and European policy initiatives in the 1970s and 1980s that changed how people think about and understand health. The project has its roots in the concepts of

health for all, health promotion and sustainable development.<sup>2</sup> The concept of healthy cities is

<sup>1</sup> Draper R et al. *WHO Healthy Cities project: review of the first five years (1987–1992): a working tool and reference framework for evaluating the project*. Copenhagen, WHO Regional Office for Europe, 1993 (EUR/ICP/HSC 644).

<sup>2</sup> *Ottawa Charter for Health Promotion*. Copenhagen, WHO Regional Office for Europe, 1986 ([http://www.who.dk/AboutWHO/Policy/20010827\\_2](http://www.who.dk/AboutWHO/Policy/20010827_2), accessed 17 September 2003).

*Agenda 21* (<http://www.un.org/esa/sustdev/agenda21text.htm>). New York, United Nations Division for Sustainable Development, 1992 (accessed 17 September 2003).

*The United Nations Millennium Development Goals*. New York, United Nations, 2000 (<http://www.un.org/millenniumgoals>, accessed 17 September 2003).

*HEALTH21 – the health for all policy framework for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 1999 ([http://www.who.dk/InformationSources/Publications/Catalogue/20020322\\_1](http://www.who.dk/InformationSources/Publications/Catalogue/20020322_1), accessed 17 September 2003).

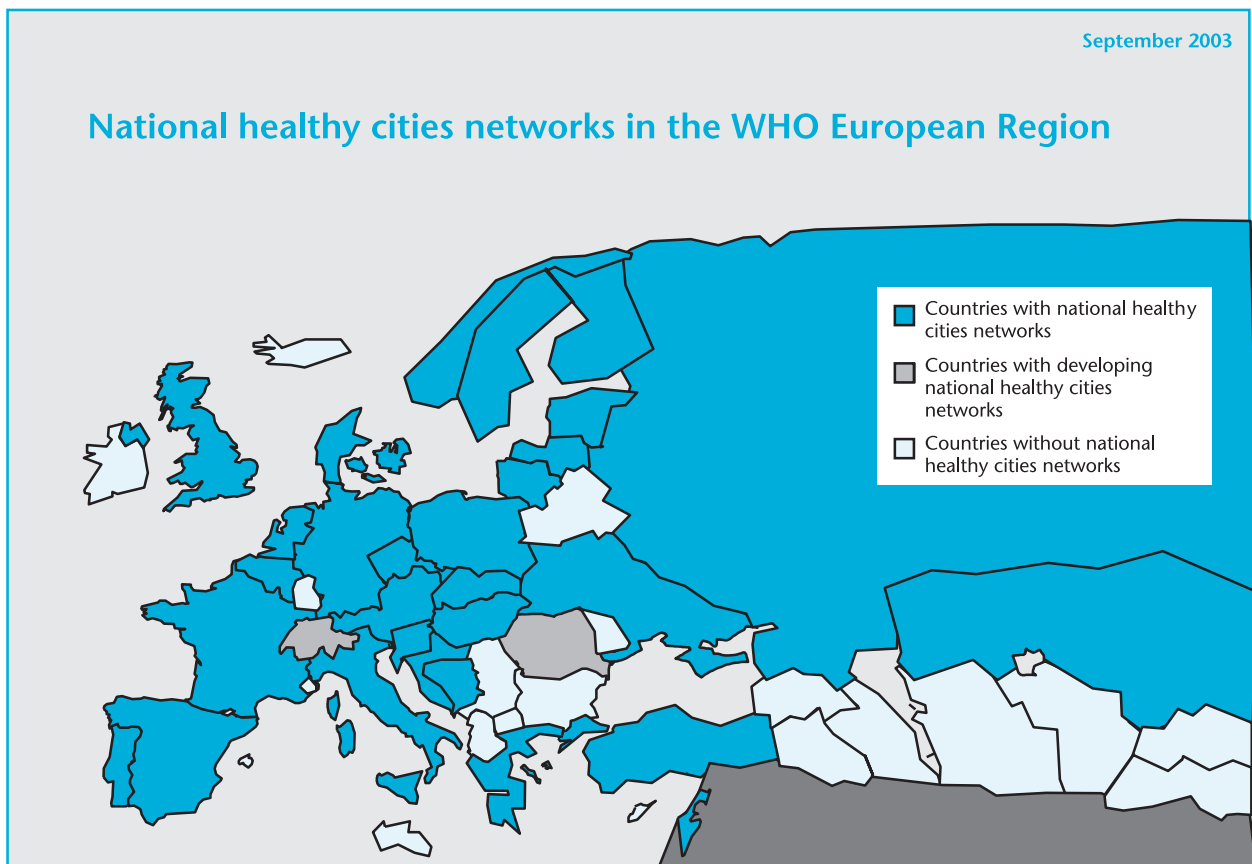


Fig. 1.1. National healthy cities networks in the WHO European Region

based on the recognition of the importance of the local and urban dimension in health action and the key role of local governments in health and sustainable development.

As the European healthy cities movement has evolved over time, it has responded to new global strategies and priorities, and to changing sociopolitical, demographic and organizational contexts. Healthy cities is a dynamic concept. Its shape and content have been influenced over time by emerging country priorities and new WHO strategies; lessons learned from past experience; advances in scientific knowledge and evidence relating to public health interventions and the determinants of health; and changes in political, policy and organizational environments. The 15 years of the WHO Healthy Cities project in Europe coincides with historic political and social changes in eastern and western Europe and at the global level. The European Region has experienced enormous political and constitutional change in the last decade. Between 1989 and 1996, 27 states in the eastern part of the Region adopted new constitutions, which often strengthened the role of municipal governments. The overall trend in Europe has been towards decentralization, in which municipal governments have been delegated more power, responsibility and autonomy to set priorities and decide policies in such areas as education, environment and health, social services, health services, social housing, community care, transport, urban planning, water supply and waste management.<sup>3</sup> In addition, cities provide enhanced democratic accountability by empowering communities to take part in the decision-making processes that control the factors that influence their health.

The WHO Healthy Cities project in Europe has evolved and been implemented over three 5-year phases (1988–1992, 1993–1997 and 1998–2002). The fourth phase was launched in 2003. Each phase has had specific goals, core themes and deliverables (Box 1.1). Although each phase has sought to expand the strategic scope of the project, the principles, methods and vision of healthy cities have always been linked to four constants:

- action to address the determinants of health and the principles of health for all and sustainable development;
- 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.

The goals of the WHO Healthy Cities project are implemented through a process involving political commitment to the principles of health for all and sustainable development; institutional changes and establishing infrastructure to support and enable intersectoral collaboration and community involvement; work at the strategic, policy and community levels with specific deliverables including city health development plans and mechanisms that reinforce accountability for health; and formal and informal networking locally, nationally and internationally. These are known as the action elements of the healthy cities approach.

The WHO Healthy Cities project in the European Region has two main operating vehicles: the WHO European Healthy Cities Network and the national and subnational healthy cities networks. The WHO European Healthy Cities Network consists of designated cities that are fully committed to implementing the goals of each phase. This is a key mechanism for promoting commitment and innovation and is a source of valuable expertise,

<sup>3</sup> Green G. *Health and governance in European cities: a compendium of trends and responsibilities for public health in 46 member states of the WHO European Region*. London, European Hospital Management Journal Ltd, 1998.

### Box 1.1. Phases of development of the WHO European Healthy Cities Network

#### **Phase I (1988-1992)**

Thirty-five cities focused on creating new structures for intersectoral working and mechanisms to manage change.

#### **Phase II (1993-1997)**

Thirty-nine cities strongly emphasized developing healthy public policies and drawing up comprehensive city health plans focusing on equity and sustainable development.

#### **Phase III (1998-2002)**

Fifty-five cities attempted to make a transition from health promotion to integrated city health development plans – creating partnership-based policies with a strong emphasis on equity, the social determinants of health, Local Agenda 21, community development and regeneration initiatives.

legitimacy and continuous learning. A new WHO European Network is established to implement the goals of each phase. To become members, cities formally apply to WHO for designation to the WHO European Healthy Cities Network, which is based on a set of clear criteria related to the city's capacity and commitment to implementing a specific programme of work and deliverables.

National networks, in contrast, have developed independently based on ideas and influences resulting from their collaboration with WHO and their participation in international meetings. National networks have enabled wide accessibility to the concepts and experience of healthy cities to hundreds of cities throughout Europe. National healthy cities networks involve a wide range of professional, political and community audiences. They provide a flexible response both to the unique needs and opportunities for health and sustainable development within a country. National networks provide a framework for building political commitment and alliances at all levels.

### The development of national healthy cities networks

Although national healthy cities networks do not work according to phases, their development can be described according to the time frames of the first three phases of the WHO European Healthy Cities Network.

#### *Responding to great demand (1988–1992)*

The interest in national networks was so great and they grew so quickly that the first meeting of national network coordinators was held in Helsinki in 1988. This meeting brought together six networks (including two from outside Europe), which already linked together 200 cities. In 1989, the movement had grown to include about 350 cities in seven European national networks. During this time, several subnational networks (such as in Spain) and language-based networks (such as a French-speaking network) had also been established. At a 1989 meeting in Eindhoven, coordinators defined a national healthy cities network as follows.<sup>4</sup>

National healthy cities networks can be seen as organizational structures to inspire and motivate cities to join the healthy cities movement, to help them exchange information and experiences and to create more favourable social, political, economic and administrative conditions for the implementation of healthy cities strategies in their countries.

At the same meeting, coordinators proposed establishing a European network of national healthy cities networks called EURONET. One of its main aims was to support the development of healthy cities networks in the countries of central and eastern Europe and to facilitate training and resource development. In 1994, EURONET was officially founded as a legal organization and was led by network members. An agreement of collaboration was signed with WHO, but EURONET lost impetus a couple of years later.

#### *Strengthening networks (1993–1997)*

WHO continued to encourage the development of national networks by requiring members of the WHO European Healthy Cities Network in its second phase to support the establishment of national networks in their respective countries. As these networks matured, they demonstrated their potential to create a legitimate platform for change and to respond to the diverse needs of countries. Cooperation between national networks during this period focused on strengthening the strategic capacity of national networks through exchange and training and supporting the development of new networks in central and eastern Europe.<sup>5</sup>

A survey by WHO on national networks in 1997 revealed that networks, although they shared common goals and objectives, varied greatly in their organization, participation criteria and their level of access to and support from national governments.<sup>6</sup> The preparation for the launch of the third phase of the WHO European Healthy Cities Network in 1998 provided a new impetus to reflect on the relationship between national healthy cities networks and WHO.<sup>7</sup> It was decided that WHO and national healthy cities networks would need to collaborate more closely for national networks to reach their full potential

<sup>4</sup> Goumans M. *What about healthy networks? An analysis of structure and organisation of national healthy cities networks in Europe*. Maastricht, Netherlands, Research for Healthy Cities Clearing House, 1992 (RHC Monograph Series No. 3).

<sup>5</sup> *National healthy cities networks in Europe*. 3rd ed. Copenhagen, WHO Regional Office for Europe (Centre for Urban Health)/EURONET Association, 1997.

<sup>6</sup> Farrington J. *The state of national networks for healthy cities*. Copenhagen, WHO Regional Office for Europe, 1997 (Centre for Urban Health).

<sup>7</sup> Goumans M. *Strengthening the role of national healthy cities networks in phase III of the WHO Healthy Cities project (1998–2002)*. Discussion paper – Athens International Healthy Cities Conference 20–23 June 1998. Copenhagen, WHO Regional Office for Europe, 1998 (Centre for Urban Health).

to promote and strengthen urban health across Europe. WHO had a major role to play in urging national governments to recognize national networks as important structures and players in urban and public health. This priority was reflected in a 1998 resolution of the WHO Regional Committee for Europe, which called for Member States to support national networks of healthy cities in their coordinating and capacity-building role.<sup>8</sup>

### *Raising standards (1998–2002)*

Coordinators and political leaders from national healthy cities networks have met together regularly and directly cooperated with WHO in a special European forum for networks.

An important achievement of this cooperation has been the adoption of a set of standards for both national healthy cities networks and their member cities, which are expressed as criteria within the WHO action framework for European national healthy cities networks (Annexes 2, 3).<sup>9</sup> This action framework aspires to raise the overall standards of networks and their constituent cities. The document itself was quite radical at its inception, as many national networks felt that finding a common set of criteria would be impossible given the diversity of national policy contexts and the resultant organization of networks.

The criteria of the action framework represent the best practices of national networks. The mini-

imum criteria for national networks set a benchmark and provide guidance for establishing the infrastructure of a national healthy cities network, and the ideal criteria provide a set of proven standards for improving and strengthening a network.

As of September 2003, 18 networks had been accredited (the individual profiles of the national networks in Chapter 5 indicate whether the network was accredited and when). However, not all networks that fulfil the minimum criteria of the action framework have been accredited. Some networks are using the action framework as an opportunity to create dialogue with new partners and to strengthen their network structures.

The following chapters explore the organizational factors and some of the key achievements that have formed the basis for developing European-wide criteria for networks.

<sup>8</sup> *Healthy Cities. Strengthening action for health for all at local and city levels in the European Region of WHO*. Copenhagen, WHO Regional Office for Europe, 1998 ([http://www.euro.who.int/AboutWHO/Governance/resolutions/1998/20030430\\_4](http://www.euro.who.int/AboutWHO/Governance/resolutions/1998/20030430_4), accessed 17 September 2003).

<sup>9</sup> *Action framework & terms of reference (2000–2002) – Network of the European National Healthy Cities Networks*. Copenhagen, WHO Regional Office for Europe, 2000 ([http://www.who.dk/eprise/main/who/progs/hcp/Documentation/20011106\\_1](http://www.who.dk/eprise/main/who/progs/hcp/Documentation/20011106_1), accessed 15 September 2003).

# 2.

## Organization and leadership of national networks

National healthy cities networks have been established in 29 countries of the European Region: from Portugal in the west to the Russian Federation and Kazakhstan in the east. Although the priorities, structures and partnerships that characterize a national network vary from country to country, national networks share common features, goals and strategic directions based directly on the healthy cities approach. This chapter examines the organizational features of national networks and highlights some areas of strength and difficulty.

### Setting up a network

National healthy cities networks have been established by individuals working in cities and other organizations who share a commitment to the principles of health for all and sustainable development. National networks have typically been launched by members of the WHO European Healthy Cities Network, but in some countries the national institute of public health, ministry of health or local association of authorities has played a significant role in their establishment. It usually takes about 2–3 years to set up a national network, from introducing the idea to a group of stakeholders to founding a legal organization

based on statutes. Most networks are independent, legal associations with not-for-profit status.

### Coordination and resources

The location of a national healthy cities network provides some insight into how it has been launched and how it is resourced (Table 2.1). The host of the coordination usually provides important financial and technical resources.

Direct support for coordination costs by a ministry can make a network financially secure, although government funding is not always a long-term source of sustainable income. Most networks rely on city fees or small grants. Twenty networks are known to have a membership fee; 12 are based within a member city. Of the remaining 10 networks with no membership fees:

- one is very small;
- two are currently inactive as they prepare to relaunch their networks;
- one has a grant from the ministry of health and is located within an association of municipalities;
- five are coordinated within a national-level organization and receive funding from their ministry of health for coordination costs; and
- one was established very recently and is not formally organized as a legal body.

Location of the coordination structure	Number of networks
A city	14
National institute of public health or academic institute	5 <sup>a</sup>
Ministry of health or national organization of the ministry of health	3
National association or union of local authorities	3
Independent	3

<sup>a</sup> Includes the Israeli Healthy Cities Network, which is coordinated from a national institute of public health but it is organizationally part of a national association of local authorities.

Many external funders will not directly fund the general coordination costs of networks but only support project work. Membership fees are usually inadequate to support a full-time coordinator or to pay members for their participation on indispensable network bodies such as the steering committee. Operating a national network therefore relies on good will, and this can lead to burnout if the same people have to carry out the routine tasks.

### Membership and criteria

Although the primary goal of national healthy cities networks is to support cities in implementing policies and plans based on health for all and Agenda 21, the membership of networks is not necessarily confined to cities. Most networks restrict their membership to local autonomous gov-

Table 2.1. Location of coordination structures in the 28 active national healthy cities networks in Europe



ernment units (villages, towns, cities and counties), but several networks open their membership to representatives of ministries, nongovernmental organizations, universities, national associations of cities and other health or sustainable development networks. For example, the National Assembly of Wales is a member of the UK Health for All Network. Nearly all networks have membership criteria; only one network does not have any criteria as it operates on the principle of a completely open network.

### Common governing structures

Networks typically share the same structure of governing bodies, which are often defined by legal requirements for associations or not-for-profit organizations. The main governing (decision-making) body is the general assembly, which comprises the full members of the network. Most networks require annual meetings of their general assembly, but in practice, networks meet more frequently. Networks usually elect or appoint members to a steering committee, which implements general assembly decisions and further develops the strategic and technical work of the network. Networks established as legal organizations also have other formal offices or bodies such as a treasurer or an audit committee. The leadership structures of networks are described in greater detail later.

### Political and technical leadership

The support and involvement of politicians in healthy cities has been universally accepted as key to its success. About half the national networks formally involve mayors and other local politicians in network structures. This gives a network increased legitimacy and a stronger voice at the national level. Politicians ultimately command resources and have the power to make things happen. For example, the enthusiastic and active participation of politicians in the Norwegian Healthy Cities Network resulted in support for a full-time national network coordinator.

#### *Models of political involvement in networks*

The national healthy cities networks in Europe have several models for direct political involvement, including a political steering committee, a mixed steering committee, political and technical steering committees and a political head.

*Political steering committee.* The network has one leadership body comprising entirely politicians. This body is supported by technical staff, but

they do not have a formal role or a separate structure.

*Mixed steering committee.* The network has one leadership body that brings together both political and technical representatives.

*Political and technical steering committees.* **The** network has two separate structures for political and technical leadership. A political steering committee sets the strategic direction and goals of the network. The technical committee implements the decisions of the political committee. The two bodies typically cooperate closely.

*Political head.* The network chooses a politician to head the network, independent of his or her involvement in other network bodies. This is typically a mayor of a member city.

A couple of networks have gone a step further to involve national-level politicians. For example, the Estonian Healthy Cities Network has given high priority to attracting political interest in healthy cities through a national debate (see the profile).

#### *Balancing political involvement*

Some networks emphasize involving politicians in all network structures and activities, whereas others stress limiting political involvement to key activities that bring them clear added value – avoiding unnecessary demands on their time. Some networks struggle to establish mechanisms for active political involvement, whereas others have not found the need for such involvement at all. For example, the Finnish Healthy Cities Network does not involve politicians in any formal network structure. However, as member cities have to adopt the Network’s criteria and devote resources to network activities, politicians in Finland are regularly involved in local level debates on healthy cities.

#### *Sustaining local political commitment*

Sustaining local political interest and involvement in healthy cities is an issue for all networks, although the means for achieving this varies. Networks must resolve politicians’ need for short-term results with the long-term vision for health development of healthy cities. Coordinating network plans with municipal statutory requirements (such as planning and funding cycles) and coordinating the appointment of politicians to network steering committees with election years have helped some networks to facilitate the consistent involvement of politicians (Box 2.1).

## Box 2.1. Statement by Norway's Minister for Health

### **Public health in Norway**

#### **Needs great effort**

Both the Norwegian government and the political leadership in the Ministry of Health are concerned with giving the public health work a push. In this context I would like to emphasize that I am not only a Minister for Disease, whose task is to make the curative activity more effective; I am also a Minister for Public Health, who has to observe and have influence across the various sectors of society. The roots of the health issues are not mainly located in the health services. I, and everybody who is interested in public health, should therefore care about how the community arranges for bicycling and healthier diets; how the schools deal with harassment and how the professional world can be health promoting and not health destructive. This is what I call the greater health politics.

#### **Needs partners**

In my opinion, it is extremely important to see government and municipalities as partners who pull in the same direction in the work with public health. They should be partners that work towards the same goals, but with different roles and responsibilities. I am, however, fully aware of the various challenges attached to the work with public health for the municipal sector. But there are also unique opportunities on the local level. From a central

point of view it is important not to put obstacles in the way for the local health work but to prepare the frameworks and consider what kind of support is needed in the efforts at the local level. The work with public health can be a lonely task for many small Norwegian municipalities. Knowledge, counselling, supply of competence, and in some cases, a bigger network, is required.

#### **Needs the Norwegian Healthy Cities Network**

In this connection we wish to explore the possibilities of the kind of networking that you represent. The government neither shall nor should take over this functional way of organizing the municipalities, but there are several reasons for looking for new forms of alliances between such networks and the central governments.

If we want to see results of the work with public health, we must make a joint effort. I will surely do my part. I believe that the members of the Norwegian Network – the leading municipalities on public health – will be important partners when it is time to put the politics into life in the coming years.

*Dagfinn Høybråthen*

Norway's Minister for Health

February 2003

## **Networking at many levels**

Networking does not stop with bringing cities together at the national level. Cities cooperate within networks on thematic issues, and geographically close cities may cooperate in separate regional networks. National networks frequently have thematic work groups on issues such as accidents or healthy housing. Work developed by small working groups on thematic areas is then typically disseminated nationally via network web sites or national conferences.

Regional or metropolitan networks in some countries help smaller cities and towns to become more actively involved in healthy cities and create synergy for work on health issues with a regional dimension (Box 2.2). These subnational networks can also help some countries to overcome large geographical distances that would otherwise prevent active networking.

## Box 2.2. Regional, metropolitan and language-based healthy cities networks

Regional, metropolitan and language-based networks within countries are an interesting feature of national healthy cities networks. Regional networks help to overcome barriers to participation based on geographical distances or language. Regional and metropolitan networks also enable smaller cities, towns or villages with limited resources to share expertise and benefits from the international experience of the European healthy cities movement. Importantly, these networks enable cities to work together on common local problems that have a regional dimension.

In Belgium, government is divided into language-based communities and regional assemblies. The language-based communities have directly elected councils responsible for health, education and social services. Healthy cities networks in Belgium reflect these structures and are similarly organized into two linguistic networks – a Flemish-speaking network (currently inactive) and a French-speaking network.

Spain is divided into 17 autonomous regions with legislative powers and an independent tax base. Municipalities are jointly responsible with the autonomous

regions for delivering a range of health-related services, such as social welfare.<sup>1</sup> Regional networking is therefore a strong feature of the Spanish Healthy Cities Network. The Network has active regional networks in Andalusia, Castilla-La Mancha, Catalonia and one metropolitan network in Madrid.

Germany, a large country, works through four regional healthy cities networks as well as at the national level.

Given the vast size of the Russian Federation, the Healthy Cities Support Centre is increasingly emphasizing developing partnerships with the 89 regions.

Several regional healthy cities networks have recently been established within the Italian Healthy Cities Network. Regional healthy cities networks have been set up in Puglia, Tuscany and Piedmont. These networks are expected to adopt the statutes and structures of the Italian Healthy Cities Network.

<sup>1</sup> Green G. *Health and governance in European cities: a compendium of trends and responsibilities for public health in 46 member states of the WHO European Region*. London, European Hospital Management Journal Ltd, 1998.



# 3.

## Achievements and impact of national networks

Each national healthy cities network is unique. At present, no clear pattern is identifiable between the organizational development of networks and how a country's political system or health system is organized. However, the existence or lack of supportive national and local policy frameworks for health for all and sustainable development, and the roles and responsibilities for service delivery among cities, regional structures and the policy frameworks of the national government all influence network development. Each network develops in response to the needs of its member cities, opportunities to obtain financial and human resources and its own cultural and legal frameworks. As this combination of factors varies enormously across the different countries in the European Region, what can be defined as a national network achievement also varies. What one network considers an achievement may not even be an aim for another.

Increasing understanding of the interplay between these factors would provide useful insight for supporting cities, organizations or individuals that want to set up or enhance the sustainability of national healthy cities networks in the future. Analysis of the profiles of the national networks (available in Chapter 5 of this book) and national network fact sheets<sup>1</sup> already provides some insight into the kinds of activities that strengthen networks, regardless of how they are organized. This chapter draws on this information and presents the achievements of national networks at the city and national level to highlight the impact of national healthy city networks. In so doing, the key functions of a network are highlighted. Some examples of international cooperation are also presented.

### Achievements at the city level

The starting-point for a national network is to support the development of the healthy cities movement at the city level. They have an important role not only in recruiting new members but also in continuing to ensure a high level of awareness of healthy cities principles among existing city members. The status of an individual project can be enhanced if it is known to implement internationally validated principles or if its successes are shared at a national conference.

### *Increasing the profile of healthy cities*

Increasing the profile of healthy cities is important for attracting new members and in ensuring that resources are made available to the network. Similar to the WHO European Healthy Cities network, many national networks require their member cities to identify a political focal point for the project. The involvement of politicians, especially mayors, is vital to ensuring a high profile for urban health within a municipality. For example, when Slovenian cities wish to join a new 5-year phase of the Slovenian Healthy Cities Network, all the mayors are invited to a prestigious signing ceremony presided over by the Minister for Health.

In recent years, several networks have reorganized their structures to strengthen political commitment in cities and to the national network. Italy provides an interesting example (see profile).

### *Sharing best practices*

A network has a key role in disseminating new techniques and supporting best practice among the members (Box 3.1).<sup>2</sup> Healthy cities networks share a number of common themes (such as promoting systematic planning) and methods of supporting cities (such as piloting initiatives through

#### Box 3.1. Examples of supporting best practices in cities

Grants to innovative projects (Poland)  
Letters of support for cities making grant applications (Czech Republic)  
Presentations at prestigious conferences  
Site visits  
Regular newsletters  
Providing training and guidance materials

<sup>1</sup> National network fact sheets. Copenhagen, WHO Regional Office for Europe, 2002 ([http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111\\_5](http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111_5), accessed 17 September 2003).

<sup>2</sup> Schweyer FX, Levasseur G, Pawlikowska T. *Créer et piloter un réseau de santé. Un outil de travail pour les équipes*. Rennes, Éditions de l'École nationale de la santé publique (ENSP), 2002.

thematic groups, publishing manuals or creating opportunities for exchanging good practice).

Regular business meetings and training courses create opportunities for members to formally and informally exchange experience. Many networks also use web sites, newsletters and publications to share best practices. The Dutch Healthy Cities Network sends its newsletter to all municipalities, ministries and other national partners, using it as a publicity tool as well as a method of promoting communication between members. The French Healthy Cities Network produces an annual directory that lists the main activities of all city members.

Many national networks have encouraged cities to meet together to facilitate learning or to develop a joint action plan on a specific topic. These thematic networks (known as multi-city action plans) can be important, as they enable cities to share good practice. Some have produced valuable publications. The thematic networks frequently appear to have a natural life of a couple of years, as they fulfil their main functions, such as providing a forum for exchange, piloting new methods and developing guidance.

In other networks, working groups operate on a long-term basis. Members of the Danish Healthy Cities Network are required to work in at least one of the Network's three work groups: health at the workplace; accident prevention; and diet and physical activity. The Network has become widely recognized for its work in these areas. For example, the Network has established a National Centre for Workplace Health Promotion, with the support and cooperation of the Ministry of the Interior and Health.

### *Increasing capacity*

Increasing capacity through training strengthens national networks.<sup>3</sup> Virtually all networks provide at least occasional training opportunities: for example, Latvia has just held a course on writing skills for project proposals. A few networks have gone a stage further and run either regular or accredited courses.

In 2002, the Israeli Healthy Cities Network ran a course with 15 full-day sessions and two site visits. Participating in a longer course has led to the reactivation of the healthy city project in several inactive cities and two new cities joining the Network. The course has led to the creation of a close multiethnic support group for the Israeli coordinators.

The Polish Healthy Cities Association provides two types of training: general courses and those

on a specific theme. The general healthy city courses usually last 1.5 days and are held just before a general assembly. They are open to politicians and administrators, which helps to facilitate lasting close collaboration. A number of thematic courses for specialized staff have been held on physical activity, cardiovascular disease and other national priorities.

The Croatian Healthy Cities Network runs a 2-week summer school for an international group of healthy city practitioners each year. It is a rich source of exchange of information but also discusses health promotion philosophy. The Network is also running courses for groups of people at the county level to learn how to carry out a participatory assessment of health status and how to design a health profile. Half the counties in Croatia have now attended (see profile).

In Sweden, a course was broadcast to municipalities by videoconference. This has proven to be a very cost-effective and accessible way of raising public health competencies, especially among small municipalities in northern Sweden that often have difficulty attending longer training events. Sweden's networks for public health work have also used field visits to other cities to promote exchange of best practices. They have involved approximately 180 professionals from pre-school teachers and school nurses to recreation leaders and environmentalists.

### *Supporting new working methods*

A network has a key role in disseminating new techniques and ways of working. Almost three quarters of the networks specifically focus on supporting cities in developing city profiles and/or plans. These techniques were originally developed in the WHO European Healthy Cities Network. A city health profile is a quantitative and qualitative analysis of health in a city based on social, environmental and health data as well as the actual experience of citizens. The profiles provide a basis for a city to develop an intersectoral plan for health with its partners: a city health development plan. (Further practical information about profiles and planning is available from the resources listed in Annex 1.) A criterion for joining most national networks is that member cities pro-

<sup>3</sup> Reinicke WH et al., eds. *Critical choices: the United Nations, networks and the future of global governance*. Ottawa, International Development Research Centre, 2000 (<http://www.gppi.net/cms/public/a1224f819197be4e797e38bb6b6ba511critical%20choices%20final.pdf>, accessed 17 September 2003).

duce a profile and a plan within a given time scale, but this may not always be enforced.

Cities in the Italian Healthy Cities Network identified integrated city health plans as a means for putting the health and well-being of citizens at the heart of local decision-making. The first step was to produce a profile, and 18 cities had completed theirs by January 2003. The Hungarian Association of Healthy Cities is supporting its member cities by publishing a manual on city health planning. It is moving the focus from illness and disease to looking at the determinants of health.

Rather than using existing data, the Norwegian and Austrian Healthy Cities Networks have undertaken population surveys in member cities. The surveys aim to establish community priorities and views on health and environmental development. Both Networks undertook this labour-intensive task, as they wished to generate positive health data rather than rely on existing statistics about diseases or death rates.

## Achievements at the national level

### *Increasing the visibility of healthy cities*

Networks may increase their visibility at the national level through strong political leadership, communication initiatives, high-profile conferences and strategic information dissemination through a newsletter or a web site. Three quarters of national networks now have web sites. Some networks publish attractive versions of their own manuals or annual reports. Some organize large annual conferences open to a wide audience to disseminate the principles of healthy cities, such as occurs in the United Kingdom.

The Hungarian Association of Healthy Cities awards an annual prize to the best coverage of healthy cities-related activities in various forms of national and local mass media- television, radio and newspapers. It is presented by the Minister for Health. The awards have raised both the quality and the volume of media coverage on health and environmental issues as well as the visibility of the healthy cities movement in Hungary. The Portuguese Healthy Cities Network has recently organized a similar award. This spreading of an effective means of communication illustrates the

### Box 3.2. Statement by Denmark's Minister for the Interior and Health

A model for cooperation in promoting health at the local level

As Minister for the Interior and Health, I find the Danish Healthy Cities Network very useful. It is both a model for cooperation between the three political and administrative levels in Denmark (the Government, the regions and the municipalities) and a vehicle that helps to place health promotion and disease prevention on the political agenda.

The healthy cities work has increased political attention on and social awareness of the work involved in promoting health and preventing disease in Denmark. The Ministry of the Interior and Health has therefore financially supported the activities of the Network for more than 10 years.

Overall, the Network has comprised a very important, productive and cooperative environment for developing and implementing methods of promoting health and preventing disease and for disseminating information about these methods. Methods developed through the Network have been widely implemented – even in municipalities

that are not members of the Network. In addition, efforts to improve health have really reached out to the wider population, achieving very high visibility.

Denmark's Network has great significance for specific initiatives around the country. Valuable experiences are being incorporated and useful knowledge is being compiled about how best to tackle the issues. It is exciting that this is happening within a network, horizontally and with minimal bureaucracy. Through its success in promoting health, the Danish Healthy Cities Network has proved to be a strong partnership. I would like to take this opportunity to acknowledge and to commend the Network's great contribution to strengthening the efforts in this field in Denmark.

*Lars Løkke Rasmussen*  
Minister for the Interior and Health  
Denmark  
February 2003

one of the benefits of the international networking between the national healthy cities networks.

### Developing strategic partnerships

In addition to encouraging cities to collaborate together, a significant role of a national healthy cities network is to link with national partners such as government ministries (Box 3.2) and institutes of public health. Cooperation with these partners can help to place urban health higher on the national agenda and provide the member cities with access to expertise. Twenty-five networks report that they have a partnership with their ministry of health (Table 3.1). This is a significant achievement, as national networks have consistently identified this as an area of difficulty in the past.<sup>4</sup>

The nature of network partnerships varies. Some national networks have very close links with national structures, which may provide coordination support to the network. For example, Turkey's Ministry of Health introduced the healthy cities initiative in Turkey in 1993 and coordinates the network. The Kazakhstan Healthy Cities Network reports that it benefits from the support of the President and the First Lady and is part of the national government policy.

Whereas the partnerships between networks and ministries or other national-level bodies used to be based primarily on funding, in 2003 about 85% of networks refer to more strategic working relationships with several government bodies – especially ministries responsible for health and the environment. For example, the Ministries of Health, Environmental Protection, Education and Labour & Welfare are formal members of the Israeli Healthy Cities Network. The Network participated in preparing Israel's national report on the Habitat Agenda, which recognized healthy cities

Type of partner	Number of networks
Ministry of health	25
Other ministries or government bodies	14
Unions or associations of local authorities	13
National institutes (public health or health promotion)	12
Universities or research institutes	10

Table 3.1. Partners of the 30 national healthy cities networks in Europe

as a useful vehicle for implementing both the Habitat Agenda<sup>5</sup> and Local Agenda 21.

National institutes of public health, universities and other research organizations have become increasingly important partners for many networks. They can support networks in evaluating their work (Box 3.3) and in developing sound methodological approaches for core work such as the development of city health profiles. The Healthy Cities Support Centre in the Russian Federation, based within the Institute of Public Health and Health Care Management of the Sechenov Moscow Medical Academy, supported cities in developing a set of 29 qualitative and quantitative indicators for use by specialists, decision-makers and citizens.

An interesting trend among national networks is the establishment of new organizations in collaboration with national partners. For example, the Association of Healthy Cities of Slovakia has established a Slovak Public Health Association in cooperation with national partners.

### Influencing national policy

An important aim for national healthy cities networks is to influence national public health policy. Many networks report a role in influencing national public health policies by taking part in government advisory groups or national committees. Recognized for its expertise in urban health and sustainable development, the Hungarian Association of Healthy Cities is a member of a subcommittee of the National Committee on Health Promotion. The network had responsibilities around the local implementation of Hungary's national environment and health action plan.

The Government of Slovenia is reorienting the work of the Ministry of Health to increase its focus on health promotion. The Healthy City Centre will be responsible for coordinating this part of the national plan – the only part to be coordinated outside the National Institute of Public Health. All regions in Slovenia will now implement a healthy city approach.

### Responding to national priorities

Many national networks have become important vehicles for supporting cities in responding to na-

<sup>4</sup> Rothstein L. *The state of national networks for healthy cities*. Copenhagen, WHO Regional Office for Europe, 1999 (Centre for Urban Health).

<sup>5</sup> *The Habitat Agenda*. Geneva, United Nations Human Settlements Programme, 1996 (<http://www.unhabitat.org/unchs/english/hagenda>, accessed 17 September 2003).

### Box 3.3. Evaluation of national networks

Over one third of national networks have evaluated the organization and activities of member cities.

Seven national networks have gone a stage further and have evaluated their own activities. The evaluation of national network activities can help to highlight the network's successes (which could support requests for funding). They can indicate areas of weakness and suggest responses that could strengthen the future development of a network. Some networks use a simple self-evaluation process, such as Finland, but most prefer an external institution.

An evaluation in Sweden in 2001 led to a radical restructuring of its national networks. Sweden had two networks: one for large towns and one for medium-sized towns. The evaluation found that the networks had provided valuable support for the development of local public health in municipalities but that they were too loosely associated, they financially depended on the National Institute of Public Health and they lacked clear membership criteria. A single national network is currently being established in Sweden with precise membership criteria.

Ljubljana University evaluates the Slovenian Healthy Cities Network annually. The results are presented as part of the Network's annual report, which is sent to the Ministry of Health (a main funder of the Network). The last evaluation included how the Network should provide systematic help for cities in difficulty after an election creating political change. It also suggested that associate membership be limited to a period of 6 months, as some associate member cities did not progress to developing city health profiles and other deliverables, and this was recognized as negative for the overall development of the Network.

Evaluation of the Danish Healthy Cities Network by the National Institute of Public Health has demonstrated that the Network has influenced national-level policies and created greater political interest in health. Participation in the Network makes undertaking new activities easier for cities. The Network's thematic work gives members the space to develop expertise in certain topics. Members also have a one-stop access point to national health information.

tional health priorities. Networks provide access to knowledge and resources that enable and encourage cities to develop new local initiatives. For example, injuries are the third largest cause of death in the Czech Republic and the main cause of death among children and adolescents. Injury prevention has therefore become a priority for Healthy Cities of the Czech Republic and its partners. The network is promoting the principles of Safe Communities, another WHO network.

The early detection and prevention of breast cancer is a priority for the Poland's national health programme and the Polish Healthy Cities Association. Programmes implemented by healthy cities include training courses for health professionals, organizing screening examinations, popularizing regular breast self-examination and health education for women. The 21 cities involved in this work cover 2.5 million women. The programmes have become permanent items in city budgets. Women's awareness on the subject has risen, and their participation has demonstrated social demand for these activities.

### International collaboration between networks

Several networks have collaborated outside the format of WHO business meetings. These contacts are most frequent between networks that share a language or a common border (Box 3.4). For example, the Croatian Healthy Cities Network has provided training and support to the recently established Bosnia and Herzegovina Healthy Cities Network. The networks in the Czech Republic, Slovakia and Hungary are involved in regular exchange. French-speaking networks (France and Belgium) with representatives from Switzerland, North Africa and Canada organize a biannual international conference on healthy city practices.

Norway has invited the other Nordic healthy city networks to develop a Nordic Health and Environment Profile based on the Norwegian Profile. This is planned to take place in 2004–2005 (see Norway's profile).



### Box 3.4. Cooperation in the Baltic region

The Baltic Region Healthy Cities Office supports the development of healthy cities, and especially national healthy cities networks, in the region surrounding the Baltic Sea. It was opened in 2002 and is based in Turku, Finland. Sixteen national networks attended an international seminar organized to mark its official launch.

The Office will organize annual meetings and will provide a web-based information database on the national healthy cities networks and their activities. The Office will help networks to develop training and build capacity according to need and to seek

velop and disseminate innovative practices, thereby attracting more publicity and recognition of the healthy city movement. This increases the number of cities interested in promoting healthy city principles and the quality of work within member cities.

At the national level, networks have served as a link between government policy and local action. They have enabled experience gained on the ground to be channelled upwards to influence national thinking and have helped to disseminate good practice from national or international policies and research to cities.

In practice, the pooling of practical expertise of urban health has meant that national healthy city networks have become an important national resource. Not only do they provide valuable support to their members but they can advise national government and other national institutions on effective models of promoting sustainable urban health.

### The influence of national networks

Ample evidence from questionnaires and analyses carried out in the European Region, including the survey performed for this publication, indicates that national networks have important influence across Europe.<sup>6</sup> The outcomes of long-established national healthy cities networks show a clear potential:

- to strengthen local institutional effectiveness by supporting cities in adopting good governance approaches based on the principles of health for all and Agenda 21;
- to inform national policy development by crystallizing local needs;
- to create a platform for municipalities to share best practices and to cooperate with national ministries, regional-level governments, academic institutes, nongovernmental organizations and other important actors in health and sustainable development;
- to provide a testing ground for new policies;
- to promote best practices by setting standards, producing guidance and providing training; and
- to generate and disseminate knowledge and new ideas through exchange, conferences, newsletters, web sites and even by establishing new organizations.

National networks encourage cities to move away from a culture of organizing single health events to a culture of producing strategic health plans in which promoting health becomes an aim for all city departments. National networks can draw on members' individual and joint successes to de-

<sup>6</sup> Rothstein L. *The state of national networks for healthy cities*. Copenhagen, WHO Regional Office for Europe, 1999 (Centre for Urban Health).

*Network of European National Healthy Cities Networks: report on a WHO business meeting, Brno, Czech Republic, 31 May–2 June 2001*. Copenhagen, WHO Regional Office for Europe (in press).

National network fact sheets. Copenhagen, WHO Regional Office for Europe, 2002 ([http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111\\_5](http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111_5), accessed 17 September 2003).

# 4.

## Developing effective national networks for the future

The previous chapters have highlighted common organizational features, functions and activities that contribute towards enabling networks to achieve sustainable outcomes at many levels. This chapter draws on these outcomes to make recommendations for a successful national healthy cities network. It is not enough to apply these recommendations. Some of the most common challenges and examples of how some networks respond to them are described below. This chapter concludes with a discussion of the future steps for national networks in Europe.

### Criteria for a successful healthy cities network

Several surveys and analyses of national networks have been carried out in the past 5 years.<sup>1</sup> They have identified common structural and organization features and activities that have enabled the successful development of healthy cities in a country. Based on these findings, the WHO Centre for Urban Health and national healthy cities networks have identified several cross-cutting criteria for national networks and their member cities that are consistent with the four action elements of the healthy cities approach described in Chapter 1: endorsing principles and strategies, establishing infrastructure, making a commitment to products and outcomes, and networking. The criteria for networks, based on these four action elements, are described in more detail below.

#### *Endorsement of principles and strategies*

A national healthy cities network should foster commitment to the principles and strategies that underpin the healthy cities approach. Ideally, the national network should be able to demonstrate broad partnerships with a range of partners, including ministries of health, national associations of local authorities, national institutes of public health and sustainable development organizations and networks. A national network should strive to strongly advocate the development of healthy cities in a country and provide a platform for cities to engage with other government and nongovernmental actors in health and sustainable development.

#### *Infrastructure*

A network should be formally organized under a constitution or set of statutes. The network should have a central office with technical, administrative and financial resources. Depending on the size of the network, it should have a paid coordinator and secretariat or a number of people who are prepared to take on administrative tasks.

A steering committee should be established to lead and develop the network. Ideally, there should be a mechanism to involve a wide range of stakeholders in the network. Networks should nominate a politician to formally represent the network. Chapter 2 described several models for direct political involvement and leadership.

The network should have clear membership criteria for cities, based on the minimum and ideal criteria described in the WHO action framework for European national healthy cities networks (Annex 3). Network criteria should increase the quality of healthy city work carried out at the local level.

#### *Products and outcomes*

A network should have a clear programme of activities guided by national and local policy contexts. Systematic approaches to network activities should allow a network to achieve influence on several levels. A network should raise the capacity of cities to implement approaches based on health for all and Agenda 21 in response to local and national priorities. It should also synthesize and evaluate this experience to produce case studies, set standards, develop guidelines and inform or advise policy development at other levels of government. Networks should provide clear lines of

<sup>1</sup> Rothstein L. *The state of national networks for healthy cities*. Copenhagen, WHO Regional Office for Europe, 1999 (Centre for Urban Health).  
*Network of European National Healthy Cities Networks: report on a WHO business meeting, Brno, Czech Republic, 31 May–2 June 2001*. Copenhagen, WHO Regional Office for Europe (in press).  
National network fact sheets. Copenhagen, WHO Regional Office for Europe, 2002 ([http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111\\_5](http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111_5), accessed 17 September 2003).

communication between partners and provide opportunities for exchange and learning. Many national networks have succeeded in becoming a clearinghouse for information on urban health development in their countries and an essential partner for national governments.

### *Networking*

National healthy cities networks should not only create opportunities for their members to network at the national level but should also represent their networks in the European-level healthy cities meetings. Ideally, networks should actively promote cooperation and exchange with other networks and organizations active in health and sustainable development at all levels. This book mentions several examples of international cooperation and mentoring.

### **Challenges and dilemmas**

Networks face several dilemmas that make meeting the above criteria and goals difficult. The wide range of roles a network should ideally be able to manage is ultimately influenced by staffing and resources. As most national networks depend on a part-time coordinator and enthusiastic volunteers, they must balance a range of interests and priorities.

### *Quantity versus quality*

A dilemma for national networks is to increase the size of their networks and the impact of healthy cities in a country while ensuring that the work cities carry out is of a high standard. This is important for developing criteria for cities. If the criteria are too strict, some cities will be excluded from participation. Excessively weak criteria may jeopardize the quality of local work and ultimately the legitimacy of the network as a whole. Some networks have solved this problem by creating different categories of membership.

Ultimately, a network's growth in membership is limited by its capacity to support its members. As networks grow, new solutions need to be found to manage the participation of a larger number of cities. Two possible solutions are developing regional support centres and developing subnational networks.

### *Maintaining standards in cities*

Some cities meet a set of healthy city criteria upon joining a network but later become inactive, usually because of local political changes or financial cutbacks. Although an inactive city sharing the same healthy city label as those that are very ac-

tive is not fair, penalizing the city may cause embarrassment and prevent future cooperation with the network. Longstanding networks report that cities tend to have periods of high and low activity and believe that creating a system in which cities would either have their status demoted or be excluded from the network would not be beneficial. This runs contrary to the spirit of national healthy cities networks, which are highly participatory and service-minded. Networks exist to support cities, but the sustainability of networks over time also depends on their capacity to show results and added value.

Networks have responded to this problem in several ways. For example, some networks work in phases. Like the WHO European Healthy Cities Network, this allows cities to join a national network for a set time period and to exit the network gracefully, if desired. Requiring cities to reapply periodically also offers a network means to maintain standards of quality. Particular attention needs to be paid to facilitating active political participation in the network. Many network coordinators regularly visit and consult with city mayors and other local politicians to sustain their commitment and interest in the network.

Clear criteria for member cities (such as those proposed in Annex 3) can also help to support active participation in a network. Requirements for the development of new structures to manage the healthy city process in cities and to dedicate resources to this work helps to keep the debate on a healthy city alive in cities. Most national networks require a formal political commitment to the network, either in the form of a political statement by the mayor or, more often, a council resolution. Some networks have developed systems for renewing this political commitment regularly.

### *Taking action at the national and local levels*

The support networks offer cities catalyses the development of local-level expertise, which makes a network an interesting partner for national-level actors. The development of national-level partnerships and participation in the formulation of public health policies:

- strengthens the legitimacy of the network, both at the national and local levels;
- often increases the network's access to financial and technical resources; and
- contributes to creating a supportive policy framework for local healthy city work.

Although the benefits arising from this dual role are interlinked, work at both the local and the na-



	Benefits	Costs
<b>For the cities</b>	Access to a pool of expertise on urban health Opportunity to lobby national partners Learning from each other – sharing good practice Linking with international and national health policy Ability to translate WHO documents Attracting national media attention groups and others	Financial: membership fees and travel costs Time: attending meetings of steering
<b>For national government</b>	A partner that promotes local use of internationally validated principles to develop municipal public health policies Access to a single representative of all the healthy cities An expert body on local health issues to consult when developing new national public health policies Access to a network of committed, experienced cities that can pilot new urban health programmes A route for disseminating information widely to cities	Financial

Table 4.1. Benefits and costs of national healthy cities networks

tional levels requires a substantial time commitment, which can be difficult to balance given the limited technical and financial resources available to many networks.

Investing in a strong national network brings many benefits for both the cities and the national government, but there are also costs (Table 4.1).<sup>2</sup>

Table 4.1 describes the benefits or added value of national networks to ministries and other national institutions. National governments can support healthy cities by:<sup>3</sup>

- recognizing and building on the experience and insight of cities;
- including a local dimension in national policy frameworks;
- creating partnerships with the local level in implementing national health policies;
- encouraging all relevant ministries (such as those responsible for health, environment and transport) to invest in and support healthy city initiatives;
- giving practical support to healthy cities networks to facilitate coordination, information exchange and evaluation; and
- establishing mechanisms to enable the legal establishment of associations of cities.

### Sustainable funding

As mentioned above and in previous chapters, secure funding is vital for the sustainability of a network. Membership fees are an important source of funding for general coordination costs but are often inadequate to fund a full-time coordinator and secretariat. Even support from government

ministries, while very welcomed, is often time-limited. This is a consistent area of difficulty for networks with no easy solution.

### The future of national networks

As national networks look to the future, they will seek to strengthen their European-level partnerships with WHO and one another and to systematize their work at the national and local levels. Key actions will involve revising and building on the WHO action framework for European national healthy cities networks and developing national network strategies with short-, medium- and long-term goals.

#### *Building on the WHO action framework for European national healthy cities networks*

Substantial effort has been invested into integrating criteria from the WHO action framework for European national healthy cities networks into national network structures. A strategy and an action plan will be developed for the future cooperation between WHO and national healthy cities

<sup>2</sup> National network fact sheets. Copenhagen, WHO Regional Office for Europe, 2002 ([http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111\\_5](http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111_5), accessed 17 September 2003).

*Network of European National Healthy Cities Networks. Report on a WHO business meeting. Copenhagen, Denmark, 28 February–1 March 2003.* Copenhagen, WHO Regional Office for Europe (in press).

<sup>3</sup> *Healthy cities makes a difference.* Copenhagen, WHO Regional Office for Europe, 1999 ([http://www.who.dk/healthy-cities/Documentation/20010918\\_8](http://www.who.dk/healthy-cities/Documentation/20010918_8), accessed 17 September 2003).

networks based on the action framework and on the lessons learned in the past 5 years. This strategy will be strongly linked to the fourth phase of the WHO European Healthy Cities Network.<sup>4</sup> The fourth phase will include work on the following core developmental themes:

- partnership-based plans for health and sustainable development
- healthy urban planning
- health impact assessment
- healthy ageing.

### Developing national network strategies

At a February 2002 business meeting in Newcastle, United Kingdom, participants discussed the future of national healthy cities networks. An important outcome was a decision that networks should establish national network strategies. As a follow-up to this decision, WHO presented a definition and a framework for national network strategies at the next meeting.<sup>5</sup>

A national network strategy was defined as follows.

A national network strategy sets out the strategic goals and the expected results of the work of the network within a fixed time framework. It provides the rationale for the directions and actions chosen and indicators to judge progress. The national network strategy is a tool for systematic thinking and action and a basis for partnership-building and transparency.

The structure of a national network strategy should incorporate common European goals but be flexible enough to respond to diverse national and local policy contexts. The strategies will include explicit goals and objectives and mark a shift from ad hoc to systematic planning. The key components of such a plan include a description of a network's vision, goals and objectives and a context for a set of actions, structures and resources, and it should define a time frame.

A national network strategy should combine three main levels of action (local, national and international) guided by the principles and strategies of health for all and Agenda 21. The strategies will address promoting the mission and objectives of the network; making friends, joining forces and becoming a credible policy actor; supporting decision-making; sustaining and increasing membership; and carrying out key functions.

*Promoting the mission and objectives of the network.* The national network strategy should posi-

tion the network within the national and local policy context, taking into account the interaction between different levels of government and their health-related responsibilities. Networks should think through the implications and opportunities arising from this vision.

*Making friends, joining forces and becoming a credible policy actor.* National networks should build partnerships with national government ministries, nongovernmental organizations and other important actors in health and sustainable development. Networks should provide a platform for cities to engage with other actors as a resource to all levels of government, creating an enabling environment. National networks should not only look to the national level for resources but also aim to support national governments. At the international level, established national networks should take on a mentoring role to support the 23 countries in the WHO European Region that have yet to establish healthy cities networks.

*Supporting decision-making.* Network strategies must clearly define the political dimension of its work. The technical development of the network should aim to support decision-makers in developing the capacity to manage change.

*Sustaining and increasing membership.* An important role of networks is to both support and enable existing members and to attract new cities to the healthy cities movement.

*Carrying out key functions.* Some of the key functions networks need to carry out to fulfil their objectives include training and capacity-building, information exchange and dissemination, consultation and advice, advocacy and communication, evaluation and reporting and resource development. Networks should assess urban health needs to become a centre for knowledge on the urban health, social and environmental situation in countries.

### Looking towards the future

National networks of healthy cities represent a powerful force for health and sustainable development in Europe. They are a national resource of urban health expertise, provide a platform for

<sup>4</sup> *Network of European National Healthy Cities Networks: report on a WHO business meeting, Copenhagen, Denmark, 28 February–1 March 2003.* Copenhagen, WHO Regional Office for Europe (in press).

<sup>5</sup> *Network of European National Healthy Cities Networks: report on a WHO business meeting, Copenhagen, Denmark, 28 February–1 March 2003.* Copenhagen, WHO Regional Office for Europe (in press).

wide participation and exchange between cities and can promote solidarity within and between countries. Networks can facilitate effective local responses to national priorities and bring together local needs and experiences to better inform policy development at all levels. National network strategies provide a basis for strengthening the action and outcomes of national networks in the future by building on the best practices described in this book. The large number of international

agencies, European institutions and international networks focusing on urban sustainable development present exciting opportunities for national healthy cities networks to expand their partnerships and take forward the strategic agenda of healthy cities. In the future, WHO will continue to work in partnership with European national healthy cities networks and support them in reaching their full potential.

# 5.

## Profiles of the national healthy cities networks in Europe

# Austria

## Country facts

Population: 8.1 million

Urban population: 65%

Population living in network cities: 43%

## Network facts

Accredited: 2001

Established: 1992

Members: 31

Organization: association

Web site: <http://staedtebund.wien.at>

(click on "Ausschüsse")

## Background

The Austrian Healthy Cities Network was established in 1992 as a committee of the Austrian Federation of Cities. Today, the Network is a legal association of 31 cities and towns. The Network is led by an 11-member political board, including mayors, vice-mayors and local councillors and the Secretary-General of the Austrian Association of Cities and Towns.

## Advancing health promotion in cities

A critical assessment of the Austrian Healthy Cities Network carried out by external experts working in scientific institutions and similar agencies in 2000 demonstrated that health promotion had been further developed in member cities as a direct result of their participation in the Network. This was measured in terms of resource allocation, personnel and infrastructures. Today, health promotion in Network member cities is a fixed item in city budgets. Local politicians and official representatives have significantly increased their interest in health by participating in the Network.

## A new model for reporting health

In 2000, the Network developed a new, standardized model for a comprehensive municipal health report with the support of the Fund for a Healthy Austria. Austrian cities had already produced municipal health reports in the 1980s and 1990s, but these had mainly been carried out by health authorities and focused on traditional health data, such as mortality, morbidity and hospitalization data. The Austrian healthy cities model, building on WHO's broad definition of health, includes information on:

- lifestyles
- nutrition
- exercise
- the environment
- workplaces
- social factors.

This information is obtained through a household survey of citizens (see below), which is an integral part of the Network's municipal health report. In the future, municipal health reports are expected to yield valuable data for evaluating and comparing progress in cities.

## Moving forward

The Network's 5-year action plan (2001–2005) sets out the following objectives for the Network:

- All cities should prepare a health report.
- All cities should take on at least 10 health for all targets.
- The Network should increase its membership.
- The Network should support cities in involving citizens.

The Network also aims to strengthen its cooperation and exchange with other national healthy cities networks in Europe.

Health comes into being where people live and work. The city, as living space for more and more people, is exactly the place where health can be developed whenever the conditions allow. Healthy cities are trying to create these conditions, and the last 10 years since the foundation of our Network show that we are on the right track. Our efforts are concentrated currently on municipal health reports, participation of citizens, local health report conferences and health promotion for women. Beyond this, our healthy cities try to implement the HEALTH21 policy of the WHO, and in my city, Linz, this programme is the basis for a 10-year running health promotion plan.

*Christiana Dolezal, City Councillor, Linz, Chair, Austrian Healthy Cities Network*

# Spotlight on Austria

## **Citizens' perception of health and well-being**

### *Household surveys*

Household surveys were first piloted in late autumn 2000 in three cities of comparable size and structure – St Pölten, Villach and Wels. The surveys were published in local newspapers and were delivered to all households. The mayors of the towns encouraged all citizens to participate.

The Network commissioned the Office for the Organization of Applied Social Research (BOAS) to scientifically analyse the citizen surveys within the framework of municipal statistics. Municipal-level experts discussed the results of the household surveys, which had a 10% response rate. This resulted in a new focus on municipal health policies.

### *Findings*

The findings presented below and in Box 5.1 are based on analysis of 5441 usable replies from the three towns.

### **Box 5.1. Snapshot of findings from household surveys in St Pölten, Villach and Wels**

- After the age of 50 years, only half the population felt totally healthy.
- Up to the age of 50 years, women suffer from impaired health more than men.
- After age 50 years, men's and women's health did not differ significantly.
- Higher levels of education correlated with better health after the age of 35 years.
- People with a university degree are healthier at age 60 years than people with only basic education at age 40 years.
- Hardly any young people describe themselves as happy – people older than 50 years felt happiest.

*Perceptions of health and well-being.* A person's sense of health and well-being are closely linked, but only about half the people who felt perfectly healthy also felt perfectly happy. The survey found that happiness required not only health and affluence – it requires balance, personal relationships, finding meaning in one's life and a favourable social environment.

*Older and happier.* The analysis found that people's perception of health takes a characteristic course, depending on age. People older than 50 years felt happier – or at least said so when questioned. Is the generation of the tough years of the last century more easily satisfied? Do people have to learn happiness for decades? Does the new generation fall into a historical gap of insecurity?

*Education.* The analysis could not conclusively account for the link between education and better health. It is a mystery why educated people are healthier. It is not just the knowledge, nor is it just the higher income – on top of that it is probably also autonomy and a sense of self-worth, better access to information and an alternative culture. Perhaps nowadays education pays more in terms of health than of money.

*Taking action.* The survey is to be repeated after 3 years to demonstrate whether the new health measures adopted in the three towns have been successful in remedying the weak points in the population's health. Policy-makers have welcomed the municipal health report, as it has raised public interest in health issues and the steps the city will take to bring about health improvements. The population is involved in this process where possible.

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# Belgium

## Country facts

French-speaking population:  
4.1 million  
Total population:  
10.3 million  
Living in network cities  
(of the French-speaking  
community): 57%



## Network facts

Established: 1 January 2002  
Members: six (one region, one province,  
four cities)  
Organization: non-statutory  
networkBackground

## Background

The constitution recognizes three cultural communities: French-, Flemish- and German-speaking. These communities are responsible for many areas: culture, support for young children and health promotion. The constitution also recognizes three separate regions that are essentially responsible for economic development but also manage some aspects of health care.

Within this structure of government, it has not been ideal to form one national healthy cities network, as cities within each language community have a different set of partners and a unique policy context. The healthy cities movement in Belgium has to be part of a government structure, and it chose to align itself to decentralized federal levels that are closer to the citizens. Two separate regional healthy cities networks were therefore established in 1992 – the Belgian Flemish-speaking Healthy Cities Network (Box 5.2) and the Belgian French-speaking Healthy Cities Network (described below). Belgium is unique in this respect.

## Promoting health for all

The main goal of the Belgian French-speaking Healthy Cities Network is to promote the WHO health for all strategy and its targets as widely as possible. The Network encourages its members to develop core products of the WHO European Healthy Cities Project, including the city health profile and the city health development plan. It also shares the important principle of thinking

globally and acting locally. The Network organizes joint activities for World Health Day, World No-Tobacco Day and World AIDS Day and has initiated a series of round-table meetings on health and the environment, attracting about 600 participants to each event.

## Support and exchange

The Network's Coordination Centre is based in Liège Province Santé (Liège Healthy Province), which offers administrative support and facilitates the exchange of information. The Coordination Centre acts as a contact relay, supplying WHO information and guidelines to members. As a member of the WHO European Healthy Cities Network, Liège Province Santé supports cities in the Belgian French-speaking Healthy Cities Network in developing healthy city infrastructures and in implementing the approach. Training on how to establish a healthy city project and healthy cities network took place in May 2003.

## International partnerships

The Network has established close links with the French Healthy Cities Network and takes part in some important joint activities. For example, Belgian member cities participate in an international French-speaking Healthy Cities network.

### *For more information on the Belgian French-speaking Healthy Cities Network, contact:*

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### **Box 5.2. The Flemish-speaking Healthy Cities Network**

When the City of Mechelen was designated to the first phase of the WHO European Healthy Cities Network in 1991, it led the development of a network in Flanders. Six cities came together to form a Flemish-speaking network and worked actively in health promotion. This resulted in the establishment of local health platforms that covered the entire region of Flanders. In the absence of a city linked to the WHO European Network, and in the wake of political changes, the Flemish-speaking Network is inactive. It is hoped that it will be relaunched in 2004.



After working intensely to promote the WHO strategy for health for all at the local level, we have really been able to measure the added value of the recommendations of the WHO European Healthy Cities project. This is the reason why, as a member of the WHO European Network of Healthy Cities and as the President of the Belgian French-speaking Healthy Cities Network, we are ready to address the difficulties inherent in our country's structures to persuade many cities, provinces, regions and other local powers to rally the movement. We are sure that this will be the best solution to improve the health of each citizen and the entire population. I am convinced that working in a network and sharing information, procedures, successes and mistakes is the main way to make progress in the field of health and environment today and tomorrow.

*Georges Pire  
Member of Provincial Government  
Province of Liège  
President, Belgian French-speaking Healthy  
Cities Network*

I have long-established contacts with Liège Province Santé.

Through these, I have had the opportunity to appreciate the value of the health for all strategy in the 21st century. The holistic sense of health (of which environment is a great part) constitutes a considerable value.

The Belgian French-speaking Healthy Cities Network is a very interesting tool for bringing about a new way of thinking and acting for promoting health and a sustainable environment.

I am ready to support the Network in the future.

*Michel Foret  
Minister of Environment and Development  
Planning  
Walloon Region  
Belgium*

## Spotlight on the Belgian French-speaking Healthy Cities Network

### **Raising awareness among tomorrow's decision-makers**

The Network brought together 250 young people from member cities on a boat trip from Huy to Liège on the river Meuse. The objective was to raise awareness of health and to engage the decision-makers of today and of tomorrow in dialogue. Politicians and experts on health and environmental issues participated in this event, which received wide coverage from local radio stations and other mass media.

Georges Pire, President of the Network and a member of the Provincial Government of Liège, welcomed participants. A full programme of activities was organized on the boat to raise awareness of health issues through theatre, film, exhibitions, video and

shows. The young people were introduced to the goals and significance of WHO's health for all strategy and Healthy Cities project. Afterwards, participants joined round-table meetings with experts and politicians to discuss health and the environment.

The event also proved that a healthy lifestyle need not be boring. In the evening, participants danced to the reggae music of a band comprising eight people 17-22 years old from different cultures.

The event provided a pleasant and relaxed atmosphere to raise awareness of health, to share the goals and experience of the healthy cities movement and to give the 250 young people a wonderful day on which to look back.



# Bosnia and Herzegovina

## Country facts

Population: 4.1 million  
Urban population: 43%

## Network facts

Established: 2001  
Members: 13  
Organization: nonstatutory network

The healthy cities movement in Bosnia and Herzegovina was initiated by the International Committee of the Red Cross (ICRC) in partnership with local governments, the Ministries of Health of both entities of Bosnia and Herzegovina, WHO and nongovernmental organizations in 1998. A number of members of the WHO European Healthy Cities Network and national networks have supported the development of healthy cities in Bosnia and Herzegovina. In 2001, 13 cities across the country founded the Bosnia and Herzegovina Healthy Cities Network. Mayors of these cities launched the Network by signing a statement that reflected a common understanding of the necessity to advocate cooperation between cities and communities on issues that transcend political boundaries. The Network has adopted statutes and is now seeking to establish itself as a legal organization. The overall objectives of the network are to sustain voluntary self-help advocacy, to involve more cities and to develop partnerships at all levels. The Network still has many obstacles to overcome, but it has learned how to bring about change (Box 5.3).

## Healthy cities – a courier of peace and change

The ICRC recognized that building community self-reliance for health was vital in a country where government funds for health services are likely to be limited for the foreseeable future. Healthy cities offered a transparent, bottom-up approach built on mutual cooperation and trust and a process for taking action where the greatest needs are – in communities. The Healthy Cities project in Bosnia and Herzegovina has provided an excellent example of how to involve local actors in defining needs and priorities and in designing and implementing projects. The project has promoted fundamental values for building

civil society and has supported the process of democratization. It has helped communities and local governments to work in partnership to define a clear vision for the future, set priorities and increase competence in planning and implementing projects. At the same time, the healthy cities movement complements and supports the country's strategy for public health.

## Towards democracy

A key issue of concern for the Network is developing the concept of democracy among young people. As young people are growing up in segregated societies, the Network fears that young people will learn to mistrust one another. In response to this concern, the Network is now developing a school democracy project in partnership with the Norwegian Healthy Cities Network and Croatian Healthy Cities Network. The democracy project was conceived by Sandnes (Norway), a member of the WHO European Healthy Cities Network, in 1996. It involves setting up model parliaments in primary and secondary schools, with the aim of bringing about change in society by educating youth in democratic processes. Student assemblies discuss and propose solutions to health-related problems such as the availability of drugs, playground safety or how to support children with special needs.

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### Box 5.3. Lessons learned implementing the healthy cities approach

- Forget the status quo and go for innovation.
- Find people who can motivate others.
- Plan the process, but involve communities as early as possible.
- Test ideas with pilot groups.
- Learn from your experience and expand to the city and national levels.
- Do not expect the process to be smooth or easy.
- Realize that everything requires trial and error.

# Spotlight on Bosnia and Herzegovina

## **A network built on communities**

Healthy cities in Bosnia and Herzegovina is based on a grassroots community project called Healthy Communities. The ICRC's primary health care team launched this project in 1998. As the name suggests, this work was first initiated in a number of communities (geographical areas). Later, when the initiative spread to the city level, the term Healthy Cities project was adopted. Mayors, local government heads, the Ministries of Health, nongovernmental organizations and institutes of public health were partners of the project. The ICRC provided funding for three community facilitators to work in three pilot cities.

### *Getting support*

Community facilitators presented the project to local people by going door-to-door and explaining the project and using personal contacts and referrals to reach a critical mass of people. This process was important for building trust and respect. Community members were invited to a meeting where they were asked to participate more formally in a community health group. The meetings also provided the opportunity for community members to discuss local issues with mayors. Each community health group comprised about 12-15 volunteers.

### *Building community self-reliance for health*

Over a period of 1 year, training was provided for community health group members, politicians and institutes of public health (Box 5.4). The Croatian Healthy Cities Network led some of the first training sessions for Bosnia and Herzegovina Healthy Communities. Community facilitators identified training needs for the community health groups in the beginning of the project, and community health groups began to identify their own training needs after about 6 months. The early training workshops were organized at the national level, as few communities were involved in the project at that point. Through these events, community members of different ethnic origin came to see that they faced similar problems and saw that they could work together to find common solutions. For the participants in these sessions, this represented some of the first steps towards down a difficult path towards ethnic reconciliation.

### *Assessing community needs*

Community health groups assessed community health needs through door-to-door surveys and group interviews. The most commonly identified health problems were discussed in a public workshop. Priorities for action were set using criteria that took into account cost and the percentage of the population that would benefit. Each community had seed money from the ICRC with which to implement projects. Community task groups led the implementation of the projects in partnership with local governments, municipal enterprises and local contractors, who often helped to raise extra funds. Projects included health education, employment projects, building renovation and improvement of services such as water supply and sewerage.

### *Conclusion*

The Healthy Communities project in Bosnia and Herzegovina helped to introduce a new definition of health based on a social model. The community health needs assessment was important for motivating people to participate, which helped to establish links among community members and develop their skills in joint problem-solving. Transparent, accountable decision-making and community leadership characterized this project, which was undertaken in partnership with local governments. In this way, Healthy Communities also provided a positive experience of local democracy.

## **Box 5.4.** Training topics for building capacity for community self-management

- Introduction to health
- Communication and group work
- Advocacy and lobbying
- Participatory assessment of health needs
- Project planning
- Fundraising
- Evaluation and monitoring
- Training the trainers

We wholeheartedly support the principles of health and sustainable development through our commitment to WHO's HEALTH21 policy and the Athens Declaration for Healthy Cities. We pledge our support to implementing actions for health in our cities that will be based on partnerships with different city departments and sectors and with the active involvement of our citizens ... . We will strive to ensure that our Network will have the necessary resources for coordination, capacity building and technical support. We are eager to cooperate with cities and networks of the European healthy cities movement in a spirit of solidarity, mutual respect and shared vision to work for the health and the well-being of our people.

*Excerpt of the Founding Statement of the Bosnia and Herzegovina Healthy Cities Network signed by 13 mayors*

# Croatia

## Country facts

Population: 4.3 million

Urban population: 57%

Living in national network cities: 40%

## Network facts

Accredited: 2000

Established: 1992

Members: 22 (full) and 28 (associated)

Organization: nongovernmental organization

Web site:

<http://zdravi-gradovi.com.hr/eng/index.htm>

The most important issues for the Croatian Healthy Cities Network stem from the direct consequences of war and economic transition on human health (Box 5.5). Healthy cities has provided a testing ground for applying new strategies and methods for addressing these issues in Croatia. The Network supports cities through education and training, information dissemination and partnership building. While full members of the Network must meet a set of criteria consistent with the WHO action framework for European national healthy cities networks (Annexes 2, 3), all Croatian cities have equal access to the Network's resources and events. The Network also supports cities in neighbouring countries.

### Box 5.5. Health challenges in Croatia

- Mental health, including posttraumatic disorders
- Family health
- Community empowerment
- Unemployment, especially among young and mid-career workers
- Unmet needs of vulnerable groups
- Rebuilding human settlements and infrastructure
- Alcohol, tobacco and substance abuse

## Renewing public health

The second phase of the WHO European Healthy Cities project (1993–1997) had important effects on the healthy cities movement in Croatia. This phase promoted a process for developing and implementing strategic city health documents (city health profiles and city health plans) – integrating the issues of health, community participation and development. This helped project coordinators

and public health experts, as it legitimated their access to the key players in the city, including politicians, administrators, professionals, institutions, citizen representatives and nongovernmental organizations. Dialogue was opened among different interest groups through involvement in a community health needs assessment, which resulted in joint action plans based on intersectoral alliances (rapid health needs assessment). This represented the first time since the war that communities were able to see themselves as capable of identifying and solving health problems.

## Motovun Summer School of Health Promotion

An important event for spreading healthy cities practice is the Motovun Summer School of Health Promotion. The Summer School is organized by the Andrija Stampar School of Public Health, which is also the base for coordinating the Network. The aim of this initiative is to establish a meeting-point for people working in health promotion locally, regionally, nationally and internationally. The Summer School links the academic community and centres of excellence with local practitioners, enabling an exchange of knowledge, skills and experience. This 2-week event includes conferences and workshops specifically for professionals involved in the healthy cities movement. A number of courses are run in English for international participants.

The 10th Summer School in Motovun was held in 2003. Over the past 10 years, thousands have participated in the Summer School – about 250 people per year from 22 European countries and the United States.

## Evaluation

During 2001, the Network began developing an evaluation tool to assist member cities in assessing their achievements. Two groups were established with the following objectives:

- to reach a national consensus on a set of indicators for all cities to monitor and evaluate processes and outcomes annually; and
- to develop a more comprehensive instrument to be used for a 5-year project evaluation to be used by cities that have undertaken a rapid health needs assessment and produced city health profiles and plans.

National network cities worked in groups to develop indicators based on those used by the WHO European Healthy Cities Network. The groups also developed a number of additional process indica-

tors. Coordinators of all members of the Croatian Healthy Cities Network then consulted stakeholders in their respective cities, and a revised set of indicators for the Network was adopted in 2003. Cities will use these annually. Public health experts developed the 5-year evaluation instrument and piloted it in Rijeka in 2003. As a result, the Network has adopted this method for monitoring project achievements, comparing results between cities and reporting on results.

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## Spotlight on Croatia

### Health – Plan for It: a training programme for counties

#### Background

Experts at the Andrija Stampar School of Public Health, supported by colleagues from the United States Centers for Disease Control and Prevention, developed a training programme for counties. It introduced the Healthy City philosophy and practice to the county level. Health – Plan for It provides guidance to counties as they develop a county health profile and a county plan for health (Box 5.6).

#### Box 5.6. Health – Plan for It

A training course for counties covering:

- Public health management – providing appropriate, high-quality services
- Organizational and human resource management
- Collaboration and community participation

#### Stakeholders and participants

County councils and governors were particularly eager to learn how to effectively manage scarce resources. The Network was pleased to have an opportunity to influence health decision-making at the county level through participation in county training teams. The Ministry of Health and the Ministry of Labor and Social Welfare expressed support and paid the trainers, making the course free of charge for the participants.

Between March 2002 and May 2003, three groups of counties completed 4 months of intensive training. This included 9 of Croatia's 20 counties. Each county team was composed of at least nine people including political, technical and community representatives. Healthy city coordinators were included in technical or community parts of the team – depending on the formal structure of the local healthy city project.

#### A process of learning by doing

The programme consisted of four modules that enabled county health plans to be developed based on a step-by-step approach.

1. County teams learned how to carry out a participatory assessment of health needs and how to design a county health profile.
2. The teams were introduced to decision-making techniques to set five priorities reflecting community health needs (Box 5.7). They identified health stakeholders and consulted them on these priorities.
3. County teams were guided through the health planning process. In a second round of consultations, county expert panels advised the county teams on feasible policies and programmes.
4. County teams worked on a draft version of a county health plan, which included monitoring and quality assurance mechanisms and evaluation plans.

Three months following this training, county teams presented their county health profiles and plans to their respective county councils. The county councils later accepted the plans.

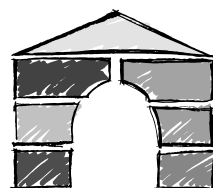
#### Box 5.7. Common health priorities in counties in Croatia

- Unemployment
- Quality of life among elderly people
- Mental health
- Alcoholism
- Cardiovascular diseases
- Malignant diseases
- Allergies

#### Results

Most of the counties' priority areas (Box 5.7) overlapped priorities identified by cities and reflected national concerns. As a result, these priorities have been considered as a basis for formulating a national health policy. The results from the training programme have been presented nationally as well as to other counties. Anticipated benefits include improved financial resource management, better delivery of health and social care services and a shift away from a "one-size-fits-all" approach to health policy. The training programme is currently being tested in The former Yugoslav Republic of Macedonia.

# Czech Republic



## HEALTHY CITIES, TOWNS, REGIONS CZECH REPUBLIC

### Country facts

Population: 10.3 million  
Urban population: 75%  
Population living in network cities: 11%

### Network facts

Accredited: 2001  
Established: 1994  
Members: 31 cities and towns; 2 micro-regions;  
1 region; 1 nongovernmental organization  
Organization: association  
Web site: <http://www.gate.cz>

### Background

Healthy city networking in the Czech Republic started in 1992 through the initiative of three towns (Brno, Sumperk and Trebon) and the support of the Czech Ministry of Health. In 1994, Healthy Cities of the Czech Republic was established as a legal association of 11 cities and towns. Full and associate membership is open to regions, towns, districts, municipalities and micro-regions (voluntary local associations of municipalities). Full members make a commitment to implement integrated local strategies for health, sustainable development and the quality of life, based on:

- WHO's HEALTH21 policy
- Agenda 21 of the United Nations
- the national environment and health action plan.

### New Gate 21

The network's method for the local implementation of international and national strategies for health and sustainable development is based on the WHO Healthy Cities approach. New Gate 21 was developed in 1998 through cooperation with the network's main partners – WHO, the United Nations Development Programme, ministries of the Czech Republic and Charles University in Prague. Its central features include:

- collecting and disseminating information
- developing guidelines, manuals and case studies
- a dynamic web site, called eGate.

The New Gate 21 method was selected as a worldwide project for EXPO 2000 in Hanover, Germany and was made part of the Czech Exposition. Since 2002, the network has been working with the

Ministry of Environment to develop a national method for the implementation of Local Agenda 21.

### Supporting cities

A major objective of the network is to support local authorities in implementing local health for all and Agenda 21 strategies. As of May 2003, 17 members had produced city health development plans – a key priority for members of the WHO European Healthy Cities Network in its third phase (1998–2002). The network's particular area of strength has been its ability to support cities in involving citizens in the city health development plans. The network has also facilitated systematic cooperation with national ministries, WHO and other expert partners.

### Exchanging and promoting new ideas

The network's Internet-based information system is called eGate. The eGate web site provides clearly arranged and continuously updated information on a wide range of areas. The web site aims to assist professionals in public administration, local politicians, nongovernmental organizations, schools and businesses. eGate offers 11 e-mail conferences on specialized topics – health, Agenda 21 and the environment being the most popular. The conferences are accessed via an automated, online registration system and have no time limit. Between 150 and 200 people from all over the Czech Republic participate in each conference. The site is freely accessible to everyone, and some information is available in English.

### Mass media coverage

The network receives nationwide mass media coverage. Since 2001, Czech Radio 2 has been broadcasting monthly 1-hour programmes on healthy cities, featuring the achievements of the network, individual cities and the viewpoints of ministries, expert partners and academics. The network has also been presented several times on national television. Further, specialized journals for municipalities regularly feature articles on healthy cities.



## Future goals

The network is actively working to fulfil WHO's health for all target calling for at least 50% of cities, urban areas and communities to become active members of a healthy city or healthy community network by 2015.

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# Spotlight on the Czech Republic

## Kromeriz – a safe community

Injuries are the leading cause of death among children and young people in the Czech Republic. Injury prevention is therefore a priority for the network and its partners. Kromeriz began its work as a safe community early in 2000. The city had stepped forward when the Prague Centre for Epidemiology and Injury Prevention expressed an interest in cooperating with a network member that would be ready to act as a model city in WHO's Safe Communities network.

A city becomes a safe community by meeting a set of criteria (Box 5.8) that demonstrate that a city has the structures, partnerships and programmes in place that will enable it to become safe. Community involvement is an important element of the approach.

Kromeriz, a member of Healthy Cities of the Czech Republic since 1996, agreed to apply for designation. A city council resolution provided the political commitment for participation in Safe Communities. The Safe Communities criteria were considered consistent with the healthy cities approach and the city's local priorities on injury prevention.

By virtue of meeting the criteria of the national healthy cities network, Kromeriz was immediately able to satisfy many of the Safe Communities criteria. For example, Kromeriz already had an intersectoral steering group, broad partnerships for health and experience developing strategic, health for all-based policies and plans, all of which are an integral part of the city health development plan.

In 2003, Kromeriz is expected become the first Czech city to be designated to the WHO Safe Communities Network. A full description of how it meets the Safe Communities criteria is available at <http://www.phs.ki.se/csp/safecom/kromeriz.htm> (accessed 15 September 2003).

## Box 5.8. Indicators for International Safe Communities

Safe Communities have:

1. an infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;
2. long-term, sustainable programs covering both genders and all ages, environments, and situations;
3. programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
4. programs that document the frequency and causes of injuries;
5. evaluation measures to assess their programs, processes and the effects of change; and
6. ongoing participation in national and international Safe Communities networks.

Source: WHO Collaborating Centre on Community Safety Promotion, Karolinska Institute (<http://www.phs.ki.se/csp/indicators.htm>, accessed 15 September 2003).

The manuals for establishing and developing a healthy city have been tried and tested to such an extent that the new members can start realizing their vision of a healthy city right away.

*Ladislav Ambrozek, Deputy Mayor of Hodonin, Chair, Healthy Cities of the Czech Republic*

I see the project as a space where politicians and the city authorities' staff meet with the people who want to actively work for their city. The project can have a magical effect – it can turn many passive clients into active partners.

*Marie Cerna, Deputy Chair, Vysocina Region*

Owing to mutual contacts within both national and European healthy cities networks, we can draw upon the experience of others and not reinvent the wheel where others have already tested a particular solution in practice.

*Rostislav Slavotinek, First Deputy Mayor and Councillor, Brno*

# Denmark

## Country facts

Population: 5.3 million

Urban population: 85%

Population living in network cities: 52%

## Network facts

Accredited: 2000

Established: 1991

Members: 15

Organization: politically binding network

Web site: <http://www.sund-by-net.dk>

## Background

The Danish Healthy Cities Network was established in 1991 with the aim of developing methods and materials in health promotion and disease prevention and anchoring this work locally. In practice, this means that Network members take part in both developing and putting Network methods into day-to-day practice, serving as models for all counties and municipalities. Membership fees finance the costs of the Network. The Ministry of the Interior and Health financially supports the Network's project work.

## Meeting high standards

Cities and counties join the Network by passing a council resolution binding them to the Network's accession document. These criteria include the minimum criteria set out in the WHO action framework for European national healthy cities networks (Annexes 2, 3), the government policy on public health and the principles, objectives and targets of HEALTH21 and the Ottawa Charter for Health Promotion. This political commitment

### Box 5.9. Handbooks and manuals available (in Danish)

- Falls in the nursing home
- Falls in the hospital
- Falls in the home
- Good ideas on how to make a health profile of a workplace
- Good advice for health planning
- A good trick (manual and video for staff in canteens)
- The Danish Healthy Cities Network toolbox
- Preventing accidents among children 0–6 years
- Preventing accidents in school and recreation facilities (children 6–15 years)

to a set of quality standards is an important source of strength for the Network.

## Three areas of expertise

The Network's three priority themes are health at the workplace, accident prevention and diet and physical activity. Every member is required to carry out joint work on one theme and to participate in the corresponding work group. The National Board of Health and the National Institute of Public Health provide technical support to the work groups. The Network crystallizes the local experience and expertise gained in these areas by producing and testing materials and manuals (Box 5.9). These manuals are disseminated nationally.

## National influence

The expertise of the network has become a national resource. For example, a National Centre for Health Promotion at the Workplace has been established through the collaboration of the City of Copenhagen and Sønderjylland County, with the support of the Ministry of the Interior and Health. The Centre disseminates the knowledge developed by the Network to the counties and to occupational health services. It also organizes courses, conferences and meetings and provides support for local interventions.

### *The Network's added value*

Three external evaluations of the Network have demonstrated that both politicians and coordinators find that Network membership provides significant added value (Box 5.10). Access to training, guidance materials and exchange has made innovating, planning and testing new ideas easier for cities and counties. Learning has taken place through summer schools, courses, conferences and work groups organized by the Network. The commitment to developing local health strategies and plans has resulted in increased political interest and investment in health, with a special focus on community participation. As a result of the Network's focus on accident prevention, four member cities have been designated to the WHO Safe Communities network.

Cities and counties have stated that their membership of the Danish Healthy Cities Network has put them at the forefront of health development in the Network's priority areas. However, the added value of the Danish Network extends beyond what it gives to its members. The Network has made Danish and European expertise available to all municipalities and counties in Den-

### Box 5.10. The added value of the Danish Healthy Cities Network according to the members

- Greater political commitment for health promotion and disease prevention
- Support for the development of local health profiles and plans
- Increased capacity to involve citizens
- One-stop access to information on local and national initiatives, best practices and exchange
- Opportunities to influence national-level policy
- Increased access to resources through participation in large developmental projects
- Professional training and development

Source: *Denmark's network of healthy cities. Annual report 2000*. Copenhagen, National Institute of Public Health, 2001 (<http://www.si-folkesundhed.dk/udgivelser/web/sundbyberet2000uk.htm>, accessed 22 August 2003).

mark by disseminating guidelines and translating WHO information and publications and through its web site.

### Future

In 2001, politicians expressed a number of objectives for the future of the Network (see Spotlight on Denmark):

- The work should continue to be made more professional by making health promotion part of the daily work and part of policy.
- International contacts and activity should be strengthened.
- A comprehensive Network database should be developed to document health promotion activities.
- Membership should be increased.

The Network is now working to fulfil these aspirations. The Network has contacted political leaders across Denmark with the aim of attracting new members, and it is actively involved in the Network of European National Healthy Cities Networks. The Network is also developing a Nordic Health and Environment Profile in partnership with the Norwegian and Swedish healthy cities networks. By documenting the impact of health promotion activities, the Network hopes to facilitate increased investment in health promotion at the local level.

## Spotlight on Denmark

### Politicians affirm the value of the Danish Healthy Cities Network

On 26 February 2001, the Danish Healthy Cities Network celebrated its tenth anniversary at Copenhagen City Hall. Politicians, leading officials, Network coordinators, national partners (including the National Board of Health, Ministry of Health and the National Institute of Public Health) and representatives of WHO and other Nordic and Danish networks participated.

On the occasion of this event, the Network published a book featuring interviews with politicians from each member county and municipality and the Minister for Health at the time, Arne Rolighed. Each responded to the following questions.

- Has the Danish Healthy Cities Network brought added value to the local level?
- What is expected of the Danish Healthy Cities Network in the future?

Politicians generally agreed that membership of the Network had helped to increase local awareness of the importance of health promotion and disease prevention. The rich and high-quality exchange through the Network has made it possible for cities and counties to move forward together rather than continuously reinventing the wheel. The event and the publication helped to strengthen political support for the Network as well as the focus on health in cities and counties.

The Ministry of Health financed the publication and the event.

Denmark's Network has great significance for specific initiatives around the country. Valuable experiences are being incorporated and useful knowledge is being compiled about how best to tackle the issues. It is exciting that this is happening within a network, horizontally and with minimal bureaucracy.

Lars Løkke Rasmussen

Minister for the Interior and Health

(See Box 3.2 for the full text of the statement)



# Estonia

## Country facts

Population: 1.4 million

Urban population: 68%

Living in national network cities: 20%

## Network facts

Estonian Healthy Cities Network

Established: 2002

Members: 15

Organization: not-for-profit association

Web site: <http://www.kuressaare.ee/tervis>



## Background

The city of Kuressaare hosted a conference in 1999 to introduce the idea of setting up a healthy cities network in Estonia. The value of networking became clear over the following 3 years, as local politicians, professionals and the public gained access to new ideas and the confidence to put them into action. The Estonian Healthy Cities Network was legally established as a not-for-profit association of local authorities in 2002. The Network's main goal is to improve the status of public health and the environment in Estonia's cities and towns through approaches based on health for all and Agenda 21. Today, political leaders in one third of Estonia's towns have acknowledged that local authorities have both the potential and a responsibility to promote health by making a formal commitment to the Network.

## Broadening the health agenda

During Estonia's transitional period, health fell into the background as emphasis was placed on building economic and physical infrastructure. Little attention was paid to how these sectors affect health and well-being. Today, as new evidence on the determinants of health emerges, the tide is changing. A major objective of the Network is to promote broad understanding of the determinants of health, including living and working conditions, social and community influences, individual lifestyle factors and the quality of the environment.

## Getting on the right track

Cities and towns are concerned about whether they are perceived as being healthy places to live and work. Towns with large-scale industrial facili-

ties and a poor physical environment are usually perceived as less healthy. The Network has been especially important for these towns, as it offers them a framework for ultimately improving the living conditions and well-being of citizens. This framework is based on the proven methods, tools and recommendations developed by the WHO European Healthy Cities project over the past 15 years. Estonia's towns can now make use of this international experience without reinventing the wheel.

## Building capacity through exchange

As the Network is young, considerable energy has been devoted to raising the capacity of city coordinators to work with healthy cities approaches through conferences, seminars and workshops. This training has also focused on building skills to communicate health messages via the mass media. Kuressaare and Pärnu, members of the WHO European Healthy Cities Network, have played an important role in sharing their experiences and providing leadership.

## Documenting change

Following the key steps of the healthy cities approach, the Network's top priority is to lay the foundation for systematic and comprehensive health data collection and analysis by producing city health profiles. Estonia's towns have not previously produced extensive profiles, and data from different sectors have been collected in isolation. Achieving an overview of the pattern of changes in cities and towns has therefore been difficult. The city health profiles will make visible how various sectors influence health outcomes and will enable cities to set targets and measure changes.

### Looking forward

The next phase of the Network's development will emphasize strengthening the Network's structures and programmes. Although attracting new towns to the healthy cities movement will be vital, ensuring high standards of activities and producing results that are clear and visible to citizens and politicians will be essential. As political commitment underpins the Network, a special effort will be made to ensure that healthy cities concepts and principles are brought to new leaders following local elections. In 5 years, the Network expects that decision-makers and the population will be

familiar with the healthy cities movement. The Network will aim to encourage people to actively participate in promoting and sustaining their health and well-being.

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## Spotlight on Estonia

### A political debate on health

In April 2002, the Estonian Healthy Cities Network and its partners organized a political debate. The debate, the first of its kind in Estonia, brought together representatives of six of the eight major political parties to discuss how political decision-making had positively or negatively influenced health trends in recent years.

Remarkably, the debate concluded that the decisions with the most destructive impact on health were those not made. The participants generally agreed that the key to the public's health lay outside the health care system. The group recognized that high unemployment combined with low social benefits had led to the critical problem of alcoholism. Alcohol-related mortality rates are more than three times the average for men in the European Union and about twice the average for women. Following further debate on measures for reducing alcohol consumption, three key policy directions emerged.

These included the need for:

- legal restrictions on the sale, advertisement and accessibility of alcohol to youth;

- measures to counteract the illegal trade in alcohol;
- social improvements such as increasing employment opportunities, social benefits and social activities for youths; and
- education to bring about behavioural changes.

Representatives of the political parties recognized that national legislation was not based on promoting health and that few resources had been allocated to preventive activities. On a positive note, it was stated that the National Health Protection Inspectorate's system was well structured. The health insurance fund had laid a solid base for financing the public health system and public health projects. The healthy cities movement was identified as an important mechanism for supporting cities and towns in promoting health.

Although the debate focused more on problems than solutions, the political parties voiced consensus for the need to raise health higher on the national agenda. It was agreed that integrated policies based on a long-term vision for health should be developed. Wide mass media coverage of the event brought the issues to the wider public.

Being part of an initiative launched by WHO provides [Estonia's cities] with confidence and the reliability of moving in line with developments in Europe.

*Jaanus Tamkivi, Mayor, Kuressaare  
Chair, Board of the Association of Estonian Cities*

# Finland

## Country facts

Population: 5.2 million

Urban population: 60%

Population living in network cities: 29%

## Network facts

Accredited: 2000

Established: 1996

Members: 14 (including 29 municipalities and 2 counties)

Organization: network

Web site: <http://www.stakes.fi/hyvinvointi/ted/TKverkosto/index.html>



knowledge for welfare and health

## Background

Seven municipalities established the Finnish Healthy Cities Network in 1996. These municipalities came together as part of a project that supported the local implementation of Finland's health for all 2000 policy. Although the project had produced interesting results, it had left many questions unresolved. It was still unclear as to how to promote and share responsibilities for health across sectors. The Network was launched to provide cities with an arena to exchange experience and to develop new public policy approaches. This coincided with a period in which health promotion and disease prevention were increasingly viewed as being essential to health because economic recession had demonstrated the inadequacy of the resources devoted to health care.

## Membership and criteria

Members of the Network must meet a set of criteria consistent with the standards set by the WHO action framework for European national healthy cities networks (Annex 3). Membership is fixed for 4 years. At the end of this period, an assessment is made as to whether the municipality still meets the membership criteria. The membership term also gives cities an opportunity to opt out of the Network. This approach has helped to ensure that cities remain active and allows the Network to be assessed from both sides at fixed intervals.

### *Healthy cities at the heart of development*

The Network's strong, national-level partnerships has placed the healthy cities movement in Finland at the heart of development. STAKES (the National Research and Development Agency for

Welfare and Health) coordinates the Network, and representatives of the Ministry of Health and Social Affairs participate in the Network's management board. Similarly, representatives of the Network have been appointed to the Ministry's National Public Health Committee and its subcommittees. This cooperation has opened an important channel of communication between the national and local levels.

## A testing ground for new ideas

The Network's 3-year action plan is concerned with devising and testing methods for health promotion on a national scale. For example, the Network supports the local implementation of the government resolution on the Health 2015 public health programme by providing training and models. With the support of STAKES, Network cities have also initiated pilot projects on health impact assessment. The pilot projects are being carried out, together with local polytechnics, to develop training programmes to strengthen local expertise in health impact assessment.

### *Welfare in schools*

The Network provides a forum for comparative learning between schools and for evaluating mechanisms to support well-being in school communities. The Network's ongoing Welfare in Schools project develops tools and methods for mapping, describing and dealing with well-being issues. Over the long term, the aim is to strengthen the structures and the strategic thinking on promoting well-being in schools. Web pages on each member municipality are being developed as a resource to municipalities outside the Network.

## Peer evaluation

Cities in the Network work together on joint projects and share their experiences at regular meetings. Part of the process of learning is achieved through the peer evaluation. This takes the form of assessment by municipalities of one another's strategies for well-being. The advantage of this approach has been that municipalities gain from having their projects assessed by their peers while learning an effective method for self-assessment.

## A vision of the Network's future

The Network is quite well known among Finland's municipalities. Interest in membership is growing from the support the Network can provide decision-makers on local and regional health promotion work. In the future, the Network aims:

- to facilitate a controlled expansion of its membership, with a focus on maintaining high standards of participation;
- to complete its current projects with the aim of supporting national health policy;

- to build greater nationwide awareness of the Network;
- to create an arena in which local and national actors can meet and assess health policy development; and
- to establish greater visibility for the Network through extensive international cooperation.

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# Spotlight on Finland

## Neighbourhood houses – new premises for a healthy city

As Helsinki moved towards a healthy cities model of multisectoral cooperation, it encountered difficulties in getting citizens involved in health promotion. As a response to this problem, Helsinki set up a network of neighbourhood houses around the city. These are neighbourhood living rooms, local meeting-places and action centres run by volunteers. Many houses have a coordinator who gets a small salary.

## Social inclusion

Half of Helsinki's population lives in one-member households, and the cold climate limits opportunities for getting to know other people outdoors. People need an indoor meeting-place to share ideas and interests or get involved in the development of their neighbourhoods. The houses bring together enthusiastic people of different ages and ethnic backgrounds who take part in developing cultural, social and physical activities.

## A healthy future for local youth

Almost all neighbourhood houses focus on providing a healthy future for local young people. Rising crime rates have opened a debate on the decline in moral and social values, and the solution is considered to be local and social, at least in part. Neighbourhood houses have worked to develop relationships between young people and adults to pass on values and to reduce antisocial behaviour such as drug use. Success depends on the ability to see youth as the great hope of our cities, rather than a threat, and to offer them a better future.

## Future challenges

Neighbourhood houses are one response to today's urban challenges. After 10 years, 30 houses have been established and there is a demand for more. The houses offer an opportunity to bridge what sometimes seems like a substantial gap between the municipality and the people and can make a real local difference in the sense of community.

# France

## Country facts

Population: 60.2 million

Urban population: 75%

Living in national network cities: 9%

## Network facts

Accredited: 2003

Established: 1987 (1990 as a legal association)

Members: 45

Organization: Association

Web site: <http://www.villes-sante.com>

The French Healthy Cities Network was established in 1987 with the involvement of eight cities. Four of these cities took on the role of relay cities, which involved leading the development of the healthy cities in their respective regions. In 1990, the Network founded a legal association with 14 member cities. The main aims of the Network are to support cities in implementing WHO's policy for health for all locally and to facilitate exchange between cities. The Network has especially focused on reducing inequality in health and on the social and environmental determinants of health.

### *A Network built on political commitment*

A distinguishing feature of the Network is the direct leadership of politicians. Each city nominates two councillors to represent the city in the Network's General Assembly. These politicians likewise assume direct responsibility for healthy cities locally. A 13-member steering committee, comprising only local politicians, provides the Network's strategic leadership. Cities and not individual people are elected to the steering committee.

### **Partnership with the Ministry of Health**

The Network signed a 3-year contract with the Ministry of Health in December 2002. Over the coming years, the Network will work in partnership with Ministry representatives to develop local responses to national public health priorities. Steering groups of cities will work in partnership with Ministry committees to take forward the three themes of the project:

- local implementation of national programmes on cancer and on nutrition;
- development of a health profile tool related to the social determinants of health; and
- communication.

The Network will serve as a testing ground for the development of new types of partnerships with local, regional and national organizations. The contract enables the Network to be seen as a legitimate, established partner at all levels. The Ministry of Health will provide financial support for this work through a system of decentralized funding.

### *Multi-level exchange*

The Network has sought to promote exchange through the creative use of online tools, publications, twinning and regional networking. The Network has established a number of thematic work groups in response to its work agreement with the Ministry (Box 5.11). Regional groups have been established in Paris (Île de France), Rhône-Alpes and Nancy-Mulhouse to work on common problems such as mental health, preventing drug abuse and the health of immigrants.

#### **Box 5.11. Thematic work groups in the Network**

- Agenda 21
- Cancer
- Nutrition
- Health profiles and indicators

### *International networking*

The Network has played a leading role in the establishment of an international French-speaking network involving countries from Europe, North America and Africa. The French and Tunisian networks and the French-speaking networks from Belgium, Switzerland and Canada constitute the organizational committee. To date, there have been six international symposia, each lasting 4 days, with participants from three continents. Electronic exchange

The Network has sought to overcome geographical barriers to municipal exchange through the creative use of online tools and publications. Cities and towns use the Network's web site to interact and stay informed. A web-based version of the Network's directory allows cities to learn about one another through geographical or theme-based searches (see spotlight on France). The Network also produces a brief monthly bulletin called *INFODOC* (information and documentation) that provides a wide range of online resources, documents and publications from France and WHO, conference details, Network news and a calendar. An interesting feature of *INFODOC* is questions from city to city. This enables cities to raise issues

and get answers to questions such as “What is the status of your action against AIDS?”.

### Next steps

The work agreement with the Ministry of Health will guide the priorities of the Network over the next 3 years. With the increased visibility and legitimacy gained through this partnership, the Network hopes to attract a large number of new cities. In addition, the Network aims to support cities to strengthen local action on health and Agenda 21. At the same time, the Network will seek to build new partnerships with national-level organiza-

tions to raise awareness of the role of health in this domain.

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## Spotlight on France

### Healthy cities in action – a tool for promoting exchange

Every 2 years, the Network produces a directory that gives a broad overview of activities in every member city. The directory begins with brief overview of the principles of healthy cities and the criteria for joining the Network. Then the major activities of each member city are concisely presented. This information includes contact information, the city’s population and a description of key activities organized by theme and population group.

In a country the size of France, the directory is a powerful tool for facilitating city-to-city exchanges, because it allows users to search for information by geographical location, theme, population group and key words.

Published in hard copy and on the Network’s web site, the directory documents the diverse actions carried out throughout France. It is an essential resource for supporting local action and promoting the work of the Network to national and international partners.

The national government recognizes the legitimacy of local authorities becoming involved in health and how this has become a reality for many cities, especially those in the French Healthy Cities Network. Although municipalities have little legal responsibility for providing curative health care, they can make a considerable contribution to improving health in their cities, especially by ensuring access to health care and disease prevention initiatives for vulnerable people and by conducting campaigns to reduce avoidable premature death. In addition, the voluntary endorsement by local authorities of the principles underlying the WHO European Healthy Cities Network demonstrates their interest in participatory approaches based on partnership, in which is considered both a means and an ultimate objective of social development at the local level. In this way, municipalities can help to reduce social and geographical inequality in health and, even more so, the causes of a possible widening of this inequality, in a setting of local democracy.

*Excerpt from the preamble to the Agreement between the Ministry of Health and the French Healthy Cities Network, 11 December 2002*

*Bernard Basset*

*Deputy Director for Health  
Ministry of Health*

In 1989, Nancy was designated as a “healthy city” by WHO. The continuation of Nancy Healthy City [in the WHO European Healthy Cities Network] has not occurred by accident. It underlines the active commitment of the municipality to develop local public health policies and a partnership in line with the recommendations from WHO and, especially, the Ottawa Charter for Health Promotion.

Health promotion is not only the responsibility of the health care sector. It is wider than simply healthy lifestyles; it aims at improving well-being. We know that health promotion concerns us all. Healthy cities is an effective way to ensure change.

*The French Healthy Cities Network provides valuable support to all its member cities.*

*André Rossinot  
Mayor of Nancy*



# Germany

## Country facts

Population: 82.0 million

Urban population: 88%

Living in national network cities: 27%

## Network facts

Established: 1989

Members: 58

Organization: association

Web site: <http://www.gesunde-staedte-netzwerk.de>

Eleven cities founded the German Healthy Cities Network in 1989 in Frankfurt am Main to facilitate exchange. Today, the Network includes 58 member cities that cover about 22 million inhabitants. The major cities of Germany, including Berlin, Hamburg, Munich, Cologne, Dresden and Düsseldorf, are part of the Network. Important aims of the Network are to strengthen political commitment to healthy cities and to demonstrate the competence of member cities. The Network functions as a self-help organization of cities. A condition for membership is accepting the Network's nine-point programme (Box 5.12) through a formal council resolution. This programme has been continually updated to reflect member experiences and changing conditions.

### Box 5.12.

#### A nine-point programme of action

1. Agree to join the Network by a council resolution
2. Found a healthy cities office locally
3. Develop intersectoral health promotion policies
4. Carry out health impact assessment
5. Involve communities
6. Report on health
7. Participate in Network activities
8. Exchange information
9. Report experiences and successes to the Network every 4 years

The Network secretariat is based in the health authority of Hamburg. The Network's General Assembly elects an executive board composed of five political representatives and five members of self-help groups within member cities.

## Promoting exchange

A primary goal of the Network is to share experiences of healthy cities approaches through:

- a newsletter available online and disseminated 3–4 times annually;
- a healthy cities web site;
- a healthy cities award (established in 1999) for models of excellence in intersectoral collaboration;
- the documentation of models of good practice;
- working groups on issues such as health promotion in the workplace;
- workshops on issues such as health assessment or citizen participation;
- international healthy cities symposia;
- work in four regional networks; and
- disseminating models of good practice at workshops, conferences, etc.

## Partnerships

Member cities of the Network cooperate with health-promoting schools, health-promoting hospitals, health-promoting companies and Agenda 21 activities. The Network also places high value on citizen participation and partnerships with communities. For example, local self-help groups and citizen action committees have been represented at the Network's general meeting. Cooperation between the Network and the German Association of Cities and Towns on health and social issues resulted in the 1999 Declaration of Cologne, which promotes commitment to equal opportunities.

At the international level, the Network has cooperated with the Austrian Healthy Cities Network and Slovenian Healthy Cities Network since 1996.

## Network achievements

The Network's achievements include the following.

- Nearly every important city in Germany is a member of the Network.
- Cities have established healthy city structures.
- After 12 years, the Network has become an important agency for advancing health promotion in Germany.
- The Network is an important partner for many other institutions in health promotion.
- Member cities have excelled in the fields of health promotion and public health.

## The future

The Network aims to establish an alliance to increase the impact of health promotion in Germany by working more closely with institutions

active in this field, such as the Federal Centre for Health Education, the Federal Association for Health, medical associations, public health organizations and environmental groups.

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# Spotlight on Germany

## Healthy city competence centres

Establishing the healthy city competence centres has been a successful strategy of the Network. The Network has eight healthy city competence centres organized by seven member cities:

- healthy district development – Halle (Saale);
- health of children and youth- Stuttgart;
- health promotion and health reporting for children and youth – Kreis Neuss;
- migration and public health – Frankfurt am Main and Friedrichshain-Kreuzberg von Berlin;

- health conferences – Herne;
- local health management – Kreis Unna; and
- consumer protection – Kreis Unna.

The tasks of these centres are to transfer specialist knowledge to other cities. Developing these centres is a goal of the Network's action plan for the next 6 years.

These cities have special knowledge on realizing the idea of a healthy city. They are persuasive examples of how to organize the local health process. Healthy city competence centres will have a significant role in the future of the Network, because they will improve the quality of the work of all members.

# Greece

## Country facts

Population: 10.5 million

Urban population: 60%

## Network facts

Accredited: 2001

Established: 1991

Members: 52

Organization: not-for-profit organization

## Background

The Hellenic Healthy Cities Network was first established in 1991 and was registered as a legal organization in 1994. The Network has had three major reorganizations, each serving to make the Network more robust. Today, the Network is a not-for-profit organization with 52 municipal members. About one third of these members are located in the Athens metropolitan area and participate in a special metropolitan network, a subnetwork of the Network.

### *A range of activities*

Considerable effort has been put to campaigning for the healthy city project, so as to gain wider acceptance both at the local and central government level as well as in institutes and agencies. The Network develops links, promotes partnerships and secure funds for healthy city projects, including the production of health profiles and plans.

## Main aims of the Network

1. Support the development of a city health plan in each city in accordance with WHO's health for all policy.
2. Facilitate the sharing of experiences and good practices between cities.
3. Provide information to the cities on health promotion and disease prevention.
4. Improve health and the quality of life in the cities through health promotion activities.
5. Organize events and seminars based on the needs expressed by the member cities.

## Activities

Recent activities in support of this goal include the following:

### *Children and the healthy city*

The Ministry of Education funded this project, which it was carried out in secondary schools. It aimed: 1) to record the children's views of their surroundings and their knowledge about health and environmental protection; 2) to empower the children to identify potential problems and think through the options through a series of discussions and creative exercises; and 3) to create strategies for action and take a stand. Seminars for teachers were also carried out, and a semi-interactive CD-ROM that can be used at any upper primary or secondary school is currently being produced.

### *Recording the social identity of and identification of socially excluded groups in Dodecanese*

The completion of this study, in which the Network acted as a partner of the National Centre for Social Research, resulted in the development of health profiles for the four municipalities in Dodecanese.

### *Social exclusion profiles at the city level – development of initiatives and social inclusion mechanisms*

The Network worked on this research project funded by the European Union, completed during 2001, as a partner of the National Centre for Social Research. This project's aims included establishing a system for monitoring social exclusion capable of identifying changes in and the determinants of social exclusion at the city level, to encourage the development of a city network for transferring and sharing social exclusion data and to draw recommendations from the experience of municipalities.

## City health planning

The strategic plan of the Network is to advocate, support and assist the development of health action plans in all city members, and to establish a related documentation centre for the Network.

The strategic plan includes the following steps:

- developing the city health profile, which evaluates the health status of the population and describes the environmental conditions and factors affecting citizens' health;
- measuring and continuously monitoring healthy city indicators, a series of socioeconomic, environmental and demographic indicators;
- at the local level, synthesizing these findings in integrated local action plans submitted to local councils; and
- at the national level, developing a database for collecting, comparing and analysing indicators and profiles from the cities.

The Network is focusing on meeting the primary health care needs of people who fall out of the umbrella of the national plan. It is envisaged that the development of local health action plans in cities will motivate the introduction of new institutional mechanisms in cities for designing, developing and realizing health and social policy at the city level and for facilitating comparison between cities at the national and European levels.

## Responding to national priorities

The Network aims to respond to the challenges stemming from the National Health Plan (2000–2006), which includes:

- improving primary health care services;
- completing a national health map;
- decentralizing the administration – each prefecture should have its own local health plan;
- implementing independent hospital management;

- implementing a new organization for the administration of health resources; and
- operating hospitals after-hours.

In conjunction with this, statutory bodies are also in a slow process of decentralizing responsibility to municipalities for environment and health. The Network sees itself as having a special role in facilitating intersectoral partnerships. Municipalities have a good track record of collaboration and effectively using resources. The Network will build on this experience to respond effectively to the government's new health agenda.

## Partnerships

The key partners of the Network include the Ministries of Health, Environment and Housing. For example, the Network has worked with the Ministry of Housing in a project that brings together the indicators work of healthy cities and Local Agenda 21. The activities described above illustrate the Network's partnership with the National Centre for Social Research. The Network also has links with a national programme for promoting community involvement in formal education, an intersectoral forum for community development and a national forum for preventing smoking.

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# Hungary

## Country facts

Population: 10.0 million

Urban population: 63%

Living in national network cities: 10%

## Network facts

Accredited: 2000

Established: 1989

Members: 23

Organization: association (nongovernmental organization)

Web site: <http://www.hahc.hu>

## Background

After becoming one of the first WHO project cities, Pécs initiated collaboration on healthy cities in Hungary. In 1989, an informal network of five cities was established. As the network grew, the cities decided to create more formal links and obligations by setting up a legal association in 1992. Today, the Hungarian Association of Healthy Cities brings together 23 cities under a solid framework of quality standards, consistent with the WHO action framework for European national healthy cities networks (Annexes 2, 3).

### *Political leadership and network management*

Mayors represent cities in the network's General Assembly, and they set the strategic direction of the network. The General Assembly elects a president (the network's political head) annually from among its members. The General Assembly elects a seven-member board, which meets 3–4 times a year to take decisions on common network programmes and initiatives. The network has made a number of recommendations for cities to secure stable political support for local projects (Box 5.13). The network's General Secretary (the coordinator of the network) and local coordinators are responsible for day-to-day operations. The net-

#### **Box 5.13. Recommendations for sustaining political support**

- Create a strong organization, with community support, to ensure continuity during political changes
- Give local politicians a role in projects
- Set up an independent budget for the healthy city project

work's secretariat is based in the Pécs Healthy Cities office and is supported financially by the city. Membership fees fund network activities.

### *Recognition of high standards*

The network has limited its growth to three new members a year, preferring quality to quantity. Over the past 15 years, this focus on quality has made the Hungarian network a strong and reliable partner in the eyes of national actors. Since 1990 the network has been invited to participate on various national boards and bodies such as the National Committee on Health Promotion and the National Environmental Health Committee. In this context, the network has also been asked to represent the local dimension in the planning and implementation of various national programmes. The next section describes an example of such work. The Ministry of Health provides funds for some of the network's programmes and national activities. The network also receives a small grant from the Civic Fund of the Hungarian Parliament.

### *Planning guidance: building links between health and the environment*

Producing city health development plans is an ongoing priority of the network. In recognition of its experience of integrated health planning, the network was invited to participate on a subcommittee of the National Health Promotion Committee in 1995. The network's role on the committee was to develop a strategy for the local implementation of Hungary's national environment and health action plan. Six member cities piloted local environment and health action plans. These cities found the framework of city health development plans to be a useful tool for developing local environ-

### Box 5.13. Priorities of members of the network

- City health plans and profiles
- Drug prevention programmes
- Anti-smoking programmes
- Health promotion in schools
- Advice on healthy lifestyles
- Environment and health action plans
- Mental health
- Screening programmes
- Health behaviour research

Source: de Blasio A, ed. *Yearbook 2000*. Pécs, Hungarian Association of Healthy Cities, 2001 (<http://www.hahc.hu>, accessed 13 August 2003).

ment and health action plans. Based on their experience, the network produced a guidebook on the preparation of local health and environment action plans in 1998. The guidebook focuses on addressing the broad determinants of health to bridge health and environmental concerns.

#### Evaluation

The network evaluated its members and published it in *Yearbook 2000* (<http://www.hahc.hu>, accessed

13 August 2003). Eighteen of 21 cities responded to a questionnaire on:

- organizational structures;
- local commitment to develop a health plan and work on specific themes; and
- networking.

The evaluation gives insight into the location of the project in the city structures, membership of steering committees, human resources and local decision-making processes and key local and national partners (Box 5.14). The most important common activities included the elaboration of city health profiles and plans, the organization of health days and weeks, peer teaching related to preventing drug abuse and the eradication of ragweed.

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## Spotlight on Hungary

### National Healthy Cities Media Award Background

The issue of health communication in the mass media has long been an important discussion topic among health promotion experts and environmentalists. In response to this issue, the network carried out a joint training session for project coordinators and local media professionals based in member cities. Building on the success of this first step, the idea of creating an annual mass media award for coverage of the healthy cities movement in Hungary was born. The first award was granted in 2001.

### Implementation

The basic idea of the award is to give higher visibility to health and environmental issues through coverage of healthy city activities in various forms of national and local media. The National Healthy Cities Media Award is granted in three categories – television, radio and written media. Local city coordinators announce the award to their mass media partners, and a call for entries is published in professional periodicals and in some daily newspapers. The board of the

network dedicated EUR 4060 to the award in 2001 and 2002 respectively. Each year there were more than 40 entries, demonstrating strong interest among mass media professionals. Representatives of the Ministries of Health, Sport, Environment and Education sit on a jury with respected mass media, public relations and health experts to determine the best piece in each category. For example, an award was granted to a journalist in 2002 for a newspaper series on local healthy city activities in Paks. The jury also selects the recipients of a special prize from the Ministries of Sport, Education and the Environment. The Minister for Health presents the National Healthy Cities Media Award to the winners.

### Conclusion

The National Healthy Cities Media Award has proven to be a good tool for creating stronger partnerships between the member cities and the mass media. It has raised both the quality and the amount of media coverage on health and environmental issues as well as the visibility of the healthy cities movement in Hungary.



# Israel

## Country facts

Population: 6.5 million

Urban population: 91%

Population living in network cities: 43%

## Network facts

Accredited: 2000

Established: 1990

Members: 57

Organization: association

## Background

The Israeli Healthy Cities Network was founded in 1990 by four cities and the Ministry of Health. The Network was launched by a political declaration, which made an explicit commitment to health for all and the Ottawa Charter for Health Promotion. In 1997, the Network became a legal association and a supported unit within Israel's Union of Local Authorities. Today the Network involves 36 cities, 4 ministries, a school of public health and a number of nongovernmental organizations and individuals.

## Network objectives

The aim of the Network is to promote the adoption of healthy cities as a method. The Network encourages cities to integrate healthy cities principles into their local organizational structures and strategic plans. To facilitate this outcome, the Network has a strategic plan with objectives to:

- disseminate knowledge of healthy cities and Agenda 21;
- call upon politicians and academics to widely support healthy cities;
- develop partnerships with government, public, private and international organizations;
- provide training and support to member cities; and
- increase the status of healthy cities as a mainstream policy movement.

## Promoting action for equity

The Network challenges local politicians to make a formal commitment to take action for equity in health. The idea began when mayors of the members of the WHO European Healthy Cities Network signed a statement on action for equity in

Europe on 10 June 2000 in Horsens, Denmark. This statement included a pledge to develop systematic approaches to address equity issues through a number of key actions. The Network translated the statement into Hebrew and held a conference on the subject in May 2001. As a result, six mayors signed the statement. The Network took this concept of a formal political commitment forward by adopting a Healthy City Charter. The Charter has two versions: one for mayors of Network members to sign after their election (new and incumbent) and another aimed at political candidates before elections. The first point of the Charter is a commitment to act for equity. Other points relate to the principles and strategies for health for all and Local Agenda 21.

## A workbook on city health profiles

The Network began working with indicators and city health profiles in 1992. Maale Adumim, a Network member, carried out a city health profile in 1993, which served as a lever for developing a tool for the Network. The Network set up a health profile task group and developed a workbook on the preparation of a city health profile (available in English). The workbook defines a number of indicators and a step-by-step process for collecting and analysing data derived from official sources and population surveys. The Network facilitates the task of data collection by providing each member city with relevant national-level data on their city, together with national averages. The workbook also gives advice on how to present and discuss findings with mayors and local steering committees.

## Integrating health and sustainable development

In 2001, the Network was part of a national steering committee responsible for preparing Israel's national report on the Habitat Agenda. The aim of the Habitat Agenda is to promote socially and environmentally sustainable towns and cities with the goal of providing adequate shelter for all. Participants on the national committee agreed that healthy cities embraced the principles of both Agenda 21 and the Habitat Agenda. The resulting national report challenged healthy cities to act as models for the implementation of the Habitat Agenda – making use of the Network's city health profiling tool to measure progress over time. In response, the Network undertook a comparative analysis of indicators based on health for all, Local Agenda 21 and Habitat targets. It updated its workbook on city health profiles in 2001, bring-

ing together the three agendas. Today, the tool provides a solid basis for developing local health and sustainable development strategies.

### Mutual support and training

Networking between cities started with periodic meetings to facilitate exchange. Today coordinators network naturally – regularly consulting one another on planning and maintaining activities. The Network now has several senior coordinators located in four regions who provide regional support to new colleagues. New cities visit more experienced cities to learn by seeing a healthy city in action. The Network gives high priority to providing intensive training for coordinators.

#### Box 5.15. Topics covered by the course

- Inequalities in health
- The Israeli health system
- The national service of community work
- Healthy urban planning
- Green spaces in a healthy city
- The health effects of physical activity
- Oral health
- Leisure activities for elderly people
- Individual versus community rights
- Not-for-profit organizations

#### Box 5.14. Aims of the training programme

- To develop skills in leadership, management, teamwork, leading intersectoral steering committees and developing partnerships
- To gain knowledge in health promotion and sustainable development
- To gain knowledge in collecting and analysing data and planning interventions to meet defined needs and aspirations

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## Spotlight on Israel

### A training course for healthy city coordinators

The Israeli Healthy Cities Network recently carried out a 120-hour training programme, which enabled participants to obtain continuing education credit. The programme aimed to give coordinators the core set of skills they would need to lead and manage a healthy city (Box 5.14). However, municipal employees, politicians, ministry representatives and professionals active in health promotion and environmental protection were also invited to attend.

The course introduced the key principles of healthy cities and sustainable development –

building knowledge in areas such as health settings, data collection and analysis, strategic planning, participatory leadership, communications and evaluation (Box 5.15).

Twenty participants took part in this course, which ran from January to July 2002. The Ministry of Health funded 60% of the participation fee, which covered lectures, teaching materials, field visits and meals.

As a result of their participation in the course, several cities re-established the coordinator role in their city and two new cities joined the Network. An unexpected outcome of the course was the creation of a supportive group of friends.

# Italy

## Country facts

Population: 56.8 million  
Urban population: (67%)  
Population living in network cities: 16%

## Network facts

Accredited: 2003  
Established: 1995; relaunched in 2001  
Members: 115  
Organization: not-for-profit association  
Web site: <http://www.comune.bologna.it/cittasane-oms>



The healthy cities movement in Italy began informally in 1989. A network was officially established in 1995 when 40 cities signed a joint political agreement. Today, the Italian Healthy Cities Network brings together some of Italy's largest cities, including Rome and Milan, in implementing the principles of health for all and Agenda 21. The Network cooperates and facilitates exchange on Agenda 21. Cities pay an annual membership fee.

## A network re-launched

Until 2001, cities joined the Network by signing a letter of intent, accepting the Network's Programme Charter. Although this required a political commitment to health for all principles, the Programme Charter did not set out criteria linked to regular activities. Following political changes after local elections, city administrations would often be unaware of previous commitments to the Network. As a result, many cities became inactive.

To remedy this situation, the Network put forward a proposal for a new Network structure to bolster local political commitment to healthy cities in 2000. Four national meetings were held to establish new statutes stipulating out the structure

### Box 5.16. Criteria for membership of the Italian Healthy Cities Network

- An annual membership fee
- Dedication of municipal funds and organizational resources to local healthy city activities
- Nomination of a local technical coordinator
- Consistent activity on healthy city projects
- Participation of politicians at national meetings
- Local contribution to the Network's national report

and criteria of the Network. In 2001, the Network was re-launched as a not-for-profit association. The Network's criteria (Box 5.16) require cities to make an annual political commitment to healthy cities.

## Political steering committee

The Network places high priority on involving politicians. The Network's main governing body, the General Assembly, is comprised of politicians (mayors, aldermen and municipal advisers). The General Assembly elects a President, who is the political head of the Network, and a steering committee from among its members. The President appoints a national coordinator, who directly leads and manages a technical committee. The technical committee acts according to the politicians' recommendations. The technical committee comprises city coordinators of members of the WHO European Healthy Cities Network and a number of other city coordinators elected by the General Assembly.

## City health profiles

Members of the Network have made a commitment to developing integrated city health plans. The first step has been the development of city health profiles. Cities identified the need for this tool, as a means of putting the health and well-being of citizens at the heart of local decision-making. By January 2003, 18 cities had produced profiles: Bologna, Udine, Barletta (BA), Bari, Mesagne (BR), Arezzo, Maniago (PN), Ancona, Modena, Sondrio, Conegliano (TV), Vercelli, Milan, Siena, Molfetta (BA), Padua, Venice and Vittorio Veneto (TV).

## Information and exchange

The Network is extremely active. Since 2000, there have been 12 meetings of the technical commit-

tee, 5 national meetings of politicians on the management of the Network, 4 national assemblies and 2 national conventions. In 2003 the Network held a training seminar for new members. The Network has brought European experience to Italy's cities by translating core documents of the WHO European Healthy Cities project. The Network is also developing a practical manual for politicians and professionals on how to implement the healthy cities approach. The manual draws upon WHO documents and global strategies for health and sustainable development. The manual will be presented at the next national convention in Potenza in March 2004.

### A national method

The Network is currently producing its second national report. The report aims to promote a national method for healthy cities, by sharing the evaluation of local action. It provides case studies on the practical application of healthy city principles, with examples from the most active cities highlighting new ideas. The report will also identify a number of subjects of national concern as well as approaches and activities that characterize the Network.

### Regional networking

Regional networking is an interesting area of development in the Network (Box 5.17). A regional network was recently established in Puglia in December 2002, which brings together 13 cities. Other regional networks have been set up in Tuscany and Piedmont. The national political steering committee discussed with representatives of each regional network about how regional networks could formally be included as members of the Network association. It is foreseen that the regional networks will adopt the Network's statutes and structures, recognizing the national President, Coordinator and the organization of the national-level association.

#### Box 5.17. Regional healthy city networking

Regional networks provide meeting points for geographically close cities. The immediate value of these networks is their capacity to:

- Strengthen healthy city approaches
- Facilitate local benchmarking
- Share human capital (experts and technicians)
- Exchange methods and ideas

### Multi-city action plans

The Network has established a number of multi-city action plans, which bring groups of cities together to work on issues of common concern. Current multi-city action plans are working with the issues of alcohol, tobacco and mental health. Previous work on multi-city action plans produced interesting connections with the European Network of Health Promoting Schools and the European Network of Health Promoting Hospitals.

### Future

The Network intends to build on its successes to promote:

- better integration among the national health networks;
- an efficient policy on governance; and
- wider involvement of citizens.

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Our specific aim is now to disseminate the WHO Healthy Cities philosophy, to achieve good results on evaluation and to devote continuous attention to equity in health.

Excerpt from a presentation of the Network's Activity Programme, 2002-2004

*Gian Paolo Salvioli, President, Italian Healthy Cities Network Association  
Bologna Health and Environment Alderman*

We can say that the task of drawing the health profile of a city is a noble and complex commitment ... The health profile, which has brought together different institutions such as schools, political forces and the voluntary movement, has become a consultation tool to evaluate indicators on the quality of life in Barletta. ... The most important outcome will be to live in a healthier city.

*Francesco Salerno, Mayor of Barletta*

# Kazakhstan

## Country facts

Population: 16.0 million  
Urban population: 46%  
Population living in cities: 24%

## Network facts

Accredited: 2002  
Established: 1999  
Members: 10  
Organization: coordinated by the National Centre for Healthy Lifestyles Development



The Kazakhstan Healthy Cities Network is coordinated by the National Centre for Healthy Lifestyles Development. The Network is thus well placed, as the Centre is responsible for coordinating all Kazakhstan's settings programmes. The Centre's regional, urban and local health promotion centres are also involved in the Network.

## National partnerships

The Network has developed formal partnerships, based on cooperation agreements, with a number of national-level bodies (Box 5.18). The Network also enjoys support from the President and the First Lady of Kazakhstan and as well as deputies of Parliament. The National Centre for Healthy Lifestyles also mobilizes its partnerships with agencies of the United Nations (including UNICEF, UNESCO, UNFPA, UNDP and United Nations Volunteers), the United States Agency for International Development, the Soros Fund, foreign universities and private companies in support of the Network.

### Box 5.18.

#### Key partners of the Network

- Ministry of Public Health
- Ministry of Education and Science
- Ministry of Culture, Information and Public Accord
- Agency of Tourism and Sport
- Ministry of Internal Affairs
- Ministry of Defense
- Ministry of Labour and Social Protection of the Population
- Ministry of Natural Resources and Environment Protection

## Political commitment

The Network places high priority on the active role of mayors (akims) in the project. Mayors are responsible for the health and quality of life of inhabitants and the socioeconomic situation in the city. They have authority over all health, education and social programmes. They are also in regular contact with citizens. Mayors present at least one speech a month on local television and have a telephone hotline for citizens. Several mayors organize meetings with citizens 2–3 times per year on key issues of concern.

In 2003, the Network coordinator visited the mayors of all Network cities, who confirmed their commitment to the project. The coordinator shared with them the progress of other Network cities and provided methodological materials for progress in urban health. The Network coordinator has also met with a member of Parliament who has proposed the creation of a national coordination council. This would fall under the auspices of the government and would represent local healthy city interests at the national level.

## Action and priorities

The overall goals of the Network are to mobilize local, national and international actors to support local policies aimed at improving health, the quality of life and the environment in cities. A key achievement of the Network has been the adoption of healthy cities as a government policy in Kazakhstan. Network cities work on both common as well as locally defined priorities (Box 5.19).

In 2003, the Network launched a Healthy Villages project, following WHO guidelines.<sup>1</sup> This project supports the development of healthy com-



### Box 5.19. Health priorities in cities in Kazakhstan

- Behavioural risk factors (alcohol and drug abuse, smoking, etc.)
- Family health
- Healthy nutrition
- Health of children, adolescents and young adults
- Environment
- Water quality
- Health-promoting schools
- Healthy universities

munities by supporting community leaders in assessing problems and setting priorities among health interventions. The Network will work with Healthy Villages to disseminate the healthy cities approach and to promote the exchange of experience between adjacent villages. Healthy Villages is a response to the President's announcement that 2003–2005 will be Years of Support for Villages.

#### *Raising public awareness of health promotion*

All Network cities organize 12 large-scale health promotion events annually. These typically include the participation of at least 60–70% of the population of these cities. The events are usually linked to health education and the quality of life.

For example, the programme called Torch for Health brought together 30 000 participants in six regions of the country. As part of the event, a torch was passed between people identified as leading healthy lifestyles. An exhibition on the theme of women's health attracted 50 000 participants. The Network's annual Festival of Health is a response to the national social strategy, Kazakhstan 2030. The Network plans to launch new joint initiatives to support orphans and to promote good nutrition for pupils.

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- 1 *Healthy villages: a guide for communities and community health workers*. Geneva, World Health Organization, 2002 ([http://www.who.int/docstore/water\\_sanitation\\_health/Healthyvil/HVtoc.htm](http://www.who.int/docstore/water_sanitation_health/Healthyvil/HVtoc.htm), accessed 22 August 2003).

## Spotlight on Kazakhstan

### **Healthy environments for children**

World Health Day takes place every year on 7 April. The theme in 2003 was Shape the Future of Life: Healthy Environments for Children, focusing on the leading causes of chronic illness in childhood that are related to environmental hazards. The Network planned a wide range of activities in the month leading up to World Health Day. The Network also encouraged all cities in Kazakhstan to organize such activities and to involve citizens.

Key activities in Network cities that marked the event included:

- healthy workplaces, study places and city spaces;
- training and lectures for children at schools and preschools and for university students;

- training for parents in life skills at workplaces;
- greening of city spaces (more than 2000 saplings were planted in each Network city); and
- children's artwork on the theme was exhibited in all Network cities.

Mayors of Network cities made speeches on local television and radio stations and participated in round-table discussions. School psychologists also took part in these actions. They worked not only with the children but with the parents and teachers. The World Health Day events were further supported by 520 health-promoting schools, 30 healthy universities, 25 health-promoting hospitals and 27 healthy workplaces.



# Latvia

## Country facts

Population: 2.3 million

Urban population: 67%

Population Living in network cities: 61%

## Network facts

Established: 2002

Members: 15

Organization: nongovernmental organization



Latvia's network for healthy cities was established in 2002, following several years of awareness-raising efforts. The network's formal title is Latvian Health Promoting Municipalities. Members include cities, towns and rural districts with the status of a municipality. Municipalities join the network by passing a council resolution in support of membership. The network works closely with the Ministry of Health, the WHO Liaison Office, the National Association of Local Authorities and the European Network of Health Promoting Schools. Activities are funded through membership fees.

## Exchange

The network holds two meetings a year. These focus on exchanging experience on actions that support the city hosting the meeting and addressing a range of common priorities. Past meetings have addressed issues ranging from substance abuse to the specific challenges of implementing the healthy cities approach. These challenges include establishing infrastructures for health promotion work in municipalities and how to work in partnership with regional coordinators from the National Health Promotion Centre.

## Partnerships

The Network has partnerships with the WHO Liaison Office in Latvia, the Ministry of Welfare, the National Health Promotion Centre and the Baltic Region Healthy Cities Office. The network contributed to the development of Latvia's public health strategy in 2001 through participation in national work groups. In accordance with WHO's HEALTH21 policy, the national policy has 21 targets. Target 13 on settings for health promotion states that, by 2010, the people of Latvia should have greater opportunities to live in healthy

physical and social environments at home, at school, at work and in the local community. The strategy calls for developing a nationwide network of healthy cities and communities to reach the objectives of this target. Health Promoting Municipalities also works in close partnership with the Latvian Network of Health Promoting Schools. Together they develop local activities, projects and seminars.

## Regional cooperation

The National Health Promotion Centre has initiated a new health promotion model that involves the implementation of programmes at the regional level. Nine regional coordinators, who are based in municipalities, are responsible for implementing regional projects. The network is working in partnership with these regional coordinators to facilitate effective cooperation with municipalities while developing local-level capacity and support for health promotion. This relationship is enhanced by the fact that most of the regional coordinators are based in network cities.

## Bridging health care and health promotion

Although Latvia's municipalities are responsible for primary health care services, they have no direct responsibility for health promotion. As the health care sector is currently inadequately funded, municipalities have been reluctant to shift resources to health promotion. Recently, members of the network have responded to this situation by developing strategic municipal health promotion plans. Municipalities have established work groups with the aim of clarifying their role in the field of health promotion. They have also worked to develop mechanisms to involve general

practitioners in healthy city initiatives. The network has developed an 8-hour training programme for general practitioners on Health Promoting Municipalities and its activities. It is hoped that cooperation with general practitioners will lead to support for increased investment in health promotion activities.

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## Spotlight on Latvia

### Preventing substance abuse

In 2002, the network carried out a 5-month project funded by Latvia PAV (a programme to prevent drug and alcohol abuse) to support cities in developing plans to limit the use of psychoactive (mood-altering) substance abuse. Cities exchanged experience on initiatives in this area, and coordinators developed skills in writing project proposals.

In Jelgava, citizens established a nongovernmental organization called Parents for Jelgava. Parents involved in this organization take an active role in enforcing restrictions on the sale of alcohol and tobacco to young people by monitoring venues where these substances are sold and used. This approach is now being used in three other cities in the network. Jelgava shared its positive experience of treating addiction by promoting

cooperation between physicians, social workers and the public.

In Ventspils, several programmes have been carried out to limit the distribution of drugs. Children from deprived areas or disadvantaged families are given discounts to attend sporting and cultural events sponsored in the city. Day care centres for children have also been set up. These provide after-school care for pupils aged 7–18 years.

The two most important conclusions of the project were that explicit political commitment for funded projects is essential and that there must be cooperation across sectors.

As a result of this activity, five network cities have developed new drug and alcohol prevention programmes and seven cities have successfully applied for project funding.

I was very pleased to see Riga incorporated into the WHO Healthy Cities movement at the end of 2002. The city of Riga now has to strive to reach the goals set by the WHO Healthy Cities movement. It is easier for Riga to implement these goals in cooperation with WHO and other healthy cities.

In March 2001 the Ministers of Latvia adopted a public health strategy. The main goal of this strategy is to improve public health, and it is modelled based on the WHO European regional strategy for health for all in the 21st century. One of the main principles of the strategy is to involve society as much as possible. I believe that the Latvian Healthy Cities project, working with the Riga City Environment Centre Agenda 21, can become one of the main tools for implementing the goals of the Latvian public health strategy at the municipal level.

Good practices and examples from the healthy cities will help to put health on the agenda!

*Aivars Guntis Kreituss*  
Deputy Mayor, City of Riga

# Lithuania

## Country facts

Population: 3.7 million

Urban population: 68%

Population living in network cities: 41%

## Network facts

Established: 1994

Members: 8

Organization: not-for-profit organization

## Background and overview

The main activities of the Lithuanian Healthy Cities Network focus on supporting municipalities in developing and implementing broad local health policies. The Network gives priority to work on city health profiles, improving the environment and sustainable development, and social needs. Member cities have developed local public health strategies, environmental policies and social policies.

The Network has a number of other national and international partners drawn from academe, international and national organizations and not-for-profit organizations.

## Organization and resources

The main organs of the Network are the General Assembly and the Board (Steering Committee). The Board consists of the coordinators from each member city (or region). The role of the Board is to

- propose strategies for Network activities
- define the direction of Network development
- exchange information and coordinate activities with other organizations
- coordinate activities with other WHO initiatives.

Membership fees fund the Network, and the City of Kaunas hosts the coordinating office.

## Members

The Network is open to municipalities and regions. Eight municipalities, covering 41% of the Lithuanian population, are members of the Network. To become a member of the Network, municipalities have to formally accept the health for all principles and to agree to develop and implement city profiles and plans based on health for all.

## Network thematic areas

The Network implemented a number of programmes in 2002 related to environmental improvement, health promotion and social needs, including work on:

- city health profiles
- education for municipal staff
- courses for coordinators
- healthy kindergartens
- healthy schools.

The Network gives priority to involving citizens in all healthy city activities.

## Municipal-level activities

The Network has organized a number of meetings and conferences to support municipal-level work on health and the environment and sustainable development. The Network has also carried out consultations with city coordinators, which have yielded proposals for environmental improvement and health promotion in cities. The local councils of member cities have adopted local public health strategies, environmental policies and social policies.

## National partnerships

The Network contributes to developing national policy by cooperating with the Ministries of Health, Environment and Education. For example, through participation in the Health Care Reform Bureau, the Network has had the opportunity to influence and put forward proposals on:

- national debates
- the preparation of the country's public health law and public health strategy
- the development of training for health care specialists.

This forum is responsible for developing health promotion and health care structures in cities and training.

The Network has also made proposals at the national level related to the national environment and health action plan and to the use of healthy city indicators. National environment and health action plans are government documents that address environmental health problems in a comprehensive, holistic and intersectoral way. Health and environment ministers across the WHO European Region endorsed and strongly supported the implementation of national environment and health action plans in the London Declaration of the WHO Third Ministerial Conference on Environment and Health in 1999.

The Network also participates on the National Health Board and defines the programme of activities of the National Healthy Cities Institute.

### International partnerships

Beyond its partnerships with the national government, the Network has a range of partners, including:

- Baltic Region Healthy Cities Office
- Danish Healthy Cities Network
- Polish Healthy Cities Association
- United Nations Development Programme
- Regional Environmental Center for Central and Eastern Europe
- Lithuanian Association of Municipalities
- not-for-profit organizations
- Kaunas Medical University
- Vytautas Magnus University.

### Future plans

Planned activities for 2003–2005 include implementing a healthy society policy and creating public primary health care functions and institutions.

The Network also plans to build on its city health profile work. Data collected by Network cities will be used to develop a planning system for municipal health policies and strategies, based on intersectoral cooperation.

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# Netherlands

## Country facts

Population: 16.0 million

Urban population: 90%

Population living in network cities: about 50%

## Network facts

Established: 1989

Members: 25

Organization: Open membership



Vereniging van  
Nederlandse Gemeenten

## Background

Eindhoven, one of the first members of the WHO European Healthy Cities Network, initiated the development of the Dutch Healthy Cities Network in the late 1980s. The Network is open to all cities and has no specific criteria or fees. A support office within the Association of Municipalities coordinates the Network. A working group comprised of civil servants from municipalities and advisers from national health promotion organizations and universities manages it. The Network receives funding from the Ministry of Health.

## Supporting cities

The overall goal of the Network is to support cities in developing healthy urban policies. The Network also strives to influence ministries, especially the Ministry of Health, to adopt healthy cities approaches and to set up mechanisms for interministerial cooperation on health. The Network has produced 10 booklets on healthy city topics and produces a quarterly newsletter distributed to all municipalities and to the Network's partners in ministries, national institutes and universities. The Network has established cooperation with the Ministry of Spatial Planning, Housing and Environmental Protection on healthy building (see related section below). The Network has also influenced the Ministry of Health's decision to require municipalities to produce a local health plan every 4 years.

## Thematic work groups

Thematic work groups are a key feature of the Network. Municipalities identify work group themes at Network meetings (Box 5.20). The aim of work groups is to disseminate new ideas and to stimulate action in cities by developing methods and policies based on local best practices. Work groups

### Box 5.20. Thematic work groups in the Network

The Network has had work groups in the following areas:

- youth health promotion policy
- healthy building and living
- intersectoral cooperation
- social safety problems
- healthy neighbourhoods
- local health policy
- health and Agenda 21
- local policies on chronic diseases

remain active for as long as it takes to achieve their objectives. Work group results are published and sent to the mayors of health of all municipalities. National conferences are often organized on work group themes.

## Healthy building and living

In 1996, the Rotterdam City Council approved a resolution stating that major city development programmes would only be considered following advice from the health department on potential health effects. In response, the Healthy City Office developed a list of points to be considered such as the needs of elderly people, the use of building materials, the effects of ventilation and lighting and a building's connection to the environment and community. Rotterdam cooperated intensively with the Departments of Building and Transport, learning valuable lessons on how to bring about positive health effects (Box 5.21). For this cooperation to be effective, the Healthy City Office had to understand the planning processes of these departments and provide relevant advice at the appropriate time.

Rotterdam's experience was shared at Network

## Box 5.21. The built environment and health in Rotterdam

### Low-allergen housing

Through collaboration with the Department of Building, 40 low-allergen houses were built as an experiment in Rotterdam. The buildings were engineered to make allergic reactions virtually impossible. Maintaining the integrity of this environment requires educating the inhabitants, who are selected to live there based on need.

### Reducing negative health effects of road traffic

Increased air pollution was measured in an area of the city where a number of roads converge. Children at a nearby school were correspondingly found to have more health problems, especially lung problems, indicating an overall health risk for the surrounding neighbourhood. The city responded by introducing traffic-calming regulation, which reduced speed limits from 120 km to 80 km and resulted in a measurable health improvement of 10–15%.

meetings; as a result, a work group was established on healthy building and living. A booklet describes the work group's results and outlines recommendations and examples of good practice.<sup>2</sup> A conference was held on the subject in 1997, at which the Minister for Spatial Planning, Housing and Environmental Protection commended the results. As a result of this work, city councils throughout the country more frequently request this kind of health impact assessment on proposed building plans.

### Promoting neighbourhood intervention

The Network has long placed a high priority on reducing health inequality through neighbourhood intervention. Inspired by healthy cities work in the area, the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ) decided

to establish an office to support this type of work in 1999. The office, called SLAG (Steunpunt Lokale Aanpak van Gezondheidsverschillen), cooperates with 15 Network cities. SLAG facilitates discussions among politicians and professionals. It provides information on the methods and effects of health interventions at the neighbourhood level. SLAG also helps cities in securing funding for community projects through the National Health Research Fund. Three cities, Arnhem, Eindhoven and Tilburg, are currently implementing projects that will soon be evaluated. These are all community-based projects in which experiments are taking place on how to involve the population in the whole process of health education. The results are expected to further understanding of participatory evaluation methods in health promotion.

### Future

The Network aims to influence the development of a new government policy for major cities. The policy has economic, infrastructural and social dimensions affecting approaches to job creation, urban regeneration, social care, health and education.

*The information for this profile was contributed by Willy de Haes, Coordinator of Healthy City Rotterdam (dehaesw@ggd.rotterdam.nl), before the Network's new coordinator, Matthew Commers, was appointed.*

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<sup>2</sup> Bazuin H, van den Bogaard J, Zoutman R. *Buimte voor gezondheid; gezond bouwen en wonen in nieuwe wijken [Space for health. Healthy building and living in new neighbourhoods]*. The Hague, VNG Uitgeverij, 1997.



# Norway

## Country facts

Population: 4.5 million

Urban population: 75%

Population living in network cities: 18%

## Network facts

Accredited: 2000

Established: 1994

Members: 19

Organization: network with statutes

Web site: <http://www.poseidon.no/hmnett/index.html>

## Background

The Norwegian Healthy Cities Network was established in 1994 based on an understanding that it takes more than enthusiasts and one-off projects to make a difference. For this reason, the Network was built on the following foundations:

- a cooperation agreement with the Ministry of Health, the Ministry of Environment and the Association of Local and Regional Authorities;
- network statutes that ensure political commitment; and
- membership criteria.

Importantly, the cooperation agreement brought together the concepts of health and Agenda 21 – a defining feature of the Network.

## Network management – a mix of political and technical leadership

The strong participation of politicians in the Network has been an important source of strength and legitimacy. Mayors represent cities in the Network's General Assembly, the highest decision-making body. The Network's executive board (or steering committee) consists of three mayors and four professionals who meet at least four times per year. The chair of the board, a mayor, acts as the head of the Network. Both political and technical representatives are required to attend regular Network meetings, which focus on technical priorities. Network meetings circulate on a rotating system between the member cities. Through their active involvement in the Network, politicians have recognized the need for a full-time, technical coordinator. This post is funded through a government grant and a portion of the Network's membership fees.

## Supporting national policy development

The Ministry of Health invited the Norwegian Healthy Cities Network to contribute to a white paper on public health in 2002.

The Network's experience in developing a Norwegian profile (see spotlight on Norway) played an important role in shaping this paper, which the Storting (parliament) adopted in June 2003. In the future, health will be an obligatory component of municipal development plans. Government support will be made available to local and regional partnerships that make a commitment to long-term, intersectoral measures to promote health and prevent disease. This is expected to significantly boost the work of the Network and encourage cities to give priority to health concerns. At the request of the Ministry of Health, the Network will continue to develop the Norwegian profile to support the development of the new responsibility for municipal planning.

## Networking in the future

The Network is currently recruiting members. Between two and four cities are expected to join the Network in 2003. This will have implications on the organization and regular activities of the Network. If the Network should expand beyond 25 members, regional subnetworks are likely to be introduced. In the future, the Network also aims to promote closer cooperation between cities by setting up work groups on the Network's priorities (Box 5.22). The main objective of these groups will be to develop new public health initiatives and relevant guidance for cities. The Network will also strengthen opportunities for exchange on its web site, making information on Network programmes and outcomes available to a wide target group.



### Box 5.22. Network priorities in Norway

- Nutrition and physical activity
- Tobacco and drugs
- Safety
- Indoor environment
- Local Agenda 21

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# Spotlight on Norway

## The Norwegian Profile

The Norwegian Profile is a population survey on the state of health and environmental conditions in the municipalities of the Norwegian Healthy Cities Network. Developed in 2000, the Norwegian Profile moved away from the traditional approaches, which depend on indicators of mortality and illness. The Profile is based on the population's assessment of the state of their own health and the environment.

In each member city, 1200 randomly selected individuals aged 15–79 years were sent a questionnaire by post. About half these individuals (9000 total) completed and returned the questionnaire. The estimated cost of the Norwegian Profile 2000 was about EUR 127 000. The municipalities financed 50% of the survey, and the national government covered the remainder.

### *Impact at the local level*

The Norwegian Profile has been an important tool for bridging healthy city and Local Agenda 21 work. At the municipal level, the Profile has filled an information gap, as there had been a shortage of local data on the well-being of inhabitants. The Profile also served as a tool for entering into dialogue with inhabitants – one of the most important elements of healthy city and Local Agenda 21 approaches. The fact that the Profile explicitly linked health and environmental data provided cities with a stronger basis to discuss comprehensive solutions to local problems. The report has, without doubt, increased the focus on health promotion work in member cities.

The overall findings of the profile have been used to set the Network's priorities (Box 5.22).

### *National partnerships*

Carrying out a large scientific project has given the Network a professional reputation at the national level and has produced the kind of newsworthy, comparable data the mass media often demand. The Ministry of Health, Ministry of the Environment and the Association of Local and Regional Authorities supported the project because they consider the Profile an important supplement to the existing public statistics. The government has shown great interest in the Profile and has invited the Network to present the results at conferences.

### *International comparison*

The models and questions used in the Norwegian Profile were adapted from surveys carried out in other countries. This not only makes the data internationally comparable but also promotes international cooperation and exchange. The Network considers international cooperation a very important resource. It can result in new ideas and provide legitimacy to this field of work. The Network has therefore invited the other Nordic healthy cities networks to participate in producing a Nordic Health and Environment Profile based on the Norwegian model. The National Institute of Public Health in Denmark will provide technical support to the joint profile. The survey is expected to be carried out during 2004–2005.

If we want to see results of the work with public health, we must make a joint effort. I will surely do my part. I believe that the members of the Norwegian Network – the leading municipalities on public health – will be important partners when it is time to put the politics into life in the coming years.

*Dagfinn Høybråthen, Norwegian Minister for Health*

(See page 14 for the full text of the statement)

In working with the national authorities, the Network has pointed out the need for an unequivocal national public health policy. The Network has promoted proposals for such a national plan and volunteered to be a laboratory for trying out new initiatives. We expect to be bestowed such a role in the Government's White Paper on Public Health, due to be presented in January 2004. Thanks to our connection with WHO and colleagues in European networks, we expect to be an attractive partner in the national public health work.

*Jostein W. Rovik, Mayor of Sandnes (member of the Norwegian Healthy Cities Network)*

*Deputy chair, Norwegian Healthy Cities Network*

# Poland

## Country facts

Population: 38.6 million  
Urban population: 65%  
Population living in network cities: 20%

## Network facts

Accredited: 2000  
Established: 1993  
Members: 45  
Organization: association  
Web site: <http://www.szmp.pl>



## Background

The number of cities participating in the Polish Healthy Cities Association has increased every year since it was established in 1993. Today, 45 cities and towns, ranging in population from 5000 to 800 000, participate in the network. The membership is diverse, but all these cities and towns have one thing in common – they have made a formal political commitment to work with the healthy cities approach. The network supports cities in using the approach to determine and act on their own needs and priorities.

## Training

The network attaches great importance to training, as political and staff changes are key factors influencing the progress of healthy cities in Poland. Training courses are organized for city coordinators on evaluation, developing prevention programmes, HEALTH21 and the national health programme. The network also provides training on issues of national priority. For example, training on the detection of cancer and cardiovascular disease has been provided for physicians and nurses in network cities, based on scientific resources made available by the Medical Academy in Lodz (see spotlight on Poland).

## Exchange

An important function of the network is to translate and disseminate foreign-language materials – helping cities to overcome a significant barrier of access to best practices. Cities keep in touch between regular network meetings through a newsletter and the network's web site. Since 1992, the network has held an annual healthy cities conference, which is open to all cities and professionals

in Poland. The conference is also an opportunity to promote healthy cities at the national level and to demonstrate the network's potential to respond to national health priorities.

## Annual grant competitions

The network has established a grant competition as an innovative way to stimulate activities in cities. The network devotes almost 20% of its annual budget, which is derived from membership fees, to the grant. Member cities consider winning a grant to be a privilege in recognition of a high-quality project. In 2002, 18 cities submitted 65 grant applications on the themes of children and young people, healthy transport and social exclusion. Eight cities received awards: Bielsko-Biala, Inowroclaw, Kalisz, Legnica, Leszno, Lodz, Olsztyn and Torun. The theme for the grant competition in 2003 is healthy environments for children.

## Evaluation and impact

A survey of 35 of 43 cities undertaken in February 2002 highlighted some of the network's achievements as well as some of the difficulties. The survey included questions related to political support, intersectoral cooperation, programmes and activities and the position of healthy cities in local authorities (Box 5.23).

Cities reported that the overall benefits of participation in the network included:

- increased citizen awareness of health and environmental issues;
- increased community participation;
- easier access to preventive medical examinations; and
- better intersectoral cooperation.

### Box 5.23. Results of an evaluation of the Polish Healthy Cities Association in 2002

- 80% reported stable political support for healthy city projects
- Two thirds of members' city councils regularly discuss issues related to healthy cities
- 90% involved local communities through partnerships with nongovernmental organizations
- 80% planned annual healthy city activities
- 70% reported on their activities in 2001
- 50% had only one staff member assigned to the healthy city office
- 50% involve the private sector in activities, mainly as a sponsor
- 40% implement Local Agenda 21
- 30% of coordinators work full time for healthy city projects
- Key problems: limited resources and staff

Source: newsletter of the Polish Healthy Cities Association, spring 2002 (Polish)

### Main activities

The main activities in cities were the prevention and early detection of cancer; tobacco; addiction; environmental issues; health and environmental education in schools; and campaigns to promote healthy lifestyles. As a result of their participation in the network, many cities were developing local health strategies based on increasing awareness of how different sectors affect city life. The cities' links to WHO through the network has been a very strong factor for promoting local health development.

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## Spotlight on Poland

### Prevention and early detection of breast cancer

For many years, the early detection and prevention of breast cancer has been a top priority for network cities in Poland, in accordance with the national health programme. Research has been carried out on the 21 network cities that implemented breast cancer prevention programmes from 1996 to 2001. Data from a questionnaire provided information on the effects and cost of these programmes.

Programmes implemented during this period included organizing screening examinations, activities to popularize regular breast self-examination and health education for women. Concurrently, training courses were held for health personnel, including nurses, midwives, primary health care physicians and gynaecologists. The 21 cities involved in this work covered a total target population of 2.5 million women over 18 years of age.

Since 1996, programme activities have reached

456 200 women, of whom 63% were participated in educational activities connected with training in breast self-examination and 37% underwent diagnostic examinations (mammography for women over 45 years; ultrasonography for women over 35 years). In 2001 alone, prevention programmes reached 102 810 women.

In 2001, city budgets provided 90% of the funding, a cost of about EUR 700 000. Local governments in seven cities financed the total cost of the programmes, whereas others received external funding from the Ministry of Health, the National Insurance Fund, foundations, Project Hope and other sponsors.

Today, the work is continuing and programmes for the prevention and early detection of breast cancer have become permanent items in city budgets. Women's awareness on the subject has risen, and their participation has demonstrated a social demand for these programmes.

Research has shown that the broad spectrum of activities implemented in our city have brought a significant increase in the citizens' awareness. As Deputy Mayor, I will definitely continue to promote healthy cities.  
*Zbigniew Fiderewicz, Deputy Mayor of Torun*

An integrated and well rounded approach to health-related activities, which embraces the living conditions of the population in all aspects, is more effective than work in isolated areas. One of the most effective ways to get the job done is the WHO Healthy Cities project.  
*Krzysztof Panas, Former Mayor of Lodz*

# Portugal

## Country facts

Population: 10.4 million

Urban population: 66%

Population living in network cities: 18%

## Network facts

Accredited: 2001

Established: 1992

Members: 11

Organization: association

Web site: <http://www.redecidadessaudaveis.com>

## Background

The Portuguese Healthy Cities Network was formally established as an association of municipalities in April 1998, subsequent to work started in 1992. Today, the Network comprises 11 municipalities at different stages of development. Some municipalities have already implemented city health profiles and city health development plans, whereas others are still in the preliminary phases. Although their levels of experience may differ, all the municipalities are strongly committed to the principles of the WHO health for all policy and the development of local action to promote equity, health and a high quality of life.

## Political leadership

Mayors are required to represent their cities in the Network's General Assembly, although they may delegate this task to a city councillor. The General Assembly elects a president and a political board to manage the Network and carry out the decisions of the assembly. This board of mayors and city councillors meets once a month. The board is supported by a technical group, which is a forum of healthy city coordinators and other local professionals involved in healthy city projects. They discuss ideas, share best practices and develop joint activities.

## Exchange at all levels

The exchange and sharing of information between municipalities at all levels is one of the key aims of the Network. The three municipalities designated to the WHO European Healthy Cities Network have played an important role by disseminating European-level healthy cities information in Portugal. The Portuguese Healthy Cities Net-

work publishes a quarterly, thematic newsletter to disseminate good practice. The newsletter also raises awareness about healthy cities outside the Network and among the public.

## Awards for scientists and journalists

To further promote urban health locally and nationally, the Network has established a journalistic and a scientific recognition award. The awards are conferred in alternate years to honour the best investigative journalism and the best scientific research in urban health. The awards are expected to advance the involvement of the scientific community and the mass media in the work of the Network. The first journalistic award in October 2002 launched the initiative. The theme for the next journalistic award will correspond to the theme for World Health Day in 2003 – healthy environments for children.

## A strategic plan for Network development

The Network has adopted a strategic plan (2003–2005) as a tool for reaching the Network's goals for the future (Box 5.24). The aim of the plan is to promote a working dynamic that will double Network membership by 2005 and strengthen partnerships. The plan places special emphasis on membership criteria, developing city health profiles and plans and training. The Network aims to strengthen its links to other networks of municipalities as well as with national-level bodies, such as the National Board of Health and the National School of Public Health.

## The future

The Network sees great opportunities for growth



### Box 5.24. Strategic goals of the Network

- Support municipalities in meeting healthy city goals
- Double the number of member cities by 2005
- Maintain high quality standards through membership criteria
- Strengthen the technical group through training, debate forums and increased exchange
- Reinforce national and international partnerships

in the future. The Network is already a strategic partner for municipalities and national organizations on issues such as poverty and social exclu-

sion, sustainable development, healthy lifestyles, social support and the needs of vulnerable groups in society. As the Network grows, it will take significant steps towards building a municipal association with the capacity to influence national health policies.

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## Spotlight on Portugal

### Healthy Sundays in Viana do Castelo

In 2002, World Health Day was dedicated to physical exercise with the theme being Move for Health. As this theme was consistent with the goals of the city health development plan of Viana do Castelo, it decided to join the commemorations.

Viana do Castelo decided to involve people of all ages and physical conditions in an event that would draw attention to the health benefits of exercise. On a Sunday morning, activities were organized at the city's Marina Garden, a wide green space on the seaside, to suit all tastes. These included football, basketball, volleyball, athletics, gymnastics, walking and cycling. A path with historical and ecological interest was available to those who chose to walk or cycle. Several local sports associations supported the event. Caps and T-shirts were distributed, and fruit and water was made available.

The event had been promoted in the local and national press to give visibility to issues surrounding physical exercise and to invite all population groups to participate. About 300 people of all age groups participated, including blind people and other disabled people.

The impact of this World Health Day celebration was so positive that the associations and participants involved called for the event to be repeated. Responding to this appeal, the Healthy City Office decided to organize a Healthy Sunday every second week from April through September 2002. The city further incorporated this 6-month activity into the 2003 budget plan. This event has gone beyond fulfilling its objectives as a one-off activity – it has acted as an important first step towards fulfilling the wider goals of Viana do Castelo's city health development plan on promoting healthy lifestyles.

We believe that local governments are a strategic partner in health promotion and sustainable development, due to their contributions to economic growth, social cohesion and environmental protection. We consider the Portuguese Network to provide added value. It supports gains to health, both locally and nationally, through sustained partnership work.

*Excerpt of a statement signed by politicians of the General Assembly in May 2002*

A. Monteiro (Mayor) and C. Almeida Loureiro (City Councillor), Seixal  
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C. Encarnação (Mayor) and Nuno Freitas (City Councillor), Coimbra  
P. Santana Lopes (Mayor) and H. Lopes Costa (City Councillor), Lisboa  
C. Teixeira (Mayor) and A. Barata (City Councillor), Loures  
M. Amélia Antunes (Mayor) and P. Marques (City Councillor), Montijo  
M. Porfírio Vargas (Mayor) and N. Santos (City Councillor), Odivelas  
T. Zambujo (Mayor) and A. Isabel Beça (City Councillor), Oeiras  
A. Vicente (Mayor) and A. Candeias (City Councillor), Palmela  
C. Sousa (Mayor) and D. Machado (City Councillor), Setúbal  
D. Oliveira Moura (Mayor) and R. Barreto (City Councillor), Viana do Castelo



# Russian Federation

## Country facts

Population: 143.8 million

Urban: 77%

## Network facts

Established: 1996

Members: 42 (full members and observers)

Organization: Association

Web site: <http://www.hcp.aha.ru>

A Support Centre based at the Institute of Public Health and Health Care Management of the Sechenov Moscow Medical Academy coordinates the Russian Healthy Cities Network. The Ministry of Health approved the Support Centre in 1994 to promote the development of healthy cities in the country. The Network was founded a year later (Box 5.25). The Ministry of Health funds the

Healthy Cities Support Centre in part. Cities are not required to pay a fee.

## Breaking down barriers

An important function of the Healthy Cities Support Centre has been to make international expe-

### Box 5.25. Milestones in the development of the healthy city movement in the Russian Federation

#### 2003

- Stupino (Moscow region), Tambov (Tambov region) and Chesma district (Chelyabinsk region) began to develop healthy city projects.
- The Vologda region developed a regional strategic health plan based on HEALTH21.

#### 2002

- The Network adopted a new constitution to meet the standards of the WHO action framework for European national healthy cities networks Annexes 2, 3).
- Smolensk launched a healthy city project with a city forum.
- In Kaliningrad, healthy cities was discussed at the city and regional level, bringing together 28 municipalities in collaboration with the Baltic Region Healthy Cities Office.
- Twenty-five communities of the Kurgan, Samara, Chelyabinsk, Tomsk and Sakhalin regions became familiar with the healthy communities approach through a programme of the American International Health Alliance.

#### 2001

- The Vologda city health profile was prepared using healthy city indicators (see Spotlight).

#### 2000

- Izhevsk was designated to the WHO European Healthy Cities Network.

#### 1999

- Cities in the Russian Federation joined the activities of the European Sustainable Cities & Towns Campaign.

#### 1998

- The Izhevsk city health profile was prepared and presented to the public.
- Ten cities developed a set of healthy city indicators (see Spotlight).
- Cities in the Russian Federation participated in the 1998 International Healthy Cities Conference in Athens.

#### 1997

- Cities signed the Charter of European Cities and Towns towards Sustainability (Aalborg Charter) at a sustainable development meeting in Stavropol.
- Seventeen more cities became interested in healthy city projects.

#### 1996

- Six more cities initiated healthy city activities after the first healthy city meeting in Izhevsk.
- The Russian Healthy Cities Network was established at a meeting in Dolgoprudny.

#### 1995

- Healthy City Izhevsk was launched.
- The Healthy Cities Support Centre in the Russian Federation was established.

#### 1993–1994

- Public health researchers in the Russian Federation learned about the WHO Healthy Cities project and information on the project was disseminated to cities

rience accessible to cities and regions in the Russian Federation. The Support Centre has translated several documents of the WHO European Healthy Cities project into Russian, which are available on the Network's web site. The Support Centre facilitates the exchange of experience in the Russian Federation through conferences, meetings and training courses.

### A path to integrated local development

Cities in the Russian Federation have shown increasing interest in healthy cities. This reflects a desire to improve public health conditions and the quality of life at the local level through internationally recognized approaches to health and social policy. The consistent and coherent approach of the WHO Healthy Cities project has made it attractive to cities, which are responsible for the implementation of a wide range of programmes. These typically include initiatives on health promotion, substance abuse, preventing AIDS, environmental health, Local Agenda 21, urban regeneration and transport. However, coordination between these initiatives is often lacking. Many local professionals lack strategic management skills. The Network creates a supportive environment for local authorities to learn about and master new approaches to developing health, based on a social model of health. Cities are optimistic that the healthy cities approach will enable them to coordinate and integrate all activities for health development at the local level.

### Healthy cities and regions

Given the vast size of the Russian Federation, the Support Centre has placed increasing emphasis on

involving the 89 regions in healthy cities initiatives. Regional authorities are essential partners for municipalities as they develop new strategies and plans. The involvement of regional authorities helps to remove barriers to the local implementation of health for all policies. For example, the Vologda region has recently produced a regional strategic health plan based on HEALTH21. Now the administration supports the development of healthy cities in the region.

### The future

The Healthy Cities Support Centre and the Network aim to become a strong organization bringing together experts and representatives of Network cities with interested national and international organizations. Future plans for the development of the Network include the further development of information resources and training courses for cities. The Network also plans to establish an award for journalists on health development topics.

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## Spotlight on the Russian Federation

### Healthy city indicators

In 1998, researchers from the Support Centre worked in collaboration with the Network cities to develop a set of indicators for city health and sustainable development.

The partners began this work by developing a definition of a healthy and sustainable city. This resulted in a list of seven characteristics of a healthy and sustainable city, which describe the broad dimensions of city life. These characteristics were then developed into a set of 29 qualitative and quantitative indicators, which would allow specialists, de-

cision-makers and citizens to estimate to what extent a city complied with these characteristics. The indicators were discussed in cities, and adjusted according to local circumstances a necessary. Cities now use the indicators to prepare city health profiles and to set targets for health and sustainable development. The focus on sustainable development has helped to reinforce a holistic approach to health, while the indicators have helped to translate sustainable development from an abstract theory into decisions for concrete local action.

# Slovakia

## Country facts

Population: 5.4 million

Urban population: 57%

Population living in network cities: 24%

## Network facts

Accredited: 2001

Established: 1994

Members: 14

Organization: association/nongovernmental organization

Web site: <http://www.changenet.sk/azms>

## Background

The Association of Healthy Cities of Slovakia was established in 1994. The network supports cities in achieving the objectives and targets of HEALTH21 and Agenda 21, with the aim of improving the health and the quality of life of the Slovakian population. The network provides resources and training to meet these objectives.

## Support and exchange

The network translates and publishes the most important resource documents of the WHO European Healthy Cities Network and those of the European Sustainable Cities & Towns Campaign. The network further coordinates joint activities, applies for grants and provides training for new coordinators. Cities exchange experience at regular meetings.

## Active living

The network currently has one multi-city action plan (a thematic work group) on the topic of active living. Important joint activities of the multi-city action plans include organizing national events such as National Days for Health and Car-free Days.

The Active Living multi-city action plan focuses on changing people's lifestyles. The activities include reducing negative behaviour (excess drinking, smoking and drug abuse). Two local workshops and conferences were organized in Banska Bystrica. The participation of cities is rather limited because resources are few. Mobility issues and physical exercise are addressed through Car-free Day and European Mobility Week events. The network cities organize various mobility and traffic-

related activities including promoting cycling, calming traffic and developing cycle and pedestrian paths.

The most successful event remains the National Days for Health – week-long activities dealing with health status and health check-ups.

## Tools for health and sustainable development

Network cities in Slovakia have reached high standards in terms of implementing structures for tackling challenges in health and sustainable development. Through grants from international foundations and national agencies, the network has developed expertise in working with indicators and city health profiles and plans. The network has also developed an ecological mapping tool for decision-making. By working with these tools, the network has gained national and international recognition for its expertise.

Ten cities replicated the work on city health profiles; the network had financially supported the preparation of the first one. The indicators proved to be problematic because the status of cities and districts differed and because data were not always available. The network has very good relations with the national statistical office and access to the data needed.

The city health plans were developed following the case study from Kosice, a former member of the WHO European Healthy Cities Network. Some cities experienced problems related to political acceptance; others successfully developed needed partnerships and issued a high-quality city health plan.

## National partnerships

The network works closely with the Ministry of Health and Ministry of Environment. It is a vehicle for testing and developing tools for the local implementation of Agenda 21 and Slovakia's national environment and health action plan. For example, network cities have implemented local environment and health action plans into their city health development plans. This experience was used to produce a guidebook, with case studies, on how to prepare local environment and health action plans. The network's coordinator participates in several work groups in both ministries, and close ties have been established with the National Health Promotion Centre.

## Healthy city community foundations

Network cities are working to overcome funding problems by setting up healthy city community foundations. This is a result of the positive experience of Banska Bystrica, the first city to establish such a foundation in Slovakia. The Healthy City Community Foundation was established in 1994 by concerned citizens, the Rotary Club and local councillors, with a US\$ 30 000 grant from the local government. This enabled the Foundation to get started and raise further funds. The mission of a community foundation is to improve the quality of life within its geographical area by empowering local people to build a better future. Further, the foundations promote partnerships between government, businesses and the nonprofit sector. Today, the Foundation in Banska Bystrica is the most successful community foundation in Slovakia.

## Looking forward

In the future, the network aims to strengthen its organizational structure and increase its status within Slovakia (Box 5.28) to ensure the stability of the network. As Slovakia moves closer to European Union membership, the network sees itself as having a greater role in supporting cities, towns and national bodies in reaching health and sustainable development objectives.

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### Box 5.28. Future plans of the network

- Establish a board of healthy cities mayors to evaluate, to empower and to lobby for healthy cities
- Set up a for-profit agency for active lifestyle tourism to provide the network with sustainable income
- Strengthen the recently established Slovak Association of Public Health – a membership organization that lobbies for health promotion (especially tobacco tax reform) and facilitate exchange and training
- Improve the participation of member cities through strict adherence to network criteria
- Participate in global, European and national agendas

# Spotlight on Slovakia

## National Days for Health

Days for Health has been one of the most successful local projects of the network city of Trnava. The strong political commitment of the city mayor, combined with strong support from the healthy city steering committee, provided the energy for this annual event. In 1996, the initiative was presented as a case study to the whole network. It has since been accepted as useful tool for health promotion, capacity-building and raising the visibility of healthy cities. Today, many Slovakian cities organize Days for Health as part of a national event during the first week of June.

In past years, the Days of Health have included activities in five areas.

*Health care services and disease prevention activities.* This involves health check-ups, including blood pressure, cholesterol, lung capacity, and other factors.

*Active lifestyle activities (physical exercise and fitness).* Various competitions for biking, athletics, swimming, trekking and hiking are organized.

*Healthy diet and elimination of negative habits (ex-*

*cess drinking and smoking).* Healthy food is presented and advisory meetings (such as how to avoid obesity) are held, often sponsored by local producers of healthy food.

*Cultural heritage activities (markets, fairs and shows).* In many cities the Days of Health are organized in conjunction with local fairs and markets.

*Cultural events.* Music and dance events often contribute to other areas such as active living. Successful Days for Health activities include:

- a committed and enthusiastic healthy city coordinator with good management skills;
- strong political commitment and personal participation of the mayor (opening, speeches etc.);
- very active participation of local partners at their own expense;
- good marketing tools for the general public, schools and nongovernmental organizations; and
- planned financial resources in the annual city budget.

# Slovenia

## Country facts

Population: 2.0 million

Urban population: 50%

Population living in network cities: 65%

## Network facts

Established: 1992

Members: 23 (8 full members; 15 associated members)

Organization: association

Web site: <http://www.zzv-mb.si>

## Background

The Slovenian Healthy Cities Network was formally launched in 1992 by seven cities, building on initiatives that had begun in 1989. Today the Network is a nationally recognized policy actor in developing urban health. The Healthy City Centre, a support centre within the Regional Institute of Public Health in Maribor, coordinates the Network. As of February 2003, the Ministry of Health funds the Network's activities. Cities co-finance local work. At the end of the Network's third phase (1998–2002), a membership fee was introduced. Previously, the City of Maribor and the Ministry of Health had funded the Network.

### *A standard of excellence*

The Network has achieved a standard of excellence by requiring its full members to fulfil a strict set of criteria, similar to the WHO criteria for members of the WHO European Healthy Cities Network in the third phase. Full members are required to develop and implement city health profiles and city health development plans, which focus on links between health, social and environmental factors. The Network is not, however, an exclusive club. All cities are welcome to join as associate members. This gives cities time to access support to establish the new infrastructure and policy approaches needed to meet the Network's criteria.

### *Maintaining political commitment*

The Network follows the phases of the WHO European Healthy Cities Network, which also coincide with local election years. At the start of each new phase, the Network holds a General Assembly attended by mayors. Each mayor signs a political

declaration in support of the new phase. This declaration, which is co-signed by the Minister for Health, functions as an obligation. The event itself usually attracts a lot of mass media attention, raising public awareness of healthy cities.

### *National partnerships*

The Network has maintained steady cooperation with the Ministry of Health, the Department of Public Health of the Faculty of Medicine of the University of Ljubljana, the National Institute for Public Health and regional institutes of public health. In collaboration with these partners, the Network will co-found a number of strategic organizations in 2003. These include a school of public health, a foundation to support common Network activities and a WHO Collaborating Centre on Urban Health and Healthy Cities. The Collaborating Centre will support countries in south-eastern Europe. The Network also cooperates with national partners and the mass media to organize World Health Day, World No-Tobacco Day, Earth Day, Day of Dance, Disabled Day and World AIDS Day events.

### *Working with regions*

The government has chosen Healthy City Maribor to coordinate the health and social aspects of the Regional Development Plan of Podravje (2003–2007). The work will also be supported by the Network, the corresponding regional institute of public health and the National Institute of Public Health. The results will be disseminated to cities through the Network and used as a basis for the health component of regional development plans in the country's other six regions.

### *Sustainable development and Local Agenda 21*

An important role of the Network is facilitating sustainable development. The Network has brought expertise and resources to Slovenian cities through close cooperation with the European Sustainable Cities & Towns Campaign. The Network is a signatory to the Charter of European Cities and Towns towards Sustainability (Aalborg Charter). From 1999 to 2001, Healthy City Maribor piloted a Local Agenda 21 plan for Maribor – the first of its kind in the country. The work was significant for raising awareness among citizens of health and environmental problems in the city.



Maribor is now supporting other cities to implement their own plans. Network cities will be encouraged to implement Local Agenda 21 plans in the Network's fourth phase (2003–2007).

### Evaluation

The Network regularly evaluates its activities. The Department of Public Health of the Faculty of Medicine of the University of Ljubljana carries out an annual external evaluation. The results are presented in the Network's annual reports, which are sent to the National Institute of Public Health and the Ministry of Health. Full members of the Network produce an annual report, which is presented to the board of the Network as well as to local steering committees. The most recent evaluation of the Network (2002) yielded conclusions that now guide the Network's criteria and future plans as described in this profile.

### WHO Healthy Cities Library

One of the most important functions of the Network is the development and maintenance of information on urban health. The Network's WHO Healthy Cities Library includes WHO literature on health and the environment, a number of translations of WHO Healthy Cities publications, national Network publications and city publications. Altogether, the library brings together about 1550 titles, representing an important knowledge base on urban health, health promotion, Local Agenda 21 and sustainable development in communities. The WHO Healthy Cities Library is located at the

Healthy City Centre in Maribor and is regularly used by Network members, municipal administrators, researchers, students and other interested individuals. Those unable to visit the library may request photocopies. Basic information is available on the Network's web site. The Network also maintains a database with information on Slovenian Network cities and WHO European Network cities.

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#### Box 5.29. Network priorities in Slovenia, 2003–2007

- Activities to reduce alcohol and tobacco consumption
- Mental health
- Preventing injury
- Nutrition and physical activity
- Safe sex education
- Social inequality
- Education and training

## Spotlight on Slovenia

### Rolling out national policy

As of February 2003, healthy cities became a national programme and the accepted model for the development of urban health in Slovenia. Healthy cities is included in the National Public Health Plan 2003–2008 in the chapter on urban health. This chapter is based on proposals the Network provided to the Ministry of Health through a formal consultation process. The Net-

work will be responsible for organizing the implementation of this urban health strategy, with expert support from the National Institute of Public Health. The Network's priorities are therefore linked to this responsibility (Box 5.29). The Ministry of Health will fund national and international healthy city programmes, although cities will co-finance the local action.

As Mayor of the University City of Maribor and as President of the Maribor Healthy City Steering Committee, I can express my delight upon the success of Maribor Healthy City and the Slovenian Healthy Cities Network. In future, Maribor intends to prepare short-, medium- and long-term integrated health development plans on a regular basis. The City Council will evaluate the content with regard to the financial possibilities for its implementation. The foreseen fields of cooperation in the fourth phase (2003–2007) with the Slovenian Healthy Cities Network will take further the active and fruitful connection with other Slovenian healthy cities and with the worldwide healthy city family.

*Boris Sovic, Mayor of Maribor, Slovenia*



# Spain

## Country facts

Population: 39.9 million

Urban: 78%

Population living in network cities: 33%

## Network facts

Accredited: 2002

Established: 1988

Members: 62

Organization: Spanish Federation of Municipalities

Web site: <http://www.femp.es/recs>



## Background

Spain has one of the oldest national networks of healthy cities in Europe. Healthy cities was first introduced to Spain in 1986 at a meeting arranged by WHO, the Ministry of Health and Consumer Affairs and the Spanish Federation of Municipalities and Provinces. In 1988 the Spanish Healthy Cities Network was formally established. The Network is a section within the Task Force on Health Issues of the Spanish Federation of Municipalities and Provinces. The Network's permanent objective is to establish, maintain and adapt the WHO Healthy Cities project in Spain. The Network encourages and supports cities through research, training, meetings and congresses and through the development and maintenance of a web site and information tools.

## Membership and criteria

Cities may join the Spanish Healthy Cities Network as full or associate members. The criteria for member cities of the Network include:

- a political commitment to the principles of health for all and the Ottawa Charter for Health Promotion;
- a commitment to produce a city health profile and city health plan;
- the appointment of a political and technical representative to the Network; and
- acceptance of the Network's guidelines.

A number of institutions have been appointed as associate members by the Network's Assembly of Cities. These include the Ministry of Health and Consumer Affairs, regional healthy cities networks and other institutions and organizations dealing with promoting and protecting health.

## Objectives of the Network

The objective of the Network are:

- to promote the exchange of experience;
- to promote intermunicipal collaboration in the field of health and sustainability;
- to serve as a focal point for the quality of healthy city work;
- to generate common indicators and other key tools that make intersectoral collaboration possible; and
- to strengthen partnerships between the Spanish Healthy Cities Network and WHO, international institutions and regional and national administrations.

## Regional networking

The Network has also has a number of active regional networks, including Andalucía, Castilla-La Mancha, Cataluña and one metropolitan network in Madrid. These networks grew from a strong interest in healthy cities in the late 1980s and in response to the structure of government in Spain, which is divided into 17 autonomous regions. Regional networks have provided a forum to discuss common public health problems and training and to organize joint activities. Over time, however, regional networks have come to have activities and objectives that differ from those of the national Network, based on the unique needs of the populations in their regions. In addition, some cities that were members of regional networks were not members of the national Network. To tackle this situation, the Network is making agreements with the regional networks. This partnership includes a feature that makes member cities of a regional network members of the Network.

These partnerships also create common priorities and objectives for all members of a network in Spain. This unification of actions and priorities will create a solid group of cities for which progress can be monitored on key objectives such as health planning and community participation.

### Common priorities and action areas

The key priorities for the Network are equity, social development and sustainability. The Network addresses a broad range of issues related to environment and health (air and water quality), the built environment, transport, energy and ecology. The Network also strongly emphasizes monitoring, evaluation and networking. Regular activities of the Network include:

- promoting, rebuilding and strengthening the municipal agreement with healthy cities through council-oriented campaigns;
- encouraging communication, collaboration and exchange of information between cities;
- encouraging and promoting the use of communication technology (e-mail and web site) as a means of direct communication between cities;
- maintaining an up-to-date documentary database;
- promoting interinstitutional partnerships to promote intersectoral action;
- stimulating and encouraging the establishment of collaboration centres of the Network for the development of university studies and training and research on urban health and sustainable development;
- supporting member cities in developing health profiles and plans;
- developing indicators and evaluation criteria;
- conducting public relations and mass media activities; and

- developing partnerships with other national healthy cities networks in Europe.

### Partnerships and cooperation

The Network already collaborates strongly with the Ministry of Health and Consumer Affairs. The Network has an agreement with the Ministry:

- to produce guidelines for indicators, health profiles and health plans for various population groups;
- to work on a statistical system for public health;
- to establish methods for the evaluation of public health programmes;
- to develop a web site as a tool for sharing information, training, consultation, etc.;
- to hold workshops and conferences; and
- to translate documents of interest for the development of healthy cities in the country.

The Network plans to strengthen its partnership with the Ministry in the future and has identified a number of networks, nongovernmental organizations, universities and private foundations with which it plans to build partnerships.

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# Sweden

## Country facts

Population: 9.0 million  
Urban population: 84%

National healthy cities networking in Sweden is being reorganized following an active history of public health networking. A National Network for Local Public Health Work was established in 1994. The cities of Gothenburg and Stockholm initiated the Network to fulfil a criterion for membership of the WHO European Healthy Cities Network. It quickly developed into a major network, involving all Sweden's regions and counties and one third of the municipalities. This is the Network that has regularly represented healthy cities in Sweden. The Network received financial and technical support from the National Institute of Public Health. Municipalities made in-kind contributions. It was highly committed to the goals of health for all.

## Three parallel networks

In 1995, the National Institute of Public Health took the initiative to establish two smaller but closely associated networks (Fig. 5.1) for large and medium-sized cities. The Institute aimed to support local public health work and to guarantee a forum for discussion between the national and local levels. The Institute and municipalities agreed on the aims of these two networks.

## A new structure for healthy cities

The networks were re-established as a Public Health Forum in 2001. The Forum is open to all authorities and organizations active in the field of public health. It is jointly coordinated by the National Institute of Public Health, the Swedish Association of Local Authorities and the Federation of Swedish County Councils. A separate national healthy cities network will be established during 2003. This is in response to an external evaluation carried out in 2003, which concluded that members of the network were too loosely associated. The new network will have a set of common goals and structures based on WHO criteria for national networks.

## Future work – a focus on equity in health

The future network members will support the implementation of a new government policy called Health on Equal Terms – National Goals for Public Health. It has one primary goal: the creation of social conditions to ensure good health on equal terms for the entire population. The policy will form the basis for healthy city work in Sweden.

## Sustainable welfare development

Four large cities have formed Partners for Sustainable Welfare Development, a network that brings together municipal councils, municipal housing companies, the National Department of Integration, the Swedish Association of Local Authorities and the National Institute of Public Health. The partnership addresses issues of democracy, environment, public health, integration and town planning in local residential areas. The network partners have initiated a research study in collaboration with Örebro University to evaluate local housing projects from a healthy city perspective. This network will be closely linked to the national healthy cities network.

## Exchange and field visits

Meetings, seminars, conferences, newsletters and special training have formed an important basis of exchange for Sweden's public health networks. These networking activities have stimulated a learning process in cities, which has given rise to long-term strategies rather than short-term projects. The field visit is an important feature of Sweden's networks. The aim of a field visit is to study local public health methods and strategies. Field visits have involved a range of professionals from preschool teachers and school nurses to recreation leaders and environmentalists. About 180 people have been involved in field visits, which are well documented in newsletters and reports.

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# Spotlight on Sweden

## Education and training

The two public health networks for large and medium-sized cities have shared a common interest in education and training to support municipal public health responsibilities. In 1997, the two networks, in cooperation with the National Institute of Public Health and Örebro University, launched a course on public health work in municipalities. The course includes 10 seminars that target politicians and professionals with responsibilities linked to public health goals.

Örebro University broadcasts the course to municipalities by videoconference. This has proven to be a very cost-effective and accessible way of improving public health competencies. Small municipalities in northern Sweden, which are distant from universities, have

especially benefited from this interactive technique.

Evaluation of the course has shown that its greatest achievement has been to bring together different professions to receive common education. This cooperation has led to a great improvement in local intersectoral work among the participating municipalities. Participants from a range of sectors must work together on the course to write a plan for a locally funded project. Many of these project plans have been put into action.

Another benefit of the course has been the increased dialogue between the university and local practitioners. This has given the university a better understanding of professional needs at the local level.

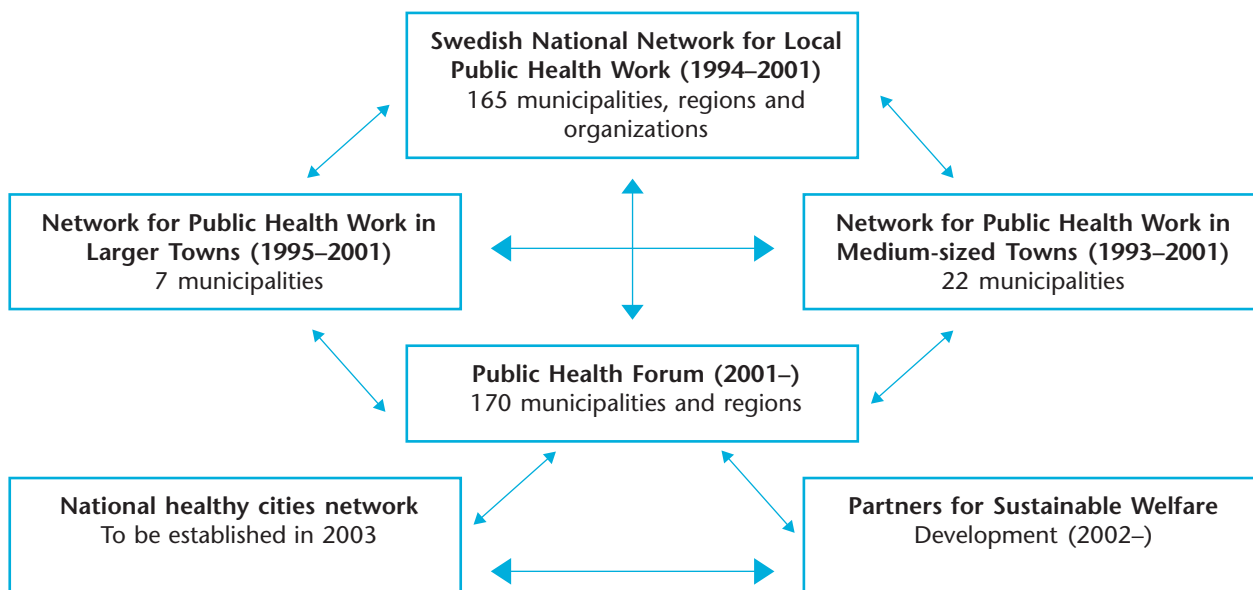


Fig. 5.1. History and structure of the healthy cities movement in Sweden

It is my opinion that the healthy cities approach is well integrated in national, regional and local policies in Sweden. The principles of intersectoral collaboration, citizen involvement and equity in health have had special importance for the development of public health work in Swedish municipalities. The development of a new national healthy cities network in Sweden is a natural continuation of previous achievements. It is my conviction that a network can contribute to increasing support for the development of local public health work by clearly putting health promotion and illness prevention on the political agenda. The network will also contribute constructively to the implementation of Sweden's national goals for public health, making a link between the environmental and health issues in the systematic work for sustainable development in a broad sense. Important learning processes and increasing national and international collaboration will be achieved.

*Glenn Nordlund, Leading Councillor, Municipality of Örnsköldsvik*

# Turkey

## Country facts

Population: 67.8 million  
Urban population: 65%  
Population living in network cities: 24%

## Network facts

Established: 1993  
Members: 23  
Organization: coordinated by the Ministry of Health



The Ministry of Health introduced the healthy cities initiative in Turkey in 1993. The Ministry coordinates, advises and facilitates the Network. Municipalities participate in the Network on a voluntary basis. Cities in the Network are encouraged to establish healthy city infrastructures as recommended by WHO. The Network itself does not have governing bodies or technical committees. The main role of the Network is to facilitate the local implementation of national health policies and to put healthy cities concepts at the top of municipal agendas. As the Ministry of Health is responsible for the country's health policies and services, healthy cities is well placed to do this.

## Facilitating exchange

The Ministry of Health has organized a number of meetings since 1993 to bring together local government professionals from a range of sectors. By 2000, 21 municipalities reported that they had adopted healthy cities and Local Agenda 21 policies, and Bursa became the first city in Turkey to be designated as part of the WHO European Healthy Cities Network. In 2001, the Ministry of Health responded to increasing interest in healthy cities by organizing a meeting on the WHO Healthy Cities project that included sharing experiences and evaluation. The cities of Bursa and Tepesi shared their experiences of the benefits of healthy cities and the process of WHO designation. Several cities joined the national Network as a result of this meeting.

## Disseminating information

The Network has produced a number of documents to support the dissemination of healthy cities principles. The Network translated five documents of the WHO European Healthy Cities

project (Box 5.30) to support a training event held in 2000. The following year, the Network produced a handbook on the Network for cities. This book introduces the concept of healthy cities, describes local activities and outlines targets for the future (Box 5.31). Today, five cities have been designated to the WHO European Healthy Cities Network.

### Box 5.30. Key documents of the WHO European Healthy Cities project available in Turkish

- *Twenty steps for developing a Healthy Cities project*
- *Athens Declaration for Healthy Cities*
- *Revised baseline Healthy Cities indicators*
- *City health profiles – how to report on health in your city*
- *City health planning: the framework*
- *The solid facts: social determinants of health*

## World Health Day 2002

The theme of World Health Day 2002 was Move for Health. The day was devoted to promoting physical activity as a means of transport. This involved encouraging a habit of physical activity among people of all ages by breaking down barriers to walking and cycling. All members of the Network carried out activities in their cities. WHO presented the Network Coordinator with a certificate, marking the Network's success.

## Healthy environments

Healthy City activities are a key part of the government's national environment and health action plan, adopted in January 2001. Two targets



### Box 5.31. Plans and strategies for healthy cities in Turkey

Targets and strategies for healthy cities correspond to HEALTH21 and national strategies

#### **Main target**

By 2020, everyone should live in a healthier environment at school, in workplaces, at home and everywhere people live.

#### *Subtarget*

By 2015, 50% of cities should have joined the Turkish Healthy Cities Network.

#### *Strategies*

National regulations should be in accordance with the principles of healthy cities. WHO city health indicators, profiles and plans must be used as reference for city regulations. Healthy city concepts and subjects should be included in the university curriculum.

have been set for healthy cities under a section related to healthy settings (Box 5.31). Network cities will be encouraged to promote healthy environments in a range of settings, including schools, workplaces and homes. The Network will support cities through training and capacity-building.

## Partnerships

The Network encourages cities to establish local health platforms, which bring together key decision-makers who can ensure financial support to projects and clear lines of responsibility. Health platforms typically comprise politicians, directors of departments and representatives of professional associations and universities. The partners vary according to the agenda. For example, a university faculty of medicine may become involved in a project related to a health profile, whereas the Chamber of Architects and Urban Planners would join a partnership related to urban development and services. The Network encourages governors (the heads of provincial state administration), provincial health directorates and other relevant bodies to support healthy cities activities.

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It is pleasing to realize that our main promise “Liveable Bursa for all, equity in all” coincides, in all aspects, with the WHO Healthy Cities project.

We had promised to improve the living conditions of the people of Bursa to such a point that people would feel satisfied. We emphasized a wish to increase the living standards to an extent where one would be happy to live in Bursa and be proud of being a Bursa citizen. In other words, we had promised them a healthy city in which to live.

We had a model to lead us to our goals, which was based on the good communication, common understanding and creating synergies for solutions. But when we took a closer look at the methods of the WHO Healthy Cities project, we found out that they were quite similar, adaptable and efficiently applicable to our planning to enhance equity in living conditions and equity in health.

We sincerely believe that one should be able to live in an environment that complies with a person’s physical, social, psychological, economic and cultural needs and capacities. Governments and local authorities should therefore maintain these conditions at the required level by addressing inequities in health for the happiness of the citizens.

The WHO Healthy Cities project provides Bursa with a very good opportunity to make use of the experiences of the member cities. Of course these experiences will reduce the risk of unsuitable applications and save us from losing time.

I am sure that, in the fourth phase of the WHO European Healthy Cities Network, our city of Bursa will try its best in exchanging remarkable experiments with other healthy cities.

*Erdogan Bilenser, Lord Mayor  
Metropolitan City of Bursa, Turkey*



# Ukraine

## Country facts

Population: 48.4 million  
Urban population: 67%  
Population living in network cities: 3%

## Network facts

Accredited: 2001  
Established: 1994  
Members: 5  
Organization: statutory organization  
Web site: <http://www.uiph.kiev.ua>



## Background

The initiative to develop the Ukrainian Healthy Cities Network stemmed from an international conference held in 1994 in Slavutych. Following this event, the Ministry of Health set up the National Healthy Cities Coordination Council within the Ukrainian Institute of Public Health. The Council manages the network and has 15 members, which includes representatives of the Ministry of Health, Ministry of Energy, Institute of Public Health, Academy of Medical Sciences, National University, Mayor of the City of Slavutych and Head of the Public Health Commission of the City of Uzhgorod.

## Political commitment

The Network requires its members to demonstrate strong political commitment to implementing the healthy cities approach. The Network's charter is based on WHO's health for all policy and on national programmes. For a city to join the Network, the mayor must sign a political declaration and the city council must pass a resolution in support of membership and the city health plan. The city must also designate a councillor to be politically responsible for the healthy city project.

## Health passport

One of the most important achievements of the Network has been the development of a healthy city demonstration model in Slavutych. This involved developing a system for collecting and analysing health data based on a broad and positive definition of health. A computer program called Health Passport was developed to incorporate data on lifestyle factors and social well-being. The program's database has been developed based

on data collected at annual dispensary examinations. The program provides a flexible system for monitoring and analysing the health of groups (according to age, gender, socioeconomic status or other parameters) and the overall population. In Slavutych, data from Health Passport were used to develop a city health plan that gave priority to primary health care, healthy lifestyles, health insurance and involving the public in city management.

## Healthy settings

The Network sees great opportunities for member cities to improve health in all areas of social life, especially in schools, homes and workplaces. Several cities have begun to work with the European Network of Health Promoting Schools, and there are plans to implement a project on healthy workplaces.

## Community participation

The Network encourages cities to actively involve the public in developing city health development plans and programmes to improve health. Diverse activities have been carried out to gain public trust and to involve local people. For example, public organizations have been established in Slavutych to involve youth and children in the healthy city project. These include the Youth Centre for Democracy and Solidarity, a centre for ecological education called Istochnik and a club for mothers and children called Green Sprout. The city of Uzhgorod regularly organizes seminars and training on ecological improvement for public organizations that participate in the healthy city programme.

# Spotlight on Ukraine

## Healthy cities as a national goal

In 2002, the Government of Ukraine adopted an intersectoral programme, Health of the Nation for 2002–2011, which is based on the WHO health for all strategy, HEALTH21. In particular, the plan includes projects related to WHO programmes on Healthy Cities, the European Network of Health Promoting Schools and Tobacco-free Europe.

Health of the Nation includes a number of city and district-level plans for the local implementation of health for all based on the experience of the Network. For example, it draws on the Programme on Social and Economic Development in the City of Uzhgorod by 2010 (1999) and the Concept on the Sustainable Development of Zakarpattia (2002).

The further development of urban health in Ukraine is a separate task of the Health of the Nation programme. The following main principles of the healthy city project have been adopted within the national programme:

- an increased role for local authorities in public health;
- policy support for health for all at the city level;
- intersectoral action; and
- an increased role for the public in creating conditions to preserve and improve health.

Nearly 30 ministries and departments in Ukraine are involved in this national health programme.

The WHO Healthy Cities project proposes a new vision of city development for the improvement of health and well-being of the population. The city plays an extremely important role in health provision and in the survival of the population. The participation of Ukraine in the WHO Healthy Cities project helped us to realize that it was impossible to solve the problem of health development within the framework of a purely medical approach. It is necessary to involve different structures of the government and the population in this activity. The government has adopted a complex intersectoral programme, Health of the Nation for 2002–2011, based on the WHO health for all strategy, which includes strategic trends of the WHO Healthy Cities project development. Nearly 30 ministries and departments in Ukraine are involved in this programme.

Great perspectives for the development of cities participating in the programme lie in its approach, which aims to create health-strengthening possibilities in all areas of social activities, especially in schools, workplaces, residences and among families. The international WHO Health Promoting Schools project is being implemented in a number of cities. Healthy cities will implement the project Health at the Workplace.

The aims of the programme will ultimately be made possible by joining efforts with the United Nations sustainable development programme. At present an agreement has been achieved for a partnership between the WHO Healthy Cities project and the Ukrainian Association of Cities. In this perspective, a healthy city could become a prototype for a “sociopolis” – a city that advances the evolution of human settlements.

*Olga O. Boblyova, First State Secretary Deputy, Ministry of Health, Ukraine*

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# United Kingdom

## Country facts

Population: 58.8 million

Urban population: 89%

Population living in network cities: 14%

## Network facts

Accredited: 2002

Established: 1987

Members: 92 (208 including the individuals and organizations in member partnerships)

Organization: charitable company

Web site: <http://independent.livjm.ac.uk/healthforall>

UK  
NET  
WORK

HEALTH  
FOR ALL



Supporting Partnerships for Health

## Background

The United Kingdom does not have a network that exclusively supports healthy city projects. This role is assumed by the Health for All Network (UK). It started as an informal network of local authorities in 1987; today it involves a much wider range of members. Membership is open to cities, towns and regions that have adopted the healthy cities and health for all philosophy and is also open to other organizations and individuals that support these ideals. Members include representatives of cities and towns, national and local-level community and voluntary organizations, health service organizations, academic institutions and others. They bring a rich range of perspectives on health issues, as well as differing expectations, to the Network. The ability to respond to the needs of a wide range of members has been one of the Network's key accomplishments.

## Supporting mainstream policy

In recent years, approaches based on healthy cities and health for all have become mainstreamed in government policy. Community involvement and partnership working are key requirements of many government programmes, and reducing inequalities is a stated aim of the government. The Network provides support for its members to influence and deliver a range of government policies through:

- national and regional conferences and training events;
- briefing papers on government policy and plans;
- coordinated responses to government consultations;

- such projects as Hub and Spokespeople, which help people to influence the policies and services that affect their health;
- publications and resources on health for all, healthy cities and community development; and
- developmental work, including a project that aims to work with local communities to develop indicators of health inequality that are meaningful to them.

## Network briefing papers

The Network's briefing papers summarize government policy initiatives, outlining the implications for local health for all projects. The Briefing Papers are also used to invite members to participate in joint Network responses to government consultations. The Network has published Briefing Papers on the following subjects:

- the Children's Fund
- food in schools
- health impact assessment
- human rights
- local strategic partnerships
- public health networks
- race relations
- improvement, expansion and reform – priorities and planning framework 2003–2006
- public and patient involvement in health

## National recognition

National players increasingly recognize the Network. A Network representative has joined a team within the Home Office Active Communities Unit, which will develop a national strategy for the voluntary sector. The Commission for Patient

and Public Involvement in Health, an independent national body set up by the government, will use the structure of the Network to inform the development of the networks it intends to set up. The annual conference of the Network has become an important event on the national scene for those involved in health policy and practice.

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## Spotlight on the United Kingdom

### The Health Voice Network

The Health Voice Network is one of the core projects developed by the Health for All Network (UK). It is an Internet-based, self-help network. Membership of the Health Voice Network is free and open to anyone who wants to help people to have more of a say in planning and improving services that affect their health. Launched in March 2002, over 950 health service and local council staff, community groups and individual members of the public are using the Network to explore ways of coming together to put the health back into health services.

The key idea behind the Network is that communication between a wide range of people can benefit all. Just knowing that you are not alone can give you encouragement. People can also benefit from sharing experiences, ideas and information. It might be information about methods, campaigns or initiatives or about training or funding resources. The Network enables members to get in touch with other staff, service users and support organizations quickly and easily.

The web site (<http://www.healthvoice-uk.net>) allows members to:

- post information;

- search for others with similar interests;
- participate in discussions on a variety of topics; and
- provide input into government policy and national decisions.

Members who are not online can access all the facilities by phone or by post. Everyone receives a newsletter each month with details of what is going on across the country – events, campaigns, useful books and articles, tips and hints.

What members say about the Health Voice Network:

“I can only write in [amazed] admiration for the volume (and precision) of the [information] I’ve had from you (and directly) as a result of your mailing list.”

*Worker for a national community development organization, January 2003*

“... probably the best site of its kind around”  
*Voluntary worker, December 2002.*

“The response from the list has been excellent, and rather better than any other single contact I have made during this research. There seems to be a lot of enthusiasm out there.”

*Worker for a national community development organization, November 2002*

The added value of the Network is international recognition of the work locally, better understanding of the health agenda, improved European links [and providing] a focus to tackle inequalities.

*Barry Stockley  
Ex-Leader of the City Council  
Stoke-on-Trent*

# Resources on healthy cities

See <http://www.euro.who.int/healthy-cities> for other online resources.

## Getting started on healthy cities

*Twenty steps for developing a healthy cities project.* 3rd ed. Copenhagen, WHO Regional Office for Europe, 1997 (<http://www.who.dk/document/E56270.pdf>, accessed 17 September 2003).

## National networks

*Action framework & terms of reference (2000–2002) – Network of the European National Healthy Cities Networks.* Copenhagen, WHO Regional Office for Europe, 2000 ([http://www.who.dk/eprise/main/who/progs/hcp/Documentation/20011106\\_1](http://www.who.dk/eprise/main/who/progs/hcp/Documentation/20011106_1), accessed 17 September 2003).

National network fact sheets. Copenhagen, WHO Regional Office for Europe, 2002 ([http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111\\_5](http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20020111_5), accessed 17 September 2003).

*National healthy cities networks in Europe.* 3rd ed. Copenhagen, WHO Regional Office for Europe (Centre for Urban Health)/EURONET Association, 1997.

## City indicators and profiles

*City health profiles – a review of progress.* Copenhagen, WHO Regional Office for Europe, 1998 (<http://www.who.dk/document/e59736.pdf>, accessed 17 September 2003).

*City health profiles – how to report on health in your city.* Copenhagen, WHO Regional Office for Europe, 1995 (<http://www.who.dk/document/wa38094ci.pdf>, accessed 17 September 2003).

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Barton H, Tsourou C. *Healthy urban planning – a WHO guide to planning for people.* London, E&FN Spon, 2000.

Barton H, Mitcham C, Tsourou C, eds. *Healthy urban planning in practice: experience of European cities. Report of the WHO City Action Group on Healthy Urban Planning.* Copenhagen, WHO Regional Office for Europe (in press).

## Social determinants of health

Wilkinson, R. & Marmot, M., ed. *Social determinants of health. The solid facts.* 2nd ed. Copenhagen, WHO Regional Office for Europe, 2003

## European Sustainable Development and Health Series

Price C, Dubé C. *Sustainable development and health: concepts, principles and framework for action for European cities and towns.* Copenhagen, WHO Regional Office for Europe, 1997 ([http://www.euro.who.int/healthy-cities/Documentation/20010918\\_11](http://www.euro.who.int/healthy-cities/Documentation/20010918_11), accessed 17 September 2003). Also available in French and German.

*City planning for health and sustainable development.* Copenhagen, WHO Regional Office for Europe, 1997 ([http://www.euro.who.int/healthy-cities/Documentation/20010918\\_5](http://www.euro.who.int/healthy-cities/Documentation/20010918_5), accessed 17 September 2003).

*Towards a new planning process. A guide to reorienting urban planning towards Local Agenda 21.* Copenhagen, WHO Regional Office for Europe, 1999 ([http://www.euro.who.int/healthy-cities/Documentation/20020517\\_1](http://www.euro.who.int/healthy-cities/Documentation/20020517_1), accessed 17 September 2003).

*Community participation in local health and sustainable development: approaches and techniques.* Copenhagen, WHO Regional Office for Europe, 2002 ([http://www.euro.who.int/healthy-cities/Documentation/20030401\\_1](http://www.euro.who.int/healthy-cities/Documentation/20030401_1), accessed 17 September 2003).



## Annex 2

# WHO criteria for accrediting national healthy cities networks

	Minimum criteria	Ideal criteria (including the minimum criteria)
<b>Endorsement of principles and strategies</b>	<ul style="list-style-type: none"> <li>• Endorsement of principles and strategies, whereby the head of the national network signs a formal agreement to fulfil the responsibilities of the network</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate the formal support of a range of partners that might include ministries, WHO liaison officers and national associations of local authorities</li> <li>• Challenge politicians to advocate for additional resources for the WHO Centre for Urban Health so that it can strengthen its work for national networks</li> </ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"> <li>• Identify a coordinator or focal point with technical and administrative resources</li> <li>• Formal organization of the network under statutes or a constitution</li> <li>• A steering committee</li> <li>• Clear membership criteria for cities that include a political declaration (Annex 3)</li> </ul>	<ul style="list-style-type: none"> <li>• Full-time coordinator</li> <li>• Political representative</li> <li>• Steering committee comprising city coordinators, politicians and national stakeholders</li> <li>• Clear membership criteria based on the four action elements of a healthy city (endorsing principles and strategies, establishing infrastructure, making a commitment to products and outcomes, and networking), a political declaration and signing the Athens Declaration for Healthy Cities</li> <li>• Technical and administrative support including an office with a budget for activities such as training and communication</li> </ul>

	<b>Minimum criteria</b>	<b>Ideal criteria (including the minimum criteria)</b>
<b>Products and outcomes</b>	<ul style="list-style-type: none"> <li>• Regular business meetings with member cities</li> <li>• Visible evidence that the national network actively supports its member cities, such as by providing a list of activities or annual report</li> </ul>	<ul style="list-style-type: none"> <li>• Clear programme of work that addresses the challenges of the third phase of the project</li> <li>• Systematic monitoring and evaluation using the annual reporting template for assessing monitoring, accountability, reporting and impact</li> <li>• Dissemination of case studies to networks and cities and through publication in journals</li> <li>• Production of an annual report structured using the annual reporting template for assessing monitoring, accountability, reporting and impact</li> </ul>
<b>Networking</b>	<ul style="list-style-type: none"> <li>• Attend business meetings of the Network of European National Healthy Cities Networks</li> <li>• An e-mail address</li> </ul>	<ul style="list-style-type: none"> <li>• Attend business meetings of the Network of European National Healthy Cities Networks</li> <li>• Establish and maintain a website</li> <li>• Bring a national network city to business meetings of the Network of European National Healthy Cities Networks</li> <li>• Provide evidence of networking (beyond participation in business meetings of the Network of European National Healthy Cities Networks)</li> </ul>

## Annex 3

# Recommended WHO criteria for cities to become members of an accredited national network

	Minimum criteria	Ideal criteria (including the minimum criteria)
<b>Endorsement of principles and strategies</b>	<ul style="list-style-type: none"> <li>• Political declaration • (Council resolution is desirable)</li> </ul>	<ul style="list-style-type: none"> <li>• Council resolution</li> <li>• Sign Athens Declaration for Healthy Cities</li> </ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"> <li>• Identify a coordinator or focal point</li> <li>• Identify a politician responsible for the project</li> <li>• Intersectoral steering committee</li> <li>• Dedicated resources</li> <li>• Administrative and office support</li> </ul>	<ul style="list-style-type: none"> <li>• Full-time coordinator</li> </ul>
<b>Products and outcomes</b>	<ul style="list-style-type: none"> <li>• Activities</li> <li>• Annual report to the national network</li> </ul>	<ul style="list-style-type: none"> <li>• Programme to deliver the goals of the third phase of the project based on the goals of the Athens Declaration for Healthy Cities</li> <li>• Programme of systematic monitoring and evaluation</li> <li>• Formal annual reporting mechanism based on the annual reporting template for assessing monitoring, accountability, reporting and impact</li> </ul>
<b>Networking</b>	<ul style="list-style-type: none"> <li>• Attend business meetings of the national network</li> </ul>	<ul style="list-style-type: none"> <li>• At least one city from a national network attends or is a member of the WHO European Healthy Cities Network or is working towards joining the Network.</li> <li>• An e-mail address</li> <li>• A web site</li> </ul>

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