



World Health  
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Europe

# NATIONAL HEALTHY CITIES NETWORKS

in the WHO European Region

Promoting health and  
well-being throughout Europe





**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

# **National healthy cities networks in the WHO European Region**

**Promoting health and well-being throughout Europe**

Edited by Leah Janss Lafond, consultant, United Kingdom

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# Abstract

National healthy cities networks form the backbone of the healthy cities movement in Europe. National networks overcome barriers to the local implementation of WHO-inspired and national policy frameworks by providing technical and strategic support to their city members with the direct engagement of local politicians. Every national network has developed according to the unique needs of its member cities and its available resources and according to its cultural and legal framework. This book has two parts: the analysis of the multifaceted work and achievements of 20 WHO-accredited national networks and a profile of each of these networks focusing on its organization, special features and achievements.

## Keywords

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# Foreword

In the past 25 years, national networks of healthy cities have become well-established organizations, forming the backbone of the healthy cities movement in Europe. National networks provide countries with a rich resource of implementation-based public health knowledge and expertise. They create an effective platform to give visibility to local health issues and to facilitate cooperation across levels of government. Networks maximize limited local resources by providing local governments with direct support through training, opportunities to share best practices and access to national and international expertise. Their functions and achievements have made national networks fundamental to the continuity of the WHO Healthy Cities programme over the years.

This book provides a fascinating account of the many facets and achievements of national healthy cities networks over the last 25 years. The book underlines the key success factors such as the importance of working directly with local politicians, developing network strategies, putting systems in place for effective coordination and engaging a wide range of partners in healthy cities. The book gives only a glimpse into the work of national networks, providing examples of why and how they are a resource of innovative public health work.

Health 2020, the European policy for health and well-being, has given the WHO Healthy Cities programme a clear mandate for action and leadership backed up by solid evidence on the broad determinants of health. National networks, through their partnership-based approaches, have shown their great potential to support countries towards the goals of Health 2020 to improve health for all, reduce inequalities and improve leadership and participatory governance. There is a need to continue supporting and strengthening national networks at the country level and to further expand national healthy cities networks within the WHO European Region and internationally.

On behalf of WHO, I thank the author and editor of the book, Leah Janss Lafond, as well as the coordinators of national networks who took part in the peer review process of the chapters and country profiles: Yulia Abrosimova, Milka Donchin, Zoë Heritage, Eva Maria Martín de la Peña, Dionysia Papathanasopoulou and Peter Holm Vilstrup. Karolina Mackiewicz, Development Manager of the Baltic Region Healthy Cities Association, also provided valuable support to this process. Importantly, I thank the European national network coordinators, including those already named above, for providing the valuable information that comprises the basis for this publication and for their support in finalizing the profiles of the national networks: Valerie Misson, Selma Sogoric, Jitka Bouskova, Christina Krog, Peter Holm Vilstrup, Marko Harapainen, Zoë Heritage, Claus Weth, Dionysia Papathanasopoulou, Antonio de Blasio, Zsuzsanna Nagy, Milka Donchin, Daniele Biagioni, Årstein Skjæveland, Iwona Iwanicka, Mirieme Ferreira, Yulia Abrosimova, Liza Zorman, Kerstin Månsson, Nalan Fidan and Stephan Michael Woods.

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The national network coordinators and other network representatives who supported the development of the publication are listed below. Special thanks also go out to the national network coordinators who additionally participated in a review of the book chapters and country profiles.

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Healthy cities is a global programme with active initiatives in all regions of WHO. Healthy cities strives to mobilize local authorities and communities to adopt and implement evidence-informed health and sustainable development strategies that create and improve the physical and social environments as well as the community resources that determine health and well-being. This book focuses uniquely on the work carried out in the WHO European Region.

The WHO Regional Office for Europe works with two networks to implement its healthy cities programme. The first is a network of cities from across the European Region that work directly with WHO called the WHO Network of European Healthy Cities. The second is a network of countries called the Network of European National Healthy Cities Networks. This publication focuses on the history, organization and achievements of these national networks. National healthy cities networks inspire and support cities to adopt and implement the core goals and strategic approaches of the WHO healthy cities programme. In so doing, they have amassed knowledge, experience and resources that give them a national voice and make them attractive to national governments and other partners.

This publication has been produced for people with existing experience and knowledge of healthy cities and national healthy cities networks, but it also provides basic background on both for people who may be discovering this work for the first time. It has been prepared in close consultation with the coordinators of the national healthy cities networks in Europe. The publication draws on information that has been collected by the WHO Regional Office for Europe on national networks since the 1990s, including surveys, articles, publications, annual reports and unpublished meeting reports. At the end of 2013, national network coordinators were asked to complete a survey to provide case studies, statements from their leading politicians and statistical information, and they responded to a series of questions related to their organization and the added value of European networking. The findings of this survey were presented in detail at a meeting of national healthy cities coordinators held in Copenhagen in April 2014. This event provided further content and insight into the publication.

Part 1 of this publication comprises four chapters. Chapter 1 reviews the historical development of healthy cities and national networks. Chapter 2 reviews the achievements and Chapter 3 the organization of national networks, which are organized around success factors. Chapter 4 focuses on the European-level organization and cooperation between national networks and WHO and provides insight into the future direction and potential of the Network of European National Healthy Cities Networks. Part 2 of this publication is a compendium of profiles of the national networks in Europe. The profiles provide an overview of each national network's development, current activities and future plans as well as best practice examples. Annexes 1 and 2 provide further links information on healthy cities, detail of the participation criteria for national networks and the local government members in the Network of European National Healthy Cities Networks. Annex 3 presents recommendations for setting up and launching a national healthy cities network.





Part 1

National healthy cities networks in  
the WHO European Region

# 1. The development of healthy cities networking in Europe

Healthy cities is a global movement that originated in Europe and has been established in all six WHO regions. The WHO European healthy cities programme has actively engaged local governments since 1988 – putting health high on the political, social, economic and environmental agenda of city governments and making health everybody’s business. In the early days of healthy cities, a case needed to be built for local government action. Today the evidence on health determinants and the effects of major noncommunicable diseases in Europe indicate a direct need for local action and present an unparalleled opportunity for healthy cities leadership.<sup>1</sup>

Cities are important economic drivers that influence national development, and they are also best placed to identify social needs, to engage citizens on health issues and empower communities to build the social cohesion and assets that reduce health inequalities. In the WHO European Region, which includes 53 Member States spanning from the Atlantic Ocean to the far reaches of the central Asian republics and the Russian Federation, about 69% of people live in urban areas. Cities are responsible for a broad range of services that directly influence the determinants of health, but local government action is often limited by the lack of a direct mandate on health, a lack of knowledge on developing and implementing integrated health policies, limited human and financial resources and sometimes a reliance on the cooperation of other levels of government. Healthy cities have worked to overcome these barriers by facilitating the wide participation of a range of government and nongovernmental actors and citizens in a systematic, joined-up process of innovation and change.

Today, national healthy cities networks have been established in 30 European countries, and they involve about 1500 cities. Of these, 20 national networks have received WHO accreditation by meeting a set of criteria at the network and city levels. These 20 national networks alone represent 1137 local governments with a combined population of 156 million people.<sup>2</sup> The experience and achievements of these accredited networks form the basis for this publication. National healthy cities networks in other countries have not applied for accreditation, and there are also healthy cities in countries with no national network.

This chapter provides background on the development of the healthy cities programme and national networks as organizations.

## The beginning

The WHO Healthy Cities programme was a direct response to a series of global and European policy initiatives in the 1970s and 1980s that changed the way people think about and understand health, including the call for Health for All by the year 2000 in 1977 by the 30th World Health Assembly, the Declaration of Alma-Ata (1), the Ottawa Charter for Health Promotion (2) and, a little later, key policy

<sup>1</sup> See the key publications in Annex 1.

<sup>2</sup> This is a calculation of population figures provided directly by national healthy cities networks for Part 2 of this publication.

documents such as Health 21 (3) and Agenda 21 (4). The concepts of health for all, equity in health, health promotion, sustainable development and good governance continue to form the basis for the six strategic goals of healthy cities (Box 1) in place today.

### Box 1. Six strategic goals of healthy cities

- To promote action to put health high on the social and political agenda of cities
- To promote policies and action for health and sustainable development at the local level emphasizing addressing the determinants of health, equity in health and the principles of the European policies Health for All and Health 2020
- To promote intersectoral and participatory governance for health, health and equity in all local policies and integrated planning for health
- To generate policy and practice expertise, good evidence, knowledge and methods that can be used to promote health in all cities in the European Region
- To promote solidarity, cooperation and working links between European cities and networks of local authorities and partnerships with agencies concerned with urban issues
- To increase the accessibility of the WHO European Healthy Cities Network to all Member States in the European Region

Healthy cities was launched as a project in 1987 with 11 pilot cities, which quickly grew to include 35 cities. The cities worked directly with WHO, following an application and selection process, and together they formed the WHO European Network of Healthy Cities.

There was far more interest from cities than WHO could support, and national networks of healthy cities emerged spontaneously to meet this demand. By 1988, six national networks of healthy cities had been established, and the first European meeting of national network coordinators took place. What began as a pilot project quickly developed into a European movement.

National networks overcame language and other barriers to participation and adapted the goals of healthy cities to the wide variety of social, economic, political, administrative and cultural contexts in Europe. At a 1989 meeting in Eindhoven, coordinators gave national healthy cities networks the following definition (5):

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 European level, national networks formed their own network of national networks, where coordinators and other representatives of national networks met to share experience. The WHO European Healthy Cities Network (cities directly engaged with WHO) and the Network of European National Healthy Cities Networks (national network representatives directly engaged with WHO) remain the two main operating vehicles for the WHO healthy cities programme in Europe.

### Phases of healthy cities development

The WHO European Healthy Cities Network has evolved through a series of five-year work programmes called phases (Box 2). These phases have served as a process and a platform for inspiration, learning and the accumulation of practical experience on how to improve health and well-being. They have also provided a benchmark to measure progress and a useful way to set priorities among the many interesting and challenging tasks involved in becoming a healthy city. Each phase has sought to innovate and enrich the practical understanding of how to address the broad determinants of health and systematically reduce health inequalities.

#### **Box 2. Phases of the WHO European Healthy Cities Network**

##### *Phases I and II (1988–1997)*

In Phase II (1993–1997), cities advanced the healthy cities approach by developing healthy public policies and drawing up comprehensive city health plans focusing on equity and sustainable development.

##### *Phase III (1998–2002)*

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. Cities were required to take systematic approaches to monitoring and evaluation.

##### *Phase IV (2003–2008)*

Cities participating in Phase IV made an overall commitment to health development with emphasis on equity, tackling the determinants of health, sustainable development and participatory and democratic governance. Cities committed to work on healthy ageing, healthy urban planning, health impact assessment and physical activity and active living.

##### *Phase V (2009–2013)*

Cities gave priority to health and health equity in all policies, which, like other phases, recognize that population health is largely determined by policies and actions outside the health sector. The phase was built on previous city health development planning and focused on three core themes: caring and supportive environments, healthy living and healthy urban design.

## Development of national healthy cities networks

National networks did not formally develop according to European programmes of joint work but rather organically and independently based on the principles and goals of healthy cities. However, their development can be broken into distinct patterns of change that coincide with the healthy cities

phases due to the leadership provided by WHO, the shared learning and cross-fertilization that occurred between the two networks and how national networks have used the WHO phases to inspire and guide their work with cities.

### Setting up structures and gathering momentum (1988-1997)

As national networks matured, they demonstrated a clear capacity to create a platform for change, to respond to the diverse needs of countries and to spread the healthy cities movement across the WHO European Region. National network coordinators met at the European level with the goal of strengthening the strategic capacity of networks through exchange and training.

WHO formally encouraged the establishment of new national networks by requiring in Phase II (1993–1997) for cities in the WHO European Healthy Cities Network to facilitate the development of national healthy cities networks in their respective countries. Further, during Phase II, WHO and national networks focused on expanding healthy cities into central and eastern Europe by establishing new national networks (6).

### Finding common ground and raising standards (1998-2002)

Several surveys on national healthy cities networks were carried during Phase III (1998–2002), which demonstrated that, although national networks had shared values and objectives, they varied considerably in terms of their organization, partnerships, participation criteria and their access to and support from national government (7). WHO recognized that it would need to collaborate more closely with national networks to enable them to reach their full potential. WHO also realized that it had a major role to play in urging national governments to recognize national networks as strategic players in promoting and strengthening urban and public health across Europe. This priority was reflected in a 1998 resolution of the WHO Regional Committee for Europe, which called upon Member States to support national networks of healthy cities in their coordinating and capacity-building role (8).

National network coordinators and their political leaders worked directly with WHO to adopt a set of standards for both national networks and their member cities, which was adopted in 2000. The resulting document (9) is the model on which the current terms of reference (10) for the Network of European National Healthy Cities Networks is based (Box 3). It represented a major step forward, since it was previously thought that finding common criteria would be impossible given the diversity in the organization of the individual networks.

The criteria were flexible enough to allow networks to respond to the realities of their respective cultures, national policies and local government remits, but they also provide a foundation for raising standards within cities and building strength nationally. The terms of reference also introduced an accreditation process, which gave national networks the WHO label, adding to their credibility with national governments and partners. The adoption of the original document, the WHO action framework, also provided a process and opportunity for many networks to create a dialogue with their own members on strengthening healthy cities as well as with external organizations on building partnerships. At the European level, the Network of European National Healthy Cities Networks became a distinct entity with its own goals and operating principles.

Box 3 summarizes the current criteria, and Annex 2 presents them in detail.

### **Box 3. Summary of criteria for national healthy cities networks accredited to the WHO Network of European National Healthy Cities Networks**

The terms of reference and accreditation requirements for membership in the Network of European Healthy Cities Networks in Phase VI (2014–2018) are framed around the four elements of a healthy city and represent the best practices of national networks. They set out standards for the organization of national networks and for cities.

#### ***Endorsement of principles and strategies***

National networks make a political commitment to or declaration on Health 2020 and the goals and requirements that underpin the WHO European Healthy Cities Network in Phase VI.

#### ***Infrastructure***

A network should be formally organized under a constitution or a set of by-laws and have a clear set of participation criteria. Networks identify a coordinator, who is backed up by administrative and technical resources and an annual programme budget. A steering committee should be established to lead and develop the network.

#### ***Products and outcomes***

A network should have a clear programme of activities and provide visible evidence that it actively supports its members. This active support includes holding regular networking and business meetings and disseminating services and information to members. National networks should systematically monitor and evaluate their annual programme of work and submit an annual report to WHO.

#### ***Networking***

National healthy cities networks should not only create networking opportunities for their members but also represent them at the European level. Networks are required to attend the annual WHO Healthy Cities business and technical conferences and to proactively network or collaborate with other national networks in areas that bring mutual benefit.

See Annex 2 for detailed criteria for national networks and cities.

## Building a platform for change (2003–2008)

With a set of standards in place, much focus was placed on refining the organizational models that enabled networks to support cities to meet them. For example, some networks introduced mechanisms to regularly involve politicians in network governance structures or launched strategies that followed political election cycles. National networks also put a strategic focus on introducing or enhancing national network strategies. At a European-level meeting in 2003, national network coordinators identified national network strategies as essential for future development and provided the following definition:

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 (11).

Key objectives of the strategies were to combine the international, national and local levels of action around the principles of health for all and Agenda 21 to promote the mission and objectives of the national network; to build partnerships; to provide technical support to decision-makers to develop the capacity to manage change; to sustain and increase membership to the network; and to develop and provide services that assist cities to carry out their key functions as healthy cities.

The services networks provide to cities are discussed in detail in the following chapters. Many networks have shown consistent focus on specific themes on which they have developed expertise and around which they have formed lasting partnerships.

### Strengthened European networking (2009-2013)

National network coordinators strengthened their European cooperation during this period and met annually in dedicated meetings of the Network of European National Healthy Cities Networks in addition to the annual meetings already held by WHO. The purpose of these meetings was to share experience on managing national networks and take part in training on specific functions and issue areas. This has included work in such areas as social marketing, communications and advocacy, developing e-learning tools, community resilience, gender issues, building partnerships and alliances and implementing WHO's European policy framework, Health 2020 (12). WHO also uses these occasions to consult with coordinators on strategic issues.

## A new phase for Healthy Cities (2014-2018)

In September 2012, the European Member States of WHO adopted Health 2020 – a European policy framework and strategy for the 21st century (12). This builds on the values and principles of Health for All and the key policies and ministerial conferences that have driven change over the past decades (see information on global conferences on health promotion in Annex 1). Box 4 summarizes the goals and themes of Health 2020. Health 2020 encourages governments to take whole-of-government and whole-of-society approaches that bring together all relevant stakeholders, different levels of government, civil society and the private sector to collaborate on integrated health for all policies. It explicitly recognizes the influence of the urban environment on health.

European healthy cities and national healthy cities networks are well positioned to carry out the goals and themes of Health 2020, with their extensive experience working in the settings in which people live their lives – homes, neighbourhoods, schools, workplaces, leisure facilities and social care services and older people's homes. The framework for the WHO European Healthy Cities Network in Phase VI (2014–2018) (13) will apply the overarching goals and themes of Health 2020 to the local context, which means giving priority to:



## National healthy cities networks in the WHO European Region

- life-course approaches in city policies and plans with a focus on early child development, ageing and vulnerability and health literacy: a process enabling people to take control over the factors that influence their health;
- controlling diseases influenced by and related to physical activity, diet and obesity, alcohol, tobacco and mental health;
- transforming city service delivery and revitalizing public health capacity; and
- building and unleashing community resilience and striving to improve the settings in which people live their lives.

### Box 4. Health 2020 goals and themes

Health 2020 provides the overarching goals for Phase VI of the Healthy Cities programme:

- improving health for all and reducing inequalities
- improving leadership and participatory governance.

The core themes of Phase VI are based on the local adaptation of Health 2020's four priorities for action:

- investing in life-course approaches and empowering people
- tackling major public health challenges
- strengthening people-centred health systems and public health capacity
- creating resilient communities and supportive environments.

National healthy cities networks significantly increase the scale of the healthy cities programme within their respective countries and together create the possibility for the healthy cities programme to have a wide, European impact. National networks bring together actors vertically, by engaging different levels of government and national organizations, and horizontally, by enabling cities to work across sectors, with communities and a wide range of organizations. As well established, mature organizations, they are in a key position to provide leadership for the local implementation of Health 2020 in Phase VI.

## 2. Achievements and impact of national networks

National healthy cities networks offer cities a learning environment to embrace challenging public health problems using healthy city approaches. They create a platform for policy actors and communities to share information, combine resources and to gain a strong voice for the articulation of their needs and experience. National healthy cities networks must bring an added value to the local level to survive, develop and gain the active interest of partners. They do this by setting standards, providing direct support to enable cities to achieve them and by raising awareness of healthy cities at all levels.

Each national healthy cities network has developed according to the needs of its membership, its access to financial resources and the unique circumstances of its national setting. Many national networks of healthy cities have had to operate outside of any supportive national or subnational policy frameworks, acting as pioneers and leaders for health and sustainable development.

National network achievements, in the context of this publication, are examined in terms of the impact and influence they exert in fulfilling their shared objectives. The definition of an achievement may vary from network to network. Although networks share the same objectives and goals, a recently established network will have differing expectations than a network that has matured over two decades. The achievements presented below are organized according to the functions networks fulfil.

### Raising the profile of healthy cities

“Networking and exchange has special importance in our country. In 2013, network representatives visited all member cities and interviewed the local politicians who take responsibility for the healthy cities project and local coordinators. The results of this study will be available in 2014 and guide the evolution of the network according to the needs of current member cities and in accordance with the objectives of Phase VI of the WHO European Healthy Cities Network.”  
– Georges Pire, Provincial Deputy, Liège Province and Head, Belgian French-speaking Healthy Cities Network

Raising the profile of a healthy cities network is essential for attracting new members and for securing human and financial resources. National networks seek to do this in a variety of ways, which are described below.

#### Political leadership

The active involvement and leadership of politicians at the city level and within the national network is indispensable for the development of healthy cities. When cities join any national healthy cities network, they are required to pass a local resolution on the goals and requirements of network membership. Networks directly focus on maintaining and developing this initial political commitment through their organizational models, which directly involve politicians in network management but also through specific initiatives. For example, several networks have developed training programmes and media

packages to develop the capacity of political actors to engage city leaders of other sectors on public health issues. Part 2 provides detailed examples of training for politicians in the country profiles for Italy and Norway. The Norwegian network has produced sophisticated multimedia materials that are available online (see profile in Part 2). The Italian network has carried out a survey and implemented training for politicians at the regional level.

National networks report to WHO annually on the status of the local political commitment of their city members. During Phase V (2009–2013), more than 90% of survey respondents consistently reported political commitment as being adequate or enthusiastic (14–16). Deviations from this status often reflected the leadership, policy and administrative changes that follow local or national elections. Throughout Phase V, national networks reported that political commitment was demonstrated through the active participation of mayors and other political delegates at network meetings and events and their willingness to commit resources to the network and local projects.

### WHO accreditation

The WHO label carries a high level of recognition and respect. WHO accreditation serves to validate and enhance the role of national networks where they operate and to attract members. Local leaders who wish to implement healthy city approaches gain from the credibility of joining more than 1000 cities across Europe in an internationally recognized WHO initiative. Chapter 4 discusses the added value for networks to participate in the Network of European Healthy Cities Networks.

### Communicating the added value of healthy cities

Communication on healthy cities represents both a process as well as specific products. While raising the profile of healthy cities might be a deliberate goal for media work and promotional materials, communications work is also a process that is tailored to practical activities and specific stakeholders. When undertaking any initiative, networks must think strategically about how they facilitate exchange, build alliances, disseminate their results and represent the view of the local level.

“Health is a result of the settings where people grow and age, the socioeconomic conditions they have and lifestyles they choose. All of these are directly related to local governments, which have the power to control and influence these conditions that have an impact on health. Therefore the doctors of cities are the mayors.”

– Recep Altepe, Chair, Turkish Healthy Cities Association, Opening Speech at the Environmentally Friendly Industry Awards, Istanbul, 1 March 2013

Some networks have developed communication strategies and campaigns that bring together a range of methods around specific objectives. Practical methods of communicating on healthy cities include conferences and networking events, newsletters, journal articles, media work, social media, websites, teleconferences, webinars and online information tools. Networks develop communication initiatives and projects to target mayors, professionals, partners and prospective members (Box 5).

The United Kingdom Healthy Cities Network has a communication plan linked to promotional products and a well-developed website. It offers a wide range of communication-related services to members,

including a monthly e-bulletin, briefing papers and member case studies. The United Kingdom network recently disseminated its brochures and information packs nationally to market itself to prospective members, which resulted in 22 expressions of interest. Adding this number of new cities to the network's current membership would double the network's membership.

The Hungarian network produced a 55-page booklet in 2011 entitled *The WHO Healthy Cities Programme in Hungary*, including information about the European programme and the network and its criteria and case studies from cities (17). The booklet was distributed to all national leaders, organizations and all Hungarian cities.

The Croatian network regularly publishes scientific articles on healthy cities in its own journal called *Epoch for Health*.

In Part 2, the Polish network's profile presents its successful annual grants competition whereby cities submit proposals for project funding made available from the network's membership fees. This stimulates innovation and offers cities much needed resources.

### **Box 5. Raising the profile of healthy cities: awards and competitions**

National networks have been recognized with achievement awards from partner organizations and have likewise developed their own awards to recognize local achievements.

#### ***Awards recognizing healthy cities networks***

The Czech Healthy Cities Network supports its cities to achieve the highest status of the Czech Republic's Government Council for Sustainable Development for Local Agenda 21 work. The network's involvement with the programme also resulted in the inclusion of a health dimension to the national assessment system.

The Croatian Healthy Cities Network's long-standing programme to support planning at the county level received a distinction award from the United States Centers for Disease Control and Prevention, recognizing its success in raising public health capacity on a national scale.

#### ***National network awards to healthy cities***

The Italian and Turkish healthy cities networks have developed their own prestigious awards for their cities. These competitions provide incentives for cities to succeed and also help the network accumulate examples of best practices.

The Italian network presents a "Health Oscar" to cities with projects that demonstrate innovation, citizen participation and transferability.

The Turkish network reported in its 2013 annual report to WHO that it engaged 19 members in its awards scheme, which resulted in the submission of 57 projects. Among the selection criteria for the awards were requirements to show adherence to healthy cities principles, with a focus on health equity in all policies and combining health, social, economic and environmental agenda.

The following are key points on raising the profile of healthy cities.

- The active involvement of political leaders at the city and national network level is essential.
- WHO accreditation adds credibility, attracts new members and provides added value through networking opportunities.
- Communicating on healthy cities engages in strategic processes and develops promotional products.

## Sharing best practices

Providing opportunities for exchange, learning and building capacity to implement the healthy cities approach is at the heart of all national network activities. This includes sharing knowledge generated in cities, via the network's own programmes and the best practices and recommendations available nationally and internationally. Networks share information through a variety of methods, taking on several roles in the process.

### Centres of expertise

There is no shortage of policy advice and recommendations on health, local governance and sustainable development. National networks can play a vital role in their countries by creating a platform for information and exchange. In a policy-rich environment, they collect, decipher, adapt and translate policy recommendations, which they make publicly available. They produce guidelines, case studies, newsletters, scientific journal articles and other materials, often in collaboration with research institutions and other expert organizations.

For example, the Czech Republic has developed sophisticated information tools that support strategic management in cities. The network has several databases and tools that provide methodological assistance, e-learning opportunities and access to best practices (see the resource box in Part 2). The network also has a database of national strategies. These tools help Czech cities to bring cohesion to local, regional and national strategies and their related indicators and budget systems. Relatively new networks place high priority on developing websites and information resources, such as in the United Kingdom.

### Conferences and events

National networks disseminate knowledge via prestigious national and international conferences, training and other events such as summer schools and health fairs. Their annual and technical conferences create forums for local governments to come together with national partners to aggregate and disseminate knowledge and to articulate the needs and leadership potential of local governments with a strong, collective voice. The Norwegian network co-organizes the most prestigious annual public health conference in Norway (see profile). The Belgian French-speaking network, a recently established network, has focused on sharing best practices to build a foundation for the network to grow. The longer-established German network has recognized the importance of conferences by establishing a Centre for Competence (see profile) on the planning of health conferences.

### Regional and thematic networks

Some national networks create thematic or regional networks to develop new topics or to cope with the geographical distances between cities, which might also involve engaging regional partners. Thematic networks may be organized over a short-term or long-term period. For example, the French network has five regional subnetworks, each involving about 10–15 cities, which hold about two meetings per year. Since these meetings are close to the cities they engage, more city representatives and politicians attend them and they offer a richer environment for exchange. The Swedish network works through thematic subnetworks on healthy urban planning and design, socioeconomic investment perspectives on health, healthy ageing and the challenge of demographic development. These thematic networks offer the opportunity for a wide range of professionals to seek direct assistance on the implementation of projects, to analyse both good and bad practices and to gain knowledge based on the experience of others.

### Adapting international models of best practice and guidelines

Many national networks adapt guidelines and tools developed by WHO and other organizations, projects funded by the European Commission, development agencies, universities or other sustainable development organizations that engage local governments. Chapter 4 provides many examples of how national networks have strategically integrated Health 2020 operationally and raised awareness of the policy to the local level through consultations, conferences, workshops and by directly circulating translations. The country profiles in Part 2 demonstrate a variety of ways in which networks have made use of internationally developed methods (see Croatia, Denmark, Hungary and Portugal). The experience of testing these methods generates locally relevant knowledge on practical implementation, which is of value to all cities in a country.

The following are key points on sharing best practice.

- National networks become centres of expertise and excellence.
- Conferences and events create opportunities to raise awareness of issues, to share and gather information, to network and to build or consolidate partnerships.
- Regional networks help some networks deal with large geographical distances and offer a richer environment for exchange.
- Thematic networks enable networks to develop specific areas of expertise through wider involvement of professionals.
- National networks have the means to adapt international recommendations for successful implementation by local governments.

## Building capacity for new approaches

The work of healthy cities networks is ultimately driven by the need to build the capacity of the local level to respond to public health and sustainable development priorities using methods developed by WHO. They do this by fulfilling the key functions described below.

### Identifying gaps in knowledge and practice

National networks identify gaps in policy practice, implementation experience and skills and develop training programmes around them to pioneer innovative, efficient approaches that are disseminated widely. As suggested above, a network may set up thematic working groups or joint projects in which cities take part in developing new approaches, often with the support of experts. This increases local capacity and institutional effectiveness. The results of network projects are made publicly available via databases of best practices, practical guidelines and other resources that fill knowledge gaps in the policy community. This expertise enables networks to assert themselves at the national level as public health leaders.

For example, the profiles of the Israeli and Turkish networks in Part 2 demonstrate how national partners can be involved to support the local level to produce city health profiles. The Israeli network mobilized partners and financial resources to enable a team of experts to launch a formal process to directly support cities in producing a city health profile. This expert team included representatives of the Ministry of Health, the Central Bureau of Statistics, universities and an expert on population surveys. The Turkish network collaborated with national partners to produce city profiles on 75 indicators for all of Turkey's 81 healthy cities in a visual atlas, creating a valuable national resource.

### Providing training

The professionals and political actors that participate in healthy cities networks take part in training that supports them in developing leadership and other skills to implement urban health policies. Annual reports by national networks show that training is an important focus of activity, with about 90% of networks holding one or more training events annually. Most networks directly refer to training as an explicit goal of their network or network strategy. Training events also form an important element of projects, such as Finland's PAKKA (alcohol prevention) project and Denmark's innovation agents project, described in Part 2. Part 2 also includes articles in the country profiles from Croatia, Israel, Italy and Norway that refer to training to increase public health capacity and improve healthy city leadership (Box 6).

Networks also work strategically with professional bodies and universities. In this way, some national networks have influenced professional training. For example, the Portuguese Healthy Cities Network collaborates with the National School of Public Health, and one outcome has been the inclusion of healthy city content in the syllabus of the master programmes taught at the National School of Public Health. The influence of the Croatian Healthy Cities Network reaches beyond its borders through its participation in a variety of academic initiatives directed at south-eastern Europe, including postgraduate training.

### Achieving key deliverables

National networks deliver the themes of the WHO phases. The Phase V (2009–2013) themes included health and health equity in all policies, caring and supportive environments, healthy living and healthy urban environments. Most networks carried out projects on all four themes. Raising awareness of these themes and providing opportunities for exchanging experience among cities were important activities

**Box 6. Examples of initiatives aimed at building capacity in cities**

- **Croatia:** a rapid appraisal tool to assess community health needs and a long-established summer school.
- **Denmark:** pamphlets and publications on workplace health and recommendations to quit smoking.
- **France:** a kit for new city politicians following city council elections. The kit contains a USB flash drive with four short videos, two presentations as well as leaflets and a pen with the website URL.
- **Germany:** competence centres across eight areas of expertise run by member cities (see profile in Part 2).
- **Israel:** two-day workshops organized annually on topics such as developing partnerships with regional health promoters of the Ministry of Health, strategic health planning and the national programme for healthy and active living.
- **Italy:** regional education workshops on healthy city themes for administrators and technicians (see Italy's country profile in Part 2 regarding training for politicians).
- **Russian Federation:** a training initiative for local administrators and communities called the municipal school of public health in partnership with a university.
- **United Kingdom:** themed learning sessions, master classes on Phase V priorities, thematic subgroups (such as on community development) and three annual training events.

across all four areas. The outcomes included publications, media work, conferences, lectures, workshops at conferences hosted by partners, publications, leaflets and online materials and translations of WHO publications. Table 1 summarizes additional activities to give a sense of the volume of work carried out in national networks.

National networks embrace the core themes of healthy cities and implement them in the context of local and national priorities. The French network presents an interesting example with a publication it produced on active mobility in which it spelled out health arguments and the role of and opportunities for local governments to make use of and better coordinate existing policies and plans in France to develop strategies based on health in all policies. With advice on socially vulnerable groups, follow-up indicators, case study examples and 12 fact sheets, the publication provides outstanding guidance for addressing a priority issue through a cohesive, efficient process.

## Supporting cities through changes

National networks adapt and respond to significant changes in national organization and circumstances. For example, decentralizing health promotion responsibilities to the municipalities in Denmark in 2007 resulted in a significant increase in membership of the national network, which grew from 14 to 70 members (of the total 98 municipalities). This stimulated the network to redesign its organizational structure and strategy to support cities and towns in their new responsibilities and to give them a place to learn, discuss and develop skills for health promotion.



## National healthy cities networks in the WHO European Region

**Table 1. Examples of national network activities on Phase V initiatives**

Phase V theme	Related activities carried out by national networks
Health and health equity in all policies	<ul style="list-style-type: none"> <li>• Raising awareness of Health 2020, WHO's European health policy framework</li> <li>• Quality assessment of and reporting on of city policies and plans</li> <li>• Work on indicators and city health profiles</li> <li>• Workshops to raise awareness of health equity</li> <li>• Training on health impact assessment</li> <li>• Local prevention projects</li> <li>• Target projects supporting families with children living beneath the poverty line</li> <li>• Projects that assess the needs of single-parent families</li> </ul>
Caring and supportive environments	<ul style="list-style-type: none"> <li>• Translating WHO publications</li> <li>• Projects on ageing and dementia</li> <li>• Books and web resources on topics such as age-friendly cities, active mobility and healthy housing</li> <li>• Project to engage youths in local development</li> <li>• Participating in WHO projects related to physical activity</li> <li>• Training for member cities on health literacy and healthy ageing</li> <li>• Citizen empowerment through health literacy, with a focus on teenagers</li> </ul>
Healthy living	<ul style="list-style-type: none"> <li>• Developing resources on alcohol, tobacco and physical activity with partners</li> <li>• A video on healthy urban planning</li> <li>• Projects on reducing alcohol use among young people</li> <li>• Issue campaigns, such as on tobacco or injuries</li> <li>• Subnetworks on tobacco; alcohol; and nutrition and physical activity</li> <li>• Booklets and a toolkit on active cities</li> <li>• Developing a strategic plan for active cities</li> <li>• Training related to smoke-free cities</li> <li>• Projects related to children and obesity</li> <li>• An intergenerational project to share knowledge and create social contacts</li> </ul>
Healthy urban environments	<ul style="list-style-type: none"> <li>• Development of health indicators for use in strategic planning</li> <li>• Thematic subnetwork on physical activity, involving city planners</li> <li>• Participation of national, strategic groups and partnerships on related issue areas, such as related to ageing and physical activity</li> <li>• Gathering case study examples at healthy cities conferences</li> <li>• Developing partnerships with national government and professional bodies</li> <li>• Creating urban spaces where citizens can carry out physical activity</li> <li>• Actions related to mobility and accessibility encompassing a range of actions including traffic calming, eliminating architectural barriers, redeveloping urban furniture and creating footpaths and cycle lanes</li> </ul>

The Croatian Healthy Cities Network has supported health planning at the county level since 2002. The Network launched a counties programme in cooperation with the Ministry of Health and the Ministry of Labour and Social Affairs to assist in decentralizing the health and social welfare system. Although changes in government temporarily halted the decentralization process, the network continued to support counties in developing county health profiles and strategic plans. A new health care act was passed in 2008, which made planning at this level a legal requirement, and county health plans became the basis for 80% of resource allocation. The legal requirement for planning, while supportive, did not solve the problem of implementation, and the Network therefore went on to further support counties with a highly regarded training programme (see country profile in Part 2).

### Maximizing local and national resources

Being part of a network allows cities to learn from the experience of others and to avoid costly mistakes. Membership to a network gives a city access to expertise and support through, for example, training, consultancy and joint projects with partners. National networks frequently make resources available to cities by applying on their behalf for European Union funding and grants from national and other funding agencies.

A network's coordination team can mobilize the social and intellectual capital with the network to achieve outstanding results with minimal or even no financial resources. The Greek network presents a compelling achievement of community resilience in Part 2. With no available project funding, it implemented a preventive health programme in the schools of 33 cities. The network mobilized volunteers within schools, the community, the health professions and city administrations and national partners to benefit more than 15 000 children and their families. This equity-driven project demonstrated the power of communities and their resilience through economic hardship.

The German Healthy Cities Network stated that health insurers provided funding for its projects because they believed that effective prevention projects would limit future treatment costs.

The profile in Part 2 on Sweden highlights a project that sought to demonstrate the enormous economic costs of health inequalities, which revealed three key obstacles to local action. These obstacles were broadly related to the lack of knowledge and responsibility for how decisions in one sector affect social determinants that involve multiple sectors. The project showed that this vacuum of accountability results in escalating human and financial costs that get passed from generation to generation if no action is taken.

The following are key points on building capacity for new approaches.

- National networks identify gaps in knowledge and implementation experience in the policy arena and develop and disseminate new approaches.
- Training is a strategic area of national network activity that has the potential to extend beyond the network itself to influence public health capacity and leadership.
- Participating in healthy cities networks builds local commitment to take on new approaches to public health challenges.
- National networks support cities through change and help them to better respond to national priorities and to statutory obligations.
- National networks bring added value to cities by maximizing the scale of intellectual, human and financial resources.

## National partnerships, cooperation and influence

Success in the above areas makes national healthy cities networks attractive partners to government and nongovernmental actors at the national level and, for some networks, the international level. Partnerships enable networks to drive change at the local level by harnessing and maximizing technical and financial resources, which strengthen and reinforce public health capacity at the local level. Partnerships provide a two-way channel for developing best practices on complex issues. Successful partnerships increase a national network's credibility, giving cities a voice in shaping the national agenda on public health issues. Carrying out this dual role of supporting the local level and acting as a national player has challenged national networks over the years. It requires highly efficient coordination skills and the effective use of resources. A few networks have sought to formalize their partnerships through their involvement in network structures or formal cooperation agreements. Some networks have historical partnerships with national actors that stem from the launch of their networks (Table 2).

**Table 2. Partners of national healthy cities networks in Europe in 2013**

Type of partner	Number of networks
Health ministry, including national agencies and national (public health or health promotion) institutes	18
Nongovernmental organizations (NGOs), including associations of local authorities, and academic partners	16
Other ministries or government bodies	13

### Cooperation with health ministries and agencies

“... the Network has shown itself be an important actor in combating inequality in health. By working systematically and strategically with the main risk factors impacting our quality of life and expected lifespan, the Danish Healthy Cities Network has proved its added value as a platform for exchanging know-how and perspectives on how to cope with inequality in health.”

– Astrid Krag, Former Minister for Health, Denmark (2011–2014)

Most accredited national networks report having partnerships with the national health ministry or one of its agencies. Many networks cooperate with national schools or institutes of public health. For example, the Portuguese network collaborates with the country's national school of public health to provide training for member cities.

Feedback from national networks on cooperation with health ministries and their agencies has shown work focused on the following areas (16):

- technical guidance
- information sharing
- participation of ministry representatives at network meetings
- participation of national network representatives in national committees or working groups
- participation of ministry representatives in network steering groups
- funding for programmes, publications, training, events and coordination.

Many networks have received consistent funding from their health ministries for their projects and initiatives. The longevity of these relationships suggests that ministries recognize the added value of healthy cities. Denmark's Ministry of Health has provided the Danish Healthy Cities Network with project funding for nine consecutive years. The Government of Sweden evaluated the Swedish Healthy Cities Network and found very positive results showing that the Network filled a gap in the policy environment and played a positive and supportive role. As a consequence of the findings, the Network received government funding to attract new members.

### Cooperation with other ministries and national agencies

National networks also engage a wide range of other ministries and ministerial agencies with responsibilities for transport and urban management, road safety, the environment, regional development, national statistics, sustainable development, sports, education, labour and social affairs (16). The involvement of non-health partners may change over time as a reflection of a network's priority action areas. As previously mentioned, the Greek profile in Part 2 provides an example of how Greece's Ministry of Education cooperated with the national network to implement a large-scale health screening project.

### Cooperation with NGOs and academic partners

Networks build partnerships with NGOs, including professional associations, over a vast range of thematic issues such as cancer, health care technology, physical activity, diet, volunteering, mental health, cardiovascular health, health promotion, urban development, oral health, smoking and tobacco and issues related to ageing (16). This includes cooperation with other networks focusing on, for example, health in schools, age-friendly cities and climate change. Professional associations engaged by national networks included those for doctors, urban and town planners, environmental engineers and urban architects and dentists. Many networks have partnerships with their national union or association of local authorities. National networks have academic partners who provide expertise on developing national network initiatives as well as evaluation support.

### Responding to national policies and priorities

National healthy cities networks are attractive partners at the national level, because they have demonstrated their ability to effectively respond to national health priorities with innovative, transferable approaches.

Networks pull together large guiding concepts such as health equity, health in all policies and good governance with evidence on determinants of health in practical thematic projects of national concern.

Part 2 of this publication provides many examples of how networks enable cities provide local responses to national priorities.

The Danish network took a unique approach by developing innovative micro-level projects, or prototypes, in response to 11 thematic areas set out in the country's national agenda. The experiences, based on health in all policy approaches, allowed cities to test out new ideas cross-sectorally with minimal costs before scaling them up to the city level. Following evaluation, 28 prototypes were published and disseminated. The project showed the value of networking as a means to avoid reinventing the wheel.

Cities in Finland responded to a law on alcohol by developing local partnerships of businesses, trade associations, community groups and parents to develop methods of curbing the supply of alcohol to minors.

The Hungarian network's Shape up Hungary programme used the school setting to address the determinants of health in communities that influence obesity among young people.

### Creating a national impact

An important goal of national healthy cities networks is to influence national public health policy, with the objective of creating the supportive conditions cities need to create positive health outcomes. National networks create impact at the national level as an important representative of the local level and through processes that respond to and influence the agenda, policy and practices of government and other large, partner organizations. Networks have gained recognition over time through joint initiatives and projects demonstrating that the healthy cities approach makes a difference. The continued funding that health ministries provide to many national networks indicates that ministries value the work of healthy cities. Similarly, ministries and other national government bodies invite national networks as expert organizations that represent the voice of the local level on health in consultation processes.

The Norwegian Healthy Cities Network has worked consistently with the country's Directorate of Health, which also provides grants to the Network. In the survey for this publication, the Network described Norway's 2012 public health law and white paper, which invested public health responsibility in local authorities, a victory for the Network. Since the new act was adopted, the Network has received increased attention from all levels of government.

The Federal Ministry of Health consulted the German Healthy Cities Network during the formulation of new health legislation, which was implemented by the Germany's 16 state-level health ministries. The Federal Ministry requested that the Network provide a statement reflecting the community position. The Turkish Healthy Cities Network similarly worked with its Ministry of Health to provide a local government viewpoint on WHO's Health 2020 policy document. The network translated the short version of the Health 2020 document, circulated it to members with a questionnaire and articulated the local response to the document.

The Portuguese Healthy Cities Network participated in drafting Portugal's national health plan for 2009–2013. The Network also participates in the National Alcohol and Health Forum as well as the Technical Advisory Group on Prevention and Tobacco Control, which is headed by the Director-General of Health.

Although national networks respond to national-level activities, national-level bodies have also scaled up successful national network activities. Regional and national bodies use the smoke-free city

guidebook the Israeli network produced. The local approach within a national programme for active and healthy living in Israel is based on the national network's experience, and the Ministry of Sports has distributed its active city guidebook to the sports directors within all municipalities in the country to develop its vision for sports for all.

The following are key points on national partnerships and cooperation.

- Developing partnerships is a challenging area for national network coordinators.
- Partnerships bring a wide range of benefits to cities and national actors in a two-way process that maximizes resources and builds knowledge and capacity at all levels.
- Partnership with healthy cities networks can help ministries to better deliver on their health priorities and policies.
- National health ministries are key partners for most national networks.
- National networks engage with a wide range of other national ministries and organizations, whose focus areas reflect the broad determinants of health.
- Partnerships can give national networks influence on the development of the national public health priorities and policies.

## The influence of national network leadership

The sections above have highlighted the features of national networks that led to achievements in fulfilling the goals of healthy cities and the terms of reference set by WHO for national networks. Through these functions, national networks exert influence at both the local and the national level to bring about policy innovation and change. National networks offer many benefits to both local and national actors by demonstrating clear capacity:

- to raise the profile and credibility of healthy cities locally and nationally by engaging political actors and developing strategic partnerships and effective communication;
- to strengthen local institutional effectiveness by supporting cities in adopting good, equity-based governance approaches that address the determinants of health and put health in all policies;
- to provide a clearing-house for information on health and sustainable development – generating and disseminating knowledge through web tools, publications, conferences and events – constituting a national resource;
- to promote best practices by setting standards, providing training and producing guidance, creating opportunities for networking and exchange and offering an effective local dissemination model;
- to provide an efficient testing ground for generating new ideas, policies and working methods;
- to build partnerships with national partners, including government ministries and agencies, NGOs and academic institutes; and
- to crystallize local needs and expertise to inform national policy development.

The next chapter takes stock of the above achievements and identifies the organizational structures that are essential for enabling national networks to provide this leadership.

# 3. Organization and leadership of national networks

The previous chapter reviewed the common functions national networks fulfil to achieve shared objectives. However, despite a wide range of commonalities, the character, structure and priorities of each national healthy cities network can vary considerably. Such differences reflect the national context in which each network operates, and, accordingly, the varying remit of local governments across the WHO European Region.

Coordinators refer to the organizational and operational features of national healthy cities networks as important success factors (15,16). They form the foundation for carrying out any function or service and for transparently involving cities and partners in implementing the healthy city goals. The learning around how to effectively organize national networks has formed the basis for the accreditation criteria, which are expressed in the terms of reference for national networks (10) (Annex 2).

This chapter reviews the common organizational features national networks share and makes flexible recommendations for developing successful national healthy cities networks.

## Launching a network

National networks have been launched by a variety of actors, which have in turn influenced their coordination structures and, in some cases, resources. Many networks have been established through the initiative of cities in the WHO European Healthy Cities Network. As mentioned in Chapter 1, members of the WHO European Healthy Cities Network during Phase II were required to launch a national network in their country, and many national networks took root in the early 1990s as a result. Other networks have been launched through the initiative of schools or institutes of public health, health ministries or associations of local governments. Part 2 of this publication provides further background on the establishment of individual networks in the country profiles. It usually takes 2–3 years from introducing the concepts of healthy cities to a group of stakeholders to the formal foundation of a legal organization based on statutes. Annex 3 provides recommendations for setting up and launching a network.

## Setting up structures

Most networks are registered as legal bodies in their respective countries. Most national networks describe themselves as associations, but they may be formally registered as NGOs, not-for-profit organizations or legal associations. A minority of networks do not have independent legal status, since they are organized as units of other legal bodies.

National networks have similar regulatory features and governing bodies, although their character may differ. Each network has formal statutes and/or a constitution that sets out the values, goals,

organizational structure, working methods, membership criteria and the legal and financial obligations of the network. The members of a network collectively form a general assembly, which meets annually. The general assembly is the main governing body of the network, and each member exercises voting rights as defined by the network's constitution. Most networks require the participation of the city mayor (or a delegated representative) and the coordinator in this body. The general assembly sets out the network's strategic direction, adopts relevant strategies and work plans and elects a steering committee. The steering committee advises on and supports the implementation of the work plan. In most national networks, the general assembly further elects the political head (president or chair) of the network.

## Coordination

Each network has a secretariat, where the coordinator and some technical and administrative staff are based, which carries out the day-to-day business of the network. The host of the national network's secretariat, or main coordination body, often provides important financial and technical resources to the national network such as free office space and equipment, information technology and communication support and access to expert personnel. Table 3 shows the four types of locations found in the 20 WHO-accredited European national healthy cities networks today. Most coordination structures have a permanent home within their host city or organization. In Italy, however, the location of the base for coordination changes city when a new chair is elected to lead the national network. Each location offers benefits, beyond those listed above, and some disadvantages, which are described below and summarized in Annex 3.

**Table 3. Location of coordination structures in 20 WHO-accredited national healthy cities networks during Phase V**

Location of coordination structure	Number of networks
Local government	10
National institute or school of public health or a university	5
Association of local government	2
Independent	3

## Cities

National networks based in cities are either hosted by the city that has taken on the political leadership and chairing function of the national network for a time frame or it is led by a city in the WHO European Healthy Cities Network. A national network coordinator may also be the coordinator of a member of the WHO European Healthy Cities Network. Being based in a city gives national networks daily insight into the realities and challenges of implementing healthy cities. The city location usually puts the



national network coordinator into close contact with the national network's political leader, facilitating quick executive decisions. National networks that have a rotating chair benefit from spreading out the coordination costs among the member cities.

Although cities offer valuable access to technical and administrative resources, there are some disadvantages. For example, changes in political leadership and economic decisions in the host city can adversely affect the resources available to the network. Rotating the chair of the network shares coordination costs, but much can also be lost in terms of insight, knowledge and experience as the role changes hands. Being based outside the country's capital or in a location that is not geographically central can create difficulty in establishing contacts, dialogue and partnerships with national organizations and in providing networking opportunities within easy reach of all members.

### Networks located in national organizations

National institutes and schools of public health and universities are well-known and respected organizations within their countries. As such, these national organizations have existing partnerships with other leading organizations and government, which can benefit the national networks. These organizations bridge practical local implementation experience with research, offering expert knowledge and adding credibility and influence to the national network's negotiations with policy-makers and national partners. They provide training and professional assistance and carry out research and evaluation on network activities. Further, one coordinator stated that the network was better shielded from changes in the policy environment and better able to keep to the progressive ideas of the healthy city approach in the face of reforms.

The funding available to national institutes and schools of public health and universities for their programmes and research varies over time, which affects healthy cities coordination. Obtaining grants and carrying out project evaluation is time-consuming and involves substantial administration work. Considerable time may also be needed for an academic-oriented institution and public administrations to understand how one another operate to establish effective, mutually beneficial working relationships. One network struggled to establish itself as a legal entity because of its base within and leadership by a national institute.

### Associations of local governments

The two national networks that were based within their country's national association of local authorities, on the whole, found it to be a natural home. As indicated above, they benefited from infrastructural resources (such as human resources and accounting) and the partnerships the organization can facilitate with ministries and national organizations. No particular drawbacks were identified.

### No affiliation

Three networks are organized independently. One network received office space in kind from a national institute, a second rents its office space from an association of local authorities and the third rents space that is not associated with any partner. These networks are able to develop a clear identity and freely represent the views of its members. The disadvantage of this style of organization is heavy reliance on external funding.

# Political and technical leadership

“We trained people to become leaders and politicians. A number of healthy city and county project coordinators have become mayors (Dubrovnik, Rijeka, Vinkovci) or vice mayors (Labin, Poreč), some county health department leaders became members of Parliament, and a city coordinator became the Minister of Health.”  
– Slobodan Lang, President, Croatian Healthy Cities Network

Strong leadership and commitment have been at the core of every phase of healthy cities. As the WHO European Healthy Cities Network enters Phase VI, Health 2020 significantly strengthens this agenda. A combination of political and technical leadership is needed both at the level of the national network and at the city level to create the preconditions for change based on the strategic goals of healthy cities. Political leadership and commitment give national networks greater legitimacy and a strong national voice. National networks have a variety of ways in which they use their organizational features to actively engage politicians and sustain their commitment.

## Formal political commitment in cities

Membership criteria create a formal requirement for cities to pass a resolution on participation in the network. This includes making a commitment to the goals and deliverables of healthy cities and paying a membership fee to the network. The requirement of a network membership fee also requires municipal councils to formally consider and approve their membership to the network annually.

## A political representative for the network as a whole

Most national networks appoint a political head or chair to represent the national network. This is typically a mayor or vice-mayor of a member city, but some networks are led by other figures such as a regional governor or a prominent academic. The head of the network facilitates communication between cities and with other levels of government, national organizations and institutions, and they represent the network in international steering groups.

## Involvement of politicians in steering committees

Many national networks actively engage politicians through their steering groups. For example, the Portuguese network directly engages politicians in a board of directors, which is supported by a separate technical group of coordinators. In this way, politicians regularly participate in a dedicated forum for sharing ideas and best practices. A second model of political engagement is to have a mixed steering group, which brings together political and technical representatives in a single body. A third model is to have a single steering committee of politicians, which sets the goals and strategic direction of the network with the support of city coordinators.

## National network strategies

Today, all but one newly established national healthy cities network has a strategic plan or its equivalent. Six of these networks have incorporated the vision and goals of their networks into their constitution or statutes, which serves as the long-term framework for the network and the basis for adopting short and medium-term action plans. Two national networks do not write their own strategy but directly apply the frameworks for each WHO phase. Ten networks had developed national network strategy documents. Some national networks timed their strategic plans around political election cycles to promote higher levels of engagement and commitment.

National network strategies address three overlapping areas in fulfilling their objective to support cities: internal leadership and governance structures; the management of resources and core functions; and communication-related functions. In this context, national networks place high priority on actively reviewing their organizational structures and delivery mechanisms for how they affect the quality and efficiency of the services they provide to members. This promotes the sustainability of the network, since cities will remain active and contribute membership fees if they can see the added value of participation in their day-to-day work. The accumulation of local knowledge and expertise, as a shared resource of the network, helps networks to form strategic partnerships and win grant proposals, which in turn brings added financial and technical resources to local governments. National networks' annual reports at the end of Phase V showed an increasing priority on the development of communication strategies (16).

## Managing membership

National healthy cities networks need to provide leadership, and their ability to do so is directly linked to their member cities' commitment to its core values and programme of work. Without a minimum level of engagement, national networks cannot accumulate the critical mass of knowledge necessary to drive innovation. A key way networks seek to gain this commitment is by setting membership criteria, which provide a benchmark for cities and a mark of quality for national networks to promote in their negotiations with national partners. All accredited national healthy cities networks apply the minimum membership criteria as set out in the terms of reference (see Annex 2), although many networks go beyond these.

By having a large membership, a network can truly represent the voice of local governments and take on the role of a national player. However, a dilemma for national networks is to be able to increase and widen the healthy cities movement in their countries while maintaining the high standards that give the network its credibility. Weak criteria make the network more inclusive but jeopardize the quality of local work. Strict criteria may severely limit participation. The growth of national networks is ultimately limited by their capacity to support their members. As a network develops, it must find solutions to cope with the training and development needs of new members.

The WHO terms of reference for national networks in Phase V required that 50% of a national network's members had to meet the minimum criteria for cities set out in the document. This criterion

reflected the fact a network's membership is fluid. Over the long term, new cities join and need time to adopt the criteria, and cities have periods of more and less activity and commitment. For example, the administrative changes that follow a local election often affect a city's participation in the network. National networks and cities need space to react to these changes. National networks report that they are proactive in approaching cities that have experienced leadership changes by meeting with new politicians, raising awareness of the added value of the healthy cities network and encouraging their continuing participation.

## Participation

National networks featured in this publication bring together 1137 members, of which 904 were cities, 52 were regional or county governments and 23 were partner organizations. Membership in national networks showed stability throughout Phase V, with little fluctuation in numbers. An exception was the Greek network, which merged with two national health promotion networks, thereby greatly increasing its membership figures.

Although most national networks restrict their membership to local authorities (such as towns, cities, counties or regions), five networks also allow partner organizations to become members (with observer status). Such members typically include ministries and NGOs covering topics related to health, urban and sustainable development. In Slovenia, the Ministry of Health was a member of the network during Phase V (2009–2013), but without voting rights, and in Israel five ministries are members of the network. Networks in the Czech Republic, Slovenia and the Russian Federation also opened membership to NGOs, while the network in the United Kingdom was in the process of opening membership to regional and national organizations at the time of writing.

## Financial resources

Many networks were launched with short-term grants donated by funders such as health ministries, but networks must find independent sources of income to remain sustainable. All but one of the 20 accredited national networks operate through membership fees. Most national networks further rely on external funding, which might include national grants from a range of institutions as well as projects funded by the European Union. Most funders will not support coordination costs, which makes the contribution from a network's host extremely valuable. Membership fees are usually inadequate to pay for a full-time coordinator. Only six networks in 2013 had a paid, full-time coordinator and a further four networks had paid, part-time coordinators (16). The remaining networks relied on volunteers. For the same period, five networks had full-time technical support and two networks had full-time administrative support. Ten networks had part-time administrative support, and five had part-time technical support.

# Evaluation

Twelve networks evaluated their activities regularly (16). Whereas externally funded projects usually require the evaluation of project results, comprehensive, external evaluation of an individual national network as a whole is generally too cost intensive for most networks. Networks often rely on informal, inexpensive evaluation methods, for example by using the occasion of their annual general assemblies and conferences to gain feedback on the network as a whole. Networks set the results of their activities against their annual and strategic plans, make use of questionnaires or hold round-tables on network evaluation. In 2013, 12 national networks also reported that they collected annual reports from their cities, and 15 networks wrote and published an annual report for the network as a whole (16).

# Meeting the needs of cities

The ultimate goal of all networks is to meet the needs of members, and this focus cuts across all network functions and activities. The achievements and functions of national networks, which are outlined in detail in Chapter 2, reveal four broad areas of incentives and benefits for cities to join a healthy cities network and the network's response.

- Credibility can be gained for new approaches. Healthy cities carries the recognition and respect of WHO and internationally validated approaches. Joining forces with other cities provides added strength.
- Healthy cities networks can overcome barriers to information and deal with an overload of policy advice and recommendations. National networks aggregate information from the international and national levels and present a clear vision and goals and methods for acting on it.
- The uncertainties that come from testing new local approaches can be reduced. National networks offer opportunities to build capacity and skills and access expertise to enable local innovation.
- Limitations on resources can be overcome. Networks bring about an economy of scale, making network participation more efficient than going it alone. Networks mobilize resources for projects, engage expert partners who can contribute to training and evaluation and create learning opportunities.

# 4. The European dimension

The previous chapters of this publication have focused on how national networks operate at the country level. This chapter examines how national networks cooperate at the European level with WHO to better fulfil their shared healthy cities goals as the Network of European National Healthy Cities Networks. Members of the Network undergo a process of accreditation through which they must demonstrate that they meet the criteria set out in the terms of reference for national networks and their member cities (see Annex 2) and make a formal commitment to the goals of the Network of European National Healthy Cities Networks.

The ultimate mission of the Network of European National Healthy Cities Networks is to support national healthy cities networks and their cities and towns in achieving the goals of each phase of healthy cities. Moving into Phase VI (2014–2018), the Network of European National Healthy Cities Networks and WHO will collaborate and seek to influence national policies to create favourable local health outcomes, to enhance cooperation with national governments, to create a platform for exchange between national networks and cities and to expand the healthy cities movement in the WHO European Region. The Network of European National Healthy Cities Networks will also aim to build mutually beneficial partnerships with other European and global networks to advance the goals of Phase VI.

The functions of the Network of European National Healthy Cities Networks are threefold: political, strategic and technical. Working in these areas requires every national network to promote action:

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

The previous chapters provide multiple examples. With reference to the fourth point, a practical example of how national networks have promoted WHO's European policy framework, Health 2020 (12), is provided below. This chapter goes on to further review the features and added value of the Network of European National Healthy Cities Networks as well as its potential to take on a stronger leadership role during Phase VI of healthy cities.

## Preparing the ground for Health 2020

At a 2013 annual meeting of national healthy cities networks that took place in Copenhagen, WHO updated national healthy cities network coordinators on Health 2020, the European policy on health and well-being (see Chapter 1). The package WHO had produced to support European Member States in implementing Health 2020 was presented. Coordinators discussed how they might adapt this Health 2020 package for national networks and their member cities and the practical support they would need to do it. They also shared their experience of raising awareness of Health 2020 in their countries at both the national and local levels, which was further summarized and enhanced in a briefing paper. Their overview was a testament to the power of national networks not only to raise awareness of a new policy but to put it into practice locally.

## National healthy cities networks in the WHO European Region

The Croatian network had taken part in a working group on the country's national health strategy, into which Health 2020 was integrated. Further, it introduced the document in its annual business meeting, organized seven courses at its annual summer school, produced video presentations, published an article in the network's health journal and presented Health 2020 to 83 Serb cities at a meeting of a Serb association of cities and towns.

The Turkish network took part in a government consultation process in which they were able to present the local view of the policy. The network prepared a survey and sent it to all members with questions addressing:

- the action needed to raise the level of health in cities;
- the obstacles to reducing local inequalities in health;
- the joint action needed to improve health at the national level and to make Health 2020 successful;
- how cities planned to raise awareness of Health 2020 among citizens; and
- who at the national level should provide leadership.

The results were presented to Turkey's Ministry of Health and to the WHO Regional Office for Europe as a summary of the local view of Health 2020 in Turkey.

The Danish network took part in a high-profile conference involving Denmark's Minister for Health, the WHO Regional Director for Europe, the Mayor of Copenhagen, a local council politician from Copenhagen and citizens. A translation of the Health 2020 document was distributed to all network members and made available online. Further, the network has regularly provided information about Health 2020 to its members in the context of the launch of Phase VI of healthy cities.

The French national network planned to focus on leadership and had begun by making Health 2020 central to its communication strategy, which influenced general presentations of the network, leaflets and its website. Like other networks, the French network raised awareness of Health 2020 at its annual conference and it further organized five regional conferences on the topic. For example, its regional network in the south focused on the issue of pan-municipal approaches to reinforcing mental health, with case studies related to Health 2020. They also ran workshops on this occasion that aimed at identifying facilitating factors for implementing Health 2020 at the local level.

The Greek, Israeli, Italian and Norwegian networks similarly held annual conferences with external, expert participation. The mayors of the Greek network endorsed the document at its annual meeting, and the network further initiated a protocol of cooperation between the network and the Ministry of Health. The Israeli network focused on leadership and participatory governance for health and sustainable development in its conference. Both the Italian and Norwegian networks referred to integrating Health 2020 directly into their communication strategies, and the Israeli and Norwegian networks referred to integrating Health 2020 into their networks' strategic frameworks.

These examples clearly demonstrate the systematic approaches national healthy cities networks take to introduce new policies and concepts and integrate them into the work of cities and the lives of citizens.

## European networking and exchange

Networking and exchange are strong features of the Network of European National Healthy Cities Networks. In Phase V (2009–2013), national networks met twice a year: at annual WHO business and

technical conferences and at dedicated meetings for national network coordinators. These smaller meetings provided coordinators with enhanced opportunities to discuss and share experience on best practices and operational, organizational and strategic issues and to access training on key themes of healthy cities. Meetings of the Network of European National Healthy Cities Networks also provide an occasion to discuss strategic issues with WHO on the future of healthy cities, such as the development of the Phase VI framework for healthy cities.

For a period, the Network of European National Healthy Cities Networks also produced unpublished internal briefing papers, which addressed issues of key importance to coordinators and constituted a useful tool for facilitating exchange. For example, the briefing paper in 2012 presented examples from 11 national networks on the following topics: the achievements and impact of national networks in Phase V; organization and leadership; and training tools (Box 6). The Network of European National Healthy Cities Networks has organized training for national network coordinators on priority areas such as community resilience, health literacy and e-learning with the support of leading external experts. The reports of these meetings and the briefing documents create a useful record of national network development and have been used to inform this publication.

In the survey carried out for this publication, 18 of 20 respondents provided examples of how they have cooperated or learned from other national networks. Examples include:

- adapting tools developed by other networks: for example, training materials for politicians in Italy and Norway have inspired networks in Denmark, France and Sweden, and use by networks in the Russian Federation and Sweden of Denmark's work on innovation agents (see the country profiles);
- carrying out mapping exercises of other national network's organizational and operational features to inform the development of their own structures;
- sharing experience on how to overcome obstacles and barriers related to the coordinator's tasks – for example, how to balance the roles of being both a city and national network coordinator or how to respond when cities become inactive;
- participating at the conferences of geographically close countries, where language is not a barrier, for example among Nordic countries and French-speaking countries;
- benefiting from materials produced by other national networks, such as newsletters, that are distributed throughout the WHO European Healthy Cities Network and made freely available via national network websites;
- study tours and city visits: for example, representatives of the Danish national network making a field trip to the United Kingdom to gain knowledge on community resilience, volunteering and empowerment; and
- signature by mayors participating in a joint project, called Civitas Elan, of a common mission statement to develop clean and accessible mobility solutions in their cities (19,20).

## Joint projects and initiatives

In 2013, 12 national networks reported that they were formally or informally engaged with other healthy cities networks (16). For example, the Czech network cooperated with the Baltic Region Healthy Cities Association (Box 7) on a common project on volunteering. The Austrian, German and Slovenian networks signed a formal agreement on cooperation during Phase V, which also led to successful applications



for European Commission funding. The Croatian network has supported the introduction of healthy cities into south-eastern European countries through the South-eastern Europe Health Network (21), a government-level forum that is technically supported by WHO and seeks to promote health and peace in the region.

### Box 7. Baltic region cooperation

The Baltic Region Healthy Cities Association was founded in 1998 to improve health conditions in urban areas in the Baltic Sea region. The Association has operated as a WHO collaborating centre since 2002. It works both with national healthy cities networks and their member cities:

- to implement healthy city goals and motivate new cities to join networks;
- to build capacity by bringing expertise to the local level;
- to enhance the visibility of healthy cities in the region;
- to develop information systems for best practices and the state of well-being in the region;
- to network at all levels; and
- to establish research and development cooperation with the local, national and international institutions.

The Association develops and implements vast array of international projects on health in all policies, health literacy, health equity, social determinants of health, volunteerism and social well-being. The Association is located in Turku, Finland.

Source: Baltic Region Healthy Cities Association [website] (22).

## Baltic region cooperation

There has been vibrant cooperation between national networks in the Baltic region for years, which has materialized in common activities and projects. One of them was HEPRO, an initiative launched in 2005 that involved eight Baltic healthy cities networks in a high-impact population survey. The Norwegian network adapted and rolled it out at the national level in Norway in 2006. The project has been further evolved as HEPROGRESS (2010–2012) and is being implemented at the regional level in Latvia, as a joint initiative of Østfold County Council (Norway) and the Baltic Region Healthy Cities Association (Box 8).

## The added value of European networking

The survey carried out for this publication asked national network coordinators to comment on the added value of the Network of European National Healthy Cities Networks across eight areas. All 20 accredited national networks answered these questions using “strongly agree”, “agree”, “neutral”, “disagree” or “strongly disagree”.

Nine networks “strongly agreed” and 10 “agreed” that their national network had benefited from contact with WHO and other national networks since 2008, and one network gave a neutral reply. Most networks “strongly agreed” (6) or “agreed” (9) that their national network was in a stronger position than in 2008. Four networks were neutral on that point, and one network did not find the question applicable, since it had only been established in 2011.

**Box 8. HEPRO – an example of European cooperation among healthy cities national networks**

A significant European-level project called HEPRO (Health and Social Well-being in the Baltic Sea Region) was carried out from 2005 to 2008, by eight healthy cities networks and 32 partners, with the professional support of WHO. The project was co-funded by the European Union as part of the BSR INTERREG IIIB programme and managed by Østfold County Council in Norway. HEPRO developed a model for conducting population surveys that provided self-reported data. Insights on risk factors and health conditions were used for planning and to design and evaluate public health policies. The data were intended to contribute to monitoring developments in public health over time. A total of 70 000 Europeans have participated in the survey.

The Norwegian Healthy Cities Network followed up HEPRO with the survey Norgesprofilen (Norwegian profile) in 2006. Data from 11000 Norwegians were collected from 11 local governments. Østfold County Council further developed the knowledge from HEPRO into HEPROGRESS, a joint project with Vidzeme Region in Latvia and the Baltic Region Healthy Cities Association (2011–2012). The project was called “Reducing health-related social and gender inequalities and barriers to social and economic participation – evidence-based local policies, interventions and empowerment planning” and consisted of health surveys, building the capacity of local decision-makers and promoting health in all policies.

Source: Hepro Community [website] (23).

**Table 4. Added value of participation in the Network of European National Healthy Cities Networks**

Benefits	Agree	Neutral	Disagree
1. Strengthened membership criteria	12	7	1
2. Strengthened legitimacy for the network at the national level	17	3	
3. Strengthened local political commitment	9	9	2
4. Increased capacity to work on one or more of the Phase IV core themes	12	8	
5. Improved strategic direction	16	3	1
6. Attracted national or international partners	15	5	
7. Attracted more funding	4	10	6
8. Encouraged new cities to join	13	5	2

The networks were further asked to describe how this added value applied to eight specific areas, which are summarized in Table 4.

Table 4 suggests that the Network of European National Healthy Cities Networks has greatest impact on a national healthy cities network’s national standing, giving it added legitimacy. Related to this, a majority of coordinators also agreed that the Network of European National Healthy Cities Networks helped them to attract partners, but this did not extend to funding opportunities. More than half the coordinators felt that their membership of the Network of European National Healthy Cities Networks

helped to strengthen city criteria. More than half the coordinators felt that their affiliation with the Network of European National Healthy Cities Networks attracted new city members, and just under half felt that it strengthened local political commitment. Most coordinators agreed that membership of the Network of European National Healthy Cities Networks strengthened the strategic direction of their network.

## A challenge to lead

Health 2020 has given the WHO healthy cities programme a clear mandate for action and leadership backed up by solid evidence on the broad determinants of health. At the Fifth Annual Business Meeting and Technical Conference of the WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks in Phase V (2009–2013), held in Izmir in September 2013, Zsuzsanna Jakab, WHO Regional Director for Europe, described the Healthy Cities programme as “the place where the wheel hits the road” (18) in her presentation of Health 2020. Healthy cities, as a collective European movement, has amassed the wealth of practical implementation experience it now needs to provide leadership on the local implementation of Health 2020.

The Network of European National Healthy Cities Networks will seek to do this by strengthening the roles and functions that enable national networks to support members to improve the quality and sustainability of healthy cities. The Network of European National Healthy Cities Networks will seek to collectively expand its membership within countries and increase the number of accredited national networks in the WHO European Region.

Part 2

Country profiles



Part 2 presents profiles of the 20 national healthy cities networks accredited by WHO. Each profile contains:

- statistical facts with data on: total population; the percentage of the total population living in urban areas; the percentage of the total population living in a healthy city; the year the network was founded; and the total number of network members;
- a background text on the network's history, development and major priorities;
- a text describing a key achievement;
- resources for further information via the national network's website; and
- contact information.

National network coordinators provided the population data from national resources. The population data that coordinators provided via their national statistical offices were compared with United Nations figures for 2012 (24). The inconsistency between the two sets of figures for most countries for the percentage of the population living in urban areas suggested a difference in the definition of “urban” across countries. To allow comparability, the United Nations figures are used in this publication. The data sources and definitions are available via the website of the United Nations Department of Economic and Social Affairs (25).

National networks provided the content for the country profiles via a survey edited by the editor of this publication. The country profiles were peer reviewed, and final drafts were sent back to the national networks for validation (see the list of contributors in the acknowledgments section).

A special note is made regarding the Belgian French-speaking Healthy Cities Network, which is a linguistic network and covers the territory of Wallonia only and not the whole of Belgium.

# Belgium (Wallonia)

Réseau Belge Francophone des Villes-Santé de l'OMS

## Country facts (Wallonia)

Population: 3.5 million (10.8 million for all of Belgium)

Urban population: 97.5% (for all of Belgium)

Population living in healthy cities: 13%

## Network facts

Established: 2009

Members: 9



## A linguistic network

Belgium's constitution recognizes three cultural communities: French-, Flemish-, and German-speaking. These communities are responsible for many areas, which include culture, support for young children and health promotion. The constitution also recognizes three separate regions, which are additionally responsible for economic development and 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. Since the healthy cities movement in Belgium needs to act within government structures, it chose to align itself with decentralized federal levels closer to the citizens. This profile presents the work of the WHO-accredited Belgian French-speaking Healthy Cities Network in Wallonia.

## Background

Healthy cities has a long history in Belgium. The Province of Liège has been a member of the WHO European Healthy Cities Network since 1991. A French-speaking healthy cities network has been in existence since 2002, but it was established as a legal association in 2009 to provide the network with an institutional framework. WHO accredited the Belgian French-speaking Healthy Cities Network in 2011, and today the Network has nine member cities. The Network is funded by its members, which pay an annual fee depending on the population of their municipality (€500–2500).



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## Political leadership and strategic partnerships

The Network is governed by a Board of Directors, composed of an elected politician nominated by each member city. Georges Pire chairs the Network; he is a Provincial Deputy of Liège with responsibility for health and the vice-president and head of Liège Healthy Province, a member of the WHO European Healthy Cities Network. Michel di Mattia, Alderman of Health in the City of La Louviere, is the Network's vice-chair. The City of Mouscron hosts the Network's Secretariat. The Network has an honoured partnership with the local centres for health promotion in Western Hainaut, Huy-Waremme, Liège and Verviers and with the Department of Public Health of the University of Liège. These centres provide the Network with advice and methodological assistance.

## Goals

The purpose of the association is to support cities in developing the Network to achieve the policy objectives of health for all. The overall objectives of the Network, which were redefined in 2012, are:

- to raise awareness of the Belgian French-speaking Healthy Cities Network in Wallonia;
- to develop healthy cities approaches in the member cities; and
- to enable, via regular meetings and cooperation between members, the exchange of experiences, data, working methods and joint action.

In its upcoming coordination meetings, the Network will integrate WHO's Health 2020 policy into its work programme.

## Bringing added value to cities

The major advantage of Network membership is the quality of exchange between the coordinators. Being a small network allows for a deep and rich level of exchange. Participation in the Network allows cities:

- to enhance and strengthen their action;
- to bring more coherence to all their action;
- to ensure greater visibility of their policies;
- to enable a better understanding of the role and impact of local policies on health and responsibilities for action;
- to establish new processes tailored to need;
- to strengthen social cohesion and local democracy; and
- to gain from an economy of scale through joint initiatives and shared resources.



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The Network holds an annual, thematic working days event. In 2013, the city coordinators and partners of the Network set a goal to publish a tool that would crystallize the outcomes of the Network's workshops on intersectorality in 2010 and on participation in 2011. To support the development of this tool, the Network will solicit case studies and interview all coordinators on their expectations of the Network. The results will be available in 2014.

## Future direction

As the Network moves forward in 2014, it will focus on developing expertise through a joint initiative to strengthen social cohesion at the neighbourhood level in member cities.

## Getting online : creating a resource for members, partners and the public

The Network is a young organization. After an initial phase of exchanges around the key issues of healthy cities, participation and intersectoral cooperation, it seemed appropriate to expand the influence of the Network by raising awareness within the general public and by encouraging more cities and towns to get involved. To this end, the Network has focused on building a website to increase the visibility of the Network itself and its constituent members. It was also developed to serve as a clearing-house for information and a platform for exchange. A key goal is to strengthen the information and news available to



cities on the WHO European healthy cities programme. The website provides concrete examples on healthy cities for partners of the Network and citizens. The website went live in 2013. It will be regularly evaluated to ensure that the site fulfils the expectations of member cities.



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“Being a healthy city brings a definite added value to the cities and towns that have this label. Indeed, at the political level, the Healthy Cities project ensures greater coherence and transparency in our actions in Wallonia. Healthy cities also encourages cities to focus on the well-being of the population.

The Province of Liège is part of the Network, and it has integrated healthy cities concepts into local policies. Everyone tries to work better with the philosophy of the project. For example, Charleroi Healthy City has integrated the issue of welfare into all decisions taken within the municipal council. The city has created a tool all échevinats (city advisers) use to judge the impact of their projects on the well-being of citizens, whether environmental, urban or otherwise.

Networking and exchange has special importance in our country. In 2013, network representatives visited all member cities and interviewed the local politicians who take responsibility for the healthy cities project and local coordinators. The results of this study will be available in 2014 and guide the evolution of the

Network according to the needs of current member cities, and in accordance with the objectives of Phase VI of the WHO Healthy Cities programme.”

– Georges Pire, Provincial Deputy, Province of Liège

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## Country facts

Population: 4.3 million  
Urban population: 58%  
Population living in healthy cities: 95%

## Network facts

Established: 1992  
Members: 52



## Background

The Croatian Healthy Cities Network was first established in 1991, the same year the Republic of Croatia became an independent state, and it has been a legally registered nongovernmental organization since 1992. However, the history of healthy cities in Croatia dates back to 1987, when the city of Zagreb became one of the first cities to participate in the WHO European Healthy Cities Network. Today, the Croatian Healthy Cities Network is a voluntary, open association of cities and counties that are committed to improving the health and the quality of life of their inhabitants. The Network is primarily funded through grants and membership fees.

## Strategic organization

The Network is organized and hosted within the Andrija Štampar School of Public Health, one of the oldest schools of public health in Europe, founded in 1927. Translated directly, it is the “School of People’s Health”, and (as the name suggests) it has always strived to bridge theory with practice. Public health doctors were the first group in Croatia to embrace and encourage local authorities to put the healthy cities concept into practice, and they supported them with academic knowledge and research tools. Healthy cities enabled academics to access the real world of needs and opportunities and reach and support citizens in creating a better life. This integration of research and practice yields credible, powerful results that seize the attention of local and national policy-makers.

## A mission focused on citizens

The Croatian Healthy Cities Network takes a bottom-up approach by engaging citizens and local communities in a process that builds towards policies and plans at the municipal, county and national levels. The mission of the Croatian Healthy Cities Network is to upgrade local capacity for planning and managing health resources with the aim of improving: the quality of the environment; the conditions that create healthy lifestyles; and access to services that meet the needs of citizens. In its unique approach, the Croatian Healthy Cities Network advocates the right to differences in local communities. In practice, this means identifying the needs and available resources within communities and respecting the individual characteristics of communities in health planning. There is no universal, one-size-fits-all solution.

## Reaching a higher level of excellence

In the coming years, the Network plans to upgrade its activities to reach a higher level of excellence. It will do this by ensuring the sustainability of the Network and its activities and by designing and implementing efficient joint interventions to improve health and the quality of life in communities, with the involvement of political decision-makers, administrative officials and citizens. The Network's priorities for action are as follows:

- clarify the role of city and county members by reviewing Network statutes, rules of procedure, the needs of members and the requirements of membership;
- empower members and build public health capacity by developing local competencies, delivering clearly designed training packages and define areas of cooperation between cities and counties;
- thematic work that provides a clear focus (topic and methods) for all Network and training meetings with timely information and a focus on the use of technology;
- effective communication at all levels, by articulating key arguments, engaging key stakeholders, lobbying and advocacy at national and local levels and stimulating exchange among members and the Network; and
- define resources needed for Network development by putting in place support teams with clear roles and tasks and by establishing sustainable financing.



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### Website of the Croatian Healthy Cities Network (<http://www.zdravi-gradovi.com.hr>)

Click on “English” for information in English. Material is available on the network’s organization, annual reports and activities.

“Network activities” gives access to key documents, including information on the Global Health Programme Distinction Award.

Click on “HRVATSKI” for information in Croatian, then “Povezani zdravljem”. This section contains key documents, including the Network’s own journal “Epoch for Health” (Epohe zdravlja). Click on “Djelotvorno znanje za zdravlje”, for “Efficient knowledge for health”.

## Setting up structures

The Croatian Healthy Cities Network has been working for more than 25 years to increase the capacity of cities and counties to develop health policies and manage their implementation. The network has

developed a variety of tools to support cities and counties to develop competencies and it has assisted in reorienting public health planning from the central to the county and city levels, ensuring that resources are directed at the local priorities.

## Health - Plan for It

Health – Plan for It is a unique training programme that strengthens the management and public health capacity of counties. It assists them in assessing population health needs in a participatory manner, to set priorities, to plan for health and, ultimately, to ensure the provision of responsive, high-quality services.

The programme incorporates a multidisciplinary and intersectoral approach, permanent consultation with the community and the use of qualitative analysis. The training curriculum was developed as a blend of recognized management tools, public health theory and the practice and use of the Healthy Plan-it material from the United States Centers for Disease Control and Prevention (26).

Between March 2002 and March 2009, eight training cohorts involving about 220 participants from 20 counties and 24 participants from the City of Zagreb (which has the status of a county) completed the programme. Each county produced a health profile and a health plan with priorities set for health needs and identified actions to address them.

In the past 12 years, this programme has been supported by several ministries and by local county governments. Health – Plan for It is a model of good practice for cooperation between the academic community and local and national governments. The training programme has received numerous programme awards from the United States Centers for Disease Control and Prevention, including a distinction award on 16 January 2013. The United States Centers for Disease Control and Prevention described it as an “exemplary programme that has improved management and leadership to strengthen country health capacity and improve health outcomes ...” (26).

## A rapid appraisal procedure

Because of post-conflict conditions, scarce assets and the need to determine a baseline for action in cities, the Croatian Healthy Cities Network developed a method of rapid appraisal to assess community health needs. The rapid appraisal procedure to assess community health needs is a method of getting information about a set of problems in a short period, without large expenditure of professional time or financial resources. It is a participatory process that takes about two months from start to finish. It involves representatives of different groups of citizens, local authorities, institutions, organizations and NGOs in a process that identifies both needs and solutions.

The following Croatian Healthy Cities Network cities have rapid appraisal procedures: Crikvenica, Karlovac, Labin, Metkovic, Porec, Pula, Rijeka, Slatina, Split, Dubrovnik, Varazdin, Vinkovci and Zagreb.

Between 1996 and 2011, 13 Croatian cities carried out a rapid appraisal procedure. These documents are sensitive to particular community needs and are scientifically sound and action-oriented. The credibility of the rapid appraisal procedure was strengthened by strict selection rules for participants and panellists; a process of triangulation of information sources, essays, observations; and by collecting indicators from researchers who have included experts from public health, epidemiology and medical information science. Carrying out the rapid appraisal procedure has enabled cities to establish and sustain alliances among key stakeholders through priority, thematic groups.

## Action research

The Network has a well-established history of carrying out joint action research, which is a method of learning by doing. Such research improves the ability of cities to detect and respond to population needs with effective interventions. The Network carried out practical research from 2005 to 2013 on policies on care for older people, the causes and consequences of early drinking among young people, improving the quality of health services, developing palliative care and, most recently, assessing the needs of single-parent families in Croatian healthy cities.

“The concepts of public health, health policy and politics have been permanently present in Croatia (and formerly Yugoslavia) during the last 100 years. Our country is located at a crossroads in Europe, where religions, empires and ideologies meet.

At the beginning of the last century, when all of Europe believed that political parties were the only way to conduct the politics, one man, Andrija Štampar, said no. He said that the future is in partnership; that the people were responsible for their health as individuals, as part of a family, at work and as a community; and that doctors should be more teachers than therapists. At that time, our School of Public Health was established as permanent (gold) mine of ideas and actions on health. In 1939, Henrik Sigerist said in Dubrovnik that he did not know about the future of Yugoslavia, but that he did know that the work of two men, Ivan Meštrović and Andrija Štampar, would last forever. Meštrović made the famous sculptures of beautiful Balkan women, and Štampar added a smile on their faces (by saving the lives of their children).

Between the world wars, Štampar travelled, as an expert of the League of Nations, throughout the world from Harvard to China and tested his health policy ideas globally. After the Second World War, he was appointed as a head of the Interim Commission that founded WHO. WHO's Health for All policy and the healthy cities approach were developed on the ground of his work and the definition of health that the first WHO assembly had adopted.

Zagreb was part of the healthy cities movement from the beginning (1987). From that point on, we continued by establishing a Healthy Cities Network Support Centre (at the Štampar School), a network of cities and by developing networking tools (a summer school, health fairs, training packages, thematic meetings, a journal, etc.). We trained people to become leaders and politicians. A number of healthy city and county project coordinators have become mayors (Dubrovnik, Rijeka and Vinkovci) or vice mayors (Labin and Poreč), some county health department leaders became members of Parliament, and a city coordinator became the health minister.

During the [conflict in the former Yugoslavia], we initiated the concept of the ‘challenge of goodness’, which was effective to the point of preventing genocide. We participated in the establishment of the Francois-Xavier Bagnoud (FXB) Center for Health and Human Rights at Harvard University, and we were first to initiate the prevention of genocide. Now we advocate the ‘policy of goodness’, broadening our own 100 years of experience. With it we counter the policy of greed and narrow-mindedness.

For 100 years, we have practised health policy development with ideas, research, networking, education and by facing challenges and leading action. We have done a lot and have many experiences. We have been, we are and we will continue to be strong. We have no fear of the future. We are happy to face new challenges. By helping people in need, we will learn new knowledge and become better people ourselves.”

– Slobodan Lang, President Croatian Healthy Cities Network and retired Professor, Andrija Štampar School of Public Health

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# Czech Republic

Národní síť Zdravých měst České republiky

## Country facts

Population: 10.6 million  
Urban population: 73%  
Population living in healthy cities: 57%

## Network facts

Established: 1994  
Members: 125



## Background

The first WHO Healthy Cities activities in the Czech Republic were launched in 1992 with the support of the country's Ministry of Health. In 1994, Healthy Cities of the Czech Republic was established as a legal association of 11 cities and towns. The network's mission is to bring together municipalities and professional organizations to systematically support the development and implementation of policies and plans for health, the quality of life and sustainable development. Today, Healthy Cities of the Czech Republic is the only municipal association in the Czech Republic to call for consistent work on these areas in its statutes. Healthy Cities of the Czech Republic is a national leader on methods for health and Local Agenda 21.

Membership of Healthy Cities of the Czech Republic is open to all local governments, which include towns, cities, regions and subregions. This inclusiveness means that the network also works with local action groups on rural development (Local Government Association and European Network for Rural Development). Healthy Cities of the Czech Republic reaches out to more than 56% of the total country population.

## Organization

As a statutory body, Healthy Cities of the Czech Republic is led by a chair, a vice-chair and a director. A steering committee provides guidance on the direction and activities of the association. The network has an office of full- and part-time staff that is fully independent from national authorities and the government. The office is responsible for developing projects and services for members, cooperating with government bodies and other partners, external fundraising and project management. The director of Healthy Cities of the Czech Republic leads the office with the support of project managers and administrators as well as a regional methodologist, who provides in-house consultancy and direct support to member cities. The network is funded by membership fees and external resources (such as national grants and European Union programmes).

## Partnerships

Healthy Cities of the Czech Republic has established excellent partnerships with many national institutions and organizations, which include ministries, official institutions and organizations dealing with health and sustainable development. It also cooperates closely with universities, other municipal

or professional associations and NGOs operating in the environmental, social and economic fields. This cooperation is based on official bilateral agreements. Healthy Cities of the Czech Republic also cooperates regularly with international organizations and institutions such as Energy Cities, ICLEI – Local Governments for Sustainability and the Council of European Municipalities and Regions.

## Key areas of activity

The network places high priority on supporting its members with methodological support, consultancy, training, information technology tools, evaluation and access to external experts and partners in:

- strategic planning and management towards health and sustainable development at the local and regional levels;
- active community planning and public engagement through, for example, community forums and round-tables and the development of community plans;
- networking activities including projects, conferences and a minimum three national events held annually; by participating in externally funded projects, members can also receive some funding for local activities;
- the active sharing of good practice and inspirational work at network events, within the network's web-based, good practice database and in the media;
- education and training for coordinators and politicians, organizing accredited training events at least three times annually; and
- skills to promote, campaign for and advocate topics such as healthy and active ageing, physical activity, healthy literacy, volunteering, youth involvement, fair trade, corporate social responsibility, sustainable production and consumption, social inclusion, eco-efficiency and sustainable transport.

In the future, the network aims to continue focusing on the quality of the strategic and thematic approaches in its member cities and work to guarantee the association's financial stability.

### Online resources

The following resources are available:

- the network website ([www.ZdravaMesta.cz](http://www.ZdravaMesta.cz));
- a broad range of information in English ([www.HealthyCities.cz](http://www.HealthyCities.cz));
- a good-practices database ([www.DobraPraxe.cz](http://www.DobraPraxe.cz)), with some available in English ([www.good-practice.eu](http://www.good-practice.eu));
- DataPlan, a local strategic management tool ([www.dataplan.info](http://www.dataplan.info)); and
- a national database of strategies ([www.databaze-strategie.cz](http://www.databaze-strategie.cz)).

## Quality assessment of municipalities – stressing health and local sustainability

Healthy Cities of the Czech Republic has had long involvement in transparently measuring, assessing and evaluating activities and initiatives for the strategic management of local health and sustainable development. Healthy Cities of the Czech Republic has worked with partners since 2006 to benchmark



city progress on the implementation of Local Agenda 21 and the Healthy City programme. This has culminated in the adoption of a set of 21 indicators, which were officially approved by the Czech Republic's Government Council for Sustainable Development. These indicators have been classified into four categories of achievement from "D" to "A", whereby a "D" reflects the expectations of a beginner's level and an "A" reflects the presence of sophisticated, long-term, strategic processes (27). Evidence gathered by cities is assessed annually and presented in a publicly available web database.

In 2011, Healthy Cities of the Czech Republic cities had progressed through the categories "D", "C" and "B", but had not yet attained the "A" standard. Healthy Cities of the Czech Republic therefore set a goal to give cities guidelines and a tool to measure the state of health and sustainability at the local level. This moved beyond identifying local management processes to show outcomes. In partnership with the Czech Republic's Local Agenda 21 Working Group, a team of experts and four pilot healthy cities, the network embarked on developing a method for Local Agenda 21 evaluation, which was finalized in 2012 and put into use in 2013.

The assessment tool standardized a procedure of measuring sustainable development achievements and ascertaining the state of the art at the local level. The assessment was based on a range of topics, with themes grounded in the Aalborg Commitments (28). These included the following topics: local strategic management and urban planning, environment, health, sustainable consumption and production, transport and mobility, local economy and enterprising, education, culture and local traditions, social environment and global responsibility. The Healthy Cities of the Czech Republic strengthened the topic of health in the method.

For each of the above topics, a national expert group prepared a set of indicators. This set was then tested in the four pilot cities in 2011–2012. Three indicator areas assessed local action for health: 1) integrated approaches to healthy planning and decision-making, 2) Health promotion as a whole and 3) the state of health of the municipal or regional inhabitants.

Municipalities prepared specialized sustainable development audits, which responded to all the relevant issues and areas. The topic experts continually consulted with the cities, giving them feedback on results, recommendations, conditions and suggestions. Once the local self-audit was completed, the output was passed to the national opponent experts for an opponent review. These experts included university representatives, researchers and experts within national institutions. The assessment procedure was made open to the participation of all relevant local and national actors. The method for Local Agenda 21 evaluation has been translated into English and is available on the Healthy Cities of the Czech Republic website (29).

In 2013, the City of Chrudim, which had been successful in the United Nation's international competition, LivCom Awards: the International Awards for Liveable Communities, undertook the self-audit procedure. After a year-long process, the city was awarded "A" status. The opponent review commented on the pluses but also the challenges. Chrudim's audit has been presented locally and nationally and has been made available on the Healthy Cities of the Czech Republic website. More Czech healthy cities have shown interest in the method and will undertake the process in 2014 and the following years.

For the City of Chrudim, the process was a great lesson on how to approach health and sustainable development in everyday practice. At the national level, the outcome included the guidelines themselves but also valuable experience on how to bring diverse partners together to reach a common understanding on sustainability. It also helped bridge expert opinions with the potential of municipalities. Both sides learned a lot.



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“In many parts of the country, Healthy Cities of the Czech Republic helps improve the activities and overall management in local authorities by focusing on various topics, such as health support and disease prevention, sustainable development, strategic planning and management or public engagement.

To be frank, all of these topics are still new in our country and do not always form a part of everyday practice at the national and local levels. Our association tries to help the municipalities to find ways to achieve health and sustainable development in practice. We do this not only through concrete in-house consultancy, methodological and implementation support to our members but in particular through efforts to present and share proven, successful practices.

This sharing of know-how, experience, possibilities for saving time and resources and much, much more, is what makes our association truly cooperative – our members do not keep these good practices a secret.”

– Petr Hermann, City of Litomerice and Chair, Healthy Cities of the Czech Republic



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“By our entry into the Healthy Cities of the Czech Republic, the process of community planning and public engagement in the decision-making processes and life in the city has become completely natural. Today, after 10 years of membership, the projects and activities in which the public has participated can be counted in the dozens. If we take the sustainable development of a city or region really seriously, we must prove that changes are taking place – changes for better quality of life for our citizens. In this process, we are assisted by the Healthy City and Local Agenda 21 programmes and their criteria. They show us what we are doing right and help us to identify the weak points and the problematic areas that need our attention. It saves our energy and money and shows us a clear way forward.”

– Petr Reznicek, Mayor of Chrudim

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## Country facts

Population: 5.6 million  
Urban population: 87%  
Population living in healthy cities: 84%

## Network facts

Established: 1991  
Members: 60



## Background

The Danish Healthy Cities Network was established in 1991 with the aim of developing methods and guidance for health promotion and disease prevention and anchoring this work locally.

Today, the Network is organized as an independent NGO and is funded by membership fees. The Network redesigned its organizational structure and strategy in response to a national reform in 2007, which placed responsibility for health promotion at the municipal level. The Network's membership has grown substantially since then, as cities and health professionals turned to the Network as a place to discuss, learn and develop health promotion and disease prevention strategies at the local level. Members of the Network take part in both developing and putting Network methods into day-to-day practice, thereby serving as models for all 98 municipalities and five administrative regions in Denmark. Representing two thirds of Danish municipalities and two regions, the Network has become an established NGO with a national voice.

## Strategic focus

The Network operates according to a four-year strategy (2013–2016), which focuses on four action areas that are implemented through annual action plans. These areas include:

- intersectoral cooperation on disease prevention and health promotion at both the national and local levels;
- equality in health by creating opportunities for a healthy life for all citizens;
- structural disease prevention, for the purpose of enhancing the effective prevention initiatives; and
- strengthened professional standards within health promotion and disease prevention.

The Network forms subnetworks to share experience and develop expertise on specific issues and methods for implementation. The Network currently has nine subnetworks working on the topics of tobacco, alcohol, nutrition and physical activity, health in all policies, healthy workplaces, employment and health, the use of nature in health and mental health. The work of these subnetworks, some of which are in their second decade of operation, culminates in guidelines that crystallize best practices, aim to raise professional standards and give insight on how to engage difficult-to-reach target groups.

## National partnerships and expertise

By consistently responding to areas of national priority, the Network has developed expertise that is recognized as a national resource by the government, Danish NGOs and associations of administrative regions and municipalities in Denmark. For example, the Danish Health and Medicines Authority commissioned the Network in 2013 to develop courses for municipal employees, and the Ministry of Health has given the Network nine consecutive years of funding for local work on health promotion and disease prevention.

The Network has four key partners that also participate in the Network's board: the Danish Health and Medicines Authority, the National Institute of Public Health, the five administrative regions and Local Government Denmark. The Network builds partnerships with other NGOs, national boards and research institutions according to mutual interests and the goals of its projects and activities.

## A future with tradition and innovation

In the coming years, the Network will focus on implementing WHO's Health 2020 strategy by working on the themes and goals of the Phase VI programme of WHO Healthy Cities. The Network will increasingly focus on developing organizational, communicative and innovative methods to support members in working on health and well-being.

The aim of the Network's activities will be to support municipalities in implementing health in all policies and to respond in the best way possible to the determinants of health. These activities will continue to be developed through subnetworks. In 2014, the Network will launch a project on community resilience, which simultaneously responds to Phase VI goals and contributes to developing a model of new public governance for municipalities. This new model responds to the demographic changes in Denmark, which have heralded a paradigm shift towards a welfare state model focusing on health promotion solutions that involve citizens.

The Network will continue to be active within the European Network of National Healthy Cities Networks, sharing its own best practices and making European best practices and research available to municipalities in Denmark.

## A network of innovation agents

The Danish Healthy Cities Network established a network of innovation agents in 2013, which involved 70 innovation agents from 26 cities. Each member city nominated 2 to 4 local government professionals to take part in this network, whose aim was to overcome obstacles to intersectoral collaboration. The purpose was to start small projects in support of health in all policies to innovate new working methods and partnerships that ultimately would benefit the health and well-being of citizens.

## Responding to national recommendations

The project responded to the national agenda set out by the Danish Health and Medicines Authority in 2012–2013, which set out 11 theme-based disease prevention areas with about 300 recommendations. Project participants were required to work with these themes and recommendations. The Ministry of Health financially supported the network of innovation agents as a way to promote health in all policies in Denmark.

## Flying under the radar

The network of innovation agents met four days during six months in 2013. The meetings were organized as workshops and action learning days. Each project team developed an idea across the sectors they represented and designed it to fit the needs of target groups.

Instead of planning a full-scale project and rolling it out in the whole city, they tried it out as a prototype and later evaluated it. If the project was deemed worthwhile, it was adapted according to the evaluation's feedback and scaled up to a city-level initiative. If the project seemed of little value, it was dropped. This allows cities to experiment with new approaches with minimum costs.

The project operated under five rules.

1. Flying under the radar, as suggested above, refers to the need for a project to be of a small enough scale to avoid the limiting effect of strict management and planning rules on innovation.
2. Picture the idea and test whether or not it will benefit the target group and fulfil their needs. Be aware that it is not your need that the idea will fulfil.
3. Just do it. Try a prototype of your project and, if it works, make it larger next time.
4. Take personal responsibility for the leadership of the project.
5. Work intersectorally. Work with the people who are interested and, if these people are dedicated to the project, let their engagement and passion be shown. This will make others interested too.

## Tools for change

The project used an innovation tool from Stanford University called the need, approach, benefit and competition method. This moves the focus of initiatives to the needs of target groups and away from the needs and interests of the people who design them. Project participants were introduced to co-creation and co-production tools and received a day of training on personal empowerment and leadership. The project also demonstrated to participants the value of networking, which avoids the risk of reinventing the wheel and creates a supportive environment in which professionals can ask for help and get feedback on their ideas. The project culminated in the publication of 28 prototypes, spelling out new approaches and ideas to improve the health and well-being of citizens.



J. Howard Miller for Westinghouse Electric

## Website of the Network (<http://sund-by-net.dk/danish-healthy-cities-network>)

Go to the link above to access these documents in English:

- statutes, May 2013
- the Danish Healthy Cities Network strategy 2013–2016
- health in all plans – summary of publication 2012
- equity in health – summary of publication 2011.

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“Cross-sectoral cooperation, the involvement of civil society and health promotion and disease prevention are some of the keywords in a modern health policy. As Minister for Health I find the Danish Healthy Cities Network to be a living example of how these can be developed and implemented with success.

The Network engages more than half the municipalities in Denmark and has for decades underpinned national health policies at the national level through action on health promotion and disease prevention locally. The Network has shown itself to be a very valuable and innovative forum for implementing preventive methods and sharing best practices across a broad range of actors. The value of the Network is also stressed by the financial support from the Ministry of Health.

Furthermore, the Network has shown itself to be an important actor in combating inequality in health. By working systematically and strategically with the main risk factors impacting our quality of life and expected lifespan, the Danish Healthy Cities Network has proved its added value as a platform for exchanging know-how and perspectives on how to cope with inequality in health.

The network is a role model for cross-sectoral cooperation across policy areas and administrative levels in Denmark (government, the administrative regions and the municipalities), which together with a focus on disease prevention is key to ensuring a higher lifespan with greater quality of life for all Danish citizens.

It is my ambition to create a health promotion and disease prevention policy in Denmark in which partnerships between municipalities, civil society, the private sector, the regions and the governments contribute to create health promotion to the benefit of all of us. One of the sources of inspiration is the Danish Healthy Cities Network.”

– Astrid Krag, former Minister for Health, Denmark (2011–2014)

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## Country facts

Population: 5.4 million  
Urban population: 84%  
Population living in healthy cities: 24%

## Network facts

Established: 1996  
Members: 20



NATIONAL INSTITUTE  
FOR HEALTH AND WELFARE  
FINLAND

## Background

Seven municipalities established the Finnish Healthy Cities Network in 1996. These municipalities came together as part of a project (Terveyttä kaikille vuoteen 2000) that supported the local implementation of Finland's policy for Health for All by the year 2000 in 1986–1998. 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 a platform 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.

Today the Network has 20 members, including 16 municipalities and four counties. The network operates according to a four-year strategy that guides its annual action plans.

## Key objectives

The Network gathers together communities that want to emphasize health promotion as a strategic goal and a guideline for action. The Network's overall goal is to improve the well-being of the population through health promotion, disease prevention and strategic management activities. Special attention is paid to leadership for health, action planning and evaluation. The Network produces and disseminates knowledge on determinants of health and effective methods for taking action to improve health derived through evaluation.

## Strategic partnerships

The Network is coordinated by the National Institute for Health and Welfare (THL) within its Health Behaviour and Health Promotion unit, which is located in Helsinki. The Institute is a well-known and respected expert organization in Finland. It has broad networks within Finland that can be used to support and promote work on healthy cities. The Network also cooperates closely with the Baltic Regional Healthy Cities Association, located in Turku, and other networks and projects in Finland on topics related to smoking, cycling, well-being in schools and health inequalities. It holds a strong position in Finland in health promotion.

## Enabling cities to act

The Network supports cities in better fulfilling their statutory responsibilities in health and welfare promotion. For example, Finland's cities are required to produce a health and welfare report every year and a more comprehensive study every four years. Cities are supposed to plan their actions in accordance with the current national health care act. Moreover, the Network mobilizes the national level to facilitate mutual support and understanding of local needs and requirements for action, contributing to the overall development of health promotion in Finland. Recent actions included a seminar to discuss the effects of municipal reforms on local-level health promotion and a practical case study workshop on the practical implementation of health in all policies. The Network widely disseminates its best practices.

## Future directions

Moving forward, the Network aims to continue to focus on health inequity and social exclusion, creating opportunities for cities to share knowledge and identifying good practices for tackling health problems. It aims to seek to increase its membership as well as the visibility and impact nationally. The Network aims to strive to show national leadership in the implementation of the government's Health 2015 public health programme and continue to take part in the WHO European Healthy Cities Network.

### Website of the Finnish Healthy Cities Network ([www.thl.fi/tervekunta](http://www.thl.fi/tervekunta))

Materials on healthy cities are available in Finnish ([www.innokyla.fi/web/verkosto475984/materiaalit](http://www.innokyla.fi/web/verkosto475984/materiaalit)) and there is a Finnish Healthy Cities Network newsletter in Finnish ([www.thl.fi/hyte\\_verkostokirje](http://www.thl.fi/hyte_verkostokirje)).

Innovillage is a resource providing tools, events and support for collaborative and open development of different ways to promote health and welfare in English and Finnish ([www.innokyla.fi/about-innovillage](http://www.innokyla.fi/about-innovillage)).

## PAKKA - an approach to prevent alcohol-related harm

Finland's laws prohibit selling, serving or supplying alcohol to minors or clearly intoxicated people. The aim of Finland's local alcohol policy approach, PAKKA for short, is to spur local actors into promoting compliance with the national law.

The approach was specifically developed for action at the local level. It integrates official supervision and regulation with unofficial social regulation to prevent alcohol supply to minors, to promote responsible alcohol trade and to minimize alcohol-related harms.

Key objectives of the approach are to promote responsible retail sales and licensed serving and to join the forces of official regulation, responsible markets, substance abuse prevention services as well as the media and the public.



The development of the PAKKA approach was based on the comprehensive research carried out by STAKES – the predecessor of the National Institute for Health and Welfare in the beginning of the 21st century. The model was implemented in many Finnish cities, including some of the healthy cities. Pori Healthy City developed the model further, with the involvement of the Network, and some of the practices were rolled out nationally.

### The approach

PAKKA has a very concrete approach.

- The age limits for alcohol sales are better monitored by the sellers of alcohol.
- Alcohol is not sold or served to clearly intoxicated people.
- Difficult sales and serving situations are identified, and methods to cope with such situations are developed.
- The public is provided with information on alcohol-related harms, and the media and civic engagement encourage the public to actively take part in changing the local attitudes towards alcohol consumption.
- It is ensured that alcohol advertising and other types of sales promotions do not target minors.
- Local officials, the public and the alcohol industry work together to improve the industry's self-supervision.

Joint targets are defined in cooperation with the relevant actors and monitored either by the companies themselves, through test purchases of alcohol, or by a test purchasing scheme developed as part of the PAKKA project.

### Creating visibility at the local level

Several tools are used to raise concern about and awareness of alcohol-related issues locally. Actions include:

- greater media coverage and introducing more public debate about alcohol problems and prevention strategies;
- securing the necessary resources and the commitment of decision-makers and officials;
- using different kinds of tools, such as social pressure and rewards, to encourage local entrepreneurs and employees to adopt the PAKKA approach; and
- harnessing the whole community to control the age limits, including alcohol supply to minors and the unofficial availability of alcohol, with young people and parents being key actors.



© National Institute for Health and Welfare

## Pulling it together - a partnership approach

Municipalities begin the process by appointing working groups focusing on alcohol supply. These groups cooperate with retail sales, licensed serving establishments, the national alcoholic beverage retailing monopoly (Alko Inc), relevant trade associations, local officials, regional alcohol inspectors and the police. The groups discuss issues relating alcohol supply, highlight problems and seek out good practices to address them. This group also identifies joint measures for the region. Actions of these groups include:

- regional forums and seminars on substance abuse that also function as local community consultation and cooperation events;
- monitoring campaigns, with warning examples;
- immediate action if alcohol supply to minors is detected; and
- creating a tool for easy reporting to regional alcohol inspectors if obvious flaws in alcohol sales or licensed serving are detected.

## Building trust - the foundation for cooperation

The PAKKA approach relies on the mutual trust of various actors. Building that trust takes time, and this should be taken into account in all plans and actions. For example, a requirement for high-quality training on responsible retail sales and restaurant serving is that it should be adjusted to existing industry frameworks for self-supervision. The existence of genuine trust between actors enables the successful establishment of a joint set of practices for responsible alcohol serving, sales, supervision and substance abuse prevention. PAKKA increased the understanding of what can actually be done in Finland to reduce alcohol-related problems and how.

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### Country facts

Population: 65.7 million  
Urban population: 50,3%  
Population living in healthy cities: 18%

### Network facts

Established: 1990  
Members: 86



## Background

Just after the First International Conference on Health Promotion in 1986 that led to the Ottawa Charter for Health Promotion (2), several people from French-speaking countries got together to plan how health promotion principles could be put into effective local action. Led by Annette Sabouraud, a political representative of the City of Rennes, France, this discussion developed into a French-speaking healthy city network and soon afterward, the network covering France.

## Organization and partnerships

The French network became an independent, formally certified association in 1990. Its 86 members are exclusively city or metropolitan councils represented by their health politician and a member of staff. Although the network cooperates with a wide range of partners, only local councils can become members. Thirteen cities (represented by their vice mayor for health) comprise the management committee. The network has two permanent paid staff members who are supported by occasional students or project workers. The management group, in particular the chairing city, provides valuable additional support.

The annual membership fee directly covers half the network's costs, and project grants, mostly from the health ministry, cover the other half. Other institutional partnerships are also important supporters of the network: the School of Public Health and the Institute of Health Education both provide free offices, meeting rooms and other practical support.

## Regional networking

The network organizes 2–3 national events per year. However, since France is a large country, five regional networks have been established to overcome geographical barriers to networking. Each regional network covers 10–15 cities and organizes about two meetings per year. These meetings are less formal than the national conferences and allow for real sharing of ideas and practices. The close proximity of the meetings allow several people from the same city to attend (both politicians and technical staff).

## Supporting action to reduce local inequalities

The overall aims of the network are to reduce health inequalities and to promote health in all local policies. Network actions are developed using the following process. It chooses a related topic; sets up a working group of cities; carries out survey of members' views and actions; organizes a national conference; publishes a book on the outcomes; and, where possible, regional training events are organized. Conferences, publications and other network products are always provided without charge to members. In the past five years, topics have included housing and health; healthy parenting; active mobility; city health profiling; and promoting the health of travellers. The network is currently producing a series of brochures about how local authorities can improve primary care services and about air quality and health.

## Responding to national priorities

The network supports cities to react to national priorities such as establishing local health contracts between the city councils and their regional health service. It also represents healthy cities at national level – for example, during the development of the new health law, sitting on the National Committee on Public Health and also the National Council for Air.

## Supporting decision-makers

For the 2014 municipal elections, the network developed a pack of information for newly elected politicians. It included leaflets and presentation slides about determinants of health, public health and the network's activities as well as three short films about health in all policies, healthy urban planning and inequalities and article references.

## Looking towards the future

The French network continues to grow strongly. National events and regional meetings are well attended by both city politicians and technical staff. The most recent national conference was on green spaces, urban planning and health. In addition to organizing conferences on major topics, the network experimented by also holding a smaller event. Called the National Meeting for Healthy Cities, this one-day event was only open to members and included interactive workshops. It focused on WHO's Health 2020 strategy.



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## Active mobility: a guide for local governments

To illustrate health and health equity in all policies, the Network has developed several topics such as housing and health, the health of travellers and healthy parenting.

The topic of active mobility has been particularly successful for the network. We have found that talking about health in all policies remains lip service if it is not illustrated by practical examples. Encouraging people to use active forms of transport, such as walking or cycling, is important on several fronts. It promotes daily physical activity, creates more friendly streets with fewer cars and improves the city's air quality.

### A multisectoral approach

Cities in France have found that active mobility can be increased by working with:

- urban planners to improve the design of new neighbourhoods;
- local communication departments to develop new pedestrian maps of the city's focal points;
- road services to increase pavement width, pavement markings and to increase the number of shared roads in which motor vehicles are limited to 20 km per hour;
- parent-teacher associations to organize walking buses for children to get to school; and
- public transport providers to improve intermodal transport (the links that allow people to use two or more modes of transport in a journey).

### Information that stimulates action

In 2010, the network organized a national conference in which experts and municipalities shared their experiences in promoting active mobility. Led by the healthy cities network for the eastern region, a 100-page well-illustrated book was written that described health effects and how to get active mobility higher up local councils' priorities and provided 12 fact sheets (Box 9) covering various practical aspects of how a city council can develop sustainable mobility. The book clearly spells out the role of local authorities in active mobility, their opportunities to take action and the collective benefits to society of doing so.

### Building on existing frameworks

Rather than emphasizing creating an active mobility project or plan, the publication provides clear guidance on how to integrate active mobility into the existing council policies. This process starts by identifying the relevant statutory local policies and plans in France. A table lists the name of the plan, which department is responsible for managing the plan, how frequently it is revised and the geographical area it covers. A chapter is devoted to the approaches local governments can use to develop local strategies.

More than 1200 printed copies of the book were distributed. The book, which can also be downloaded from the network's website, and is also available in English and Russian.



The cover of the book on active mobility: a guide for local governments. Reproduced with permission from the French Healthy Cities Network.

### Box 9. Fact sheets on active mobility in France

1. Traffic-calmed areas
2. Bike schools
3. Going to school on foot: the walking bus
4. Pedestrian signs
5. The development of green places and spaces
6. The ICAPS programme [intervention focused on adolescents' physical activity and sedentary behaviour]
7. The walkability of an area
8. Bike-sharing schemes
9. Developing school playgrounds
10. Journey time maps for pedestrians or cyclists
11. Developing the range of public transport
12. Group walks

### French Healthy Cities Network ([www.villes-sante.com](http://www.villes-sante.com))

A wealth of information on the French network and a wide range of documents are available in French. Key documents are listed below:

- Network statutes (go to “Le Réseau” then “Missions”);
- Mobilités actives au quotidien, le rôle des collectivités (see Spotlight article) (go to “Publications” then “Guides du réseau”); and
- La santé en Actions: 20 ans des villes-santé (go to “Publications” then “Guides du réseau”).

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“The French Healthy Cities Network is increasingly being consulted by national leaders. Eight members of the Network were invited by the President’s special adviser to discuss urban health policies. The Network was interviewed by both chambers of Parliament during amendments to the new health law. The Network is participating in organizing a National Day for Clean Air, a first for France. It is an exciting time for us!”

– *Charlotte Marchandise-Franquet, Deputy Mayor, City of Rennes and Chair, French Healthy Cities Network*

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### Country facts

Population: 80.5 million  
Urban population: 74%  
Population living in healthy cities: 25%

### Network facts

Established: 1989  
Members: 75



The roots of the German Healthy Cities Network are found within the Ottawa Charter for Health Promotion (2). The Network was initiated in 1988 when the secretariat was established, and it was officially launched in 1989 by 10 founding cities. Today, the Network has 75 members and it celebrated its 25th anniversary in May 2014.

The Network is a voluntary association of municipalities that seeks to promote health in communities. The key aims of the Network are reporting health status, civic participation, self-help initiatives and implementing intersectoral health promotion approaches. The Network has several partners, including national health insurers and national-level institutions such as the Federal Centre for Education, the German Association of Prevention and Health Promotion and the German Institute of Urban Affairs. Health insurers invest in some of the Network's projects in the expectation of limiting treatment costs through the Network's preventive measures.

## Leading with citizens

The Network has a unique feature: it works with self-help groups that lead community-based initiatives and projects. Leaders of self-help groups, or community-led initiatives, represent citizens at the Network's annual general assembly with voting rights. The involvement of communities is a direct criterion for participating in the Network (Box 10). Each city has two votes – one vote represents the municipalities and the second vote represents the perspective of the self-help groups.



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### Box 10. Requirements for participating in the German Healthy Cities Network

1. Support healthy city concepts and the goals of the Network with a council resolution.
2. Appoint a coordinator and set up a healthy city office.
3. Set up structures to support intersectoral cooperation.
4. Create mechanisms to include health in all public planning and decision-making.
5. Create a framework for citizen participation.
6. Report on health.
7. Participate in Network activities.
8. Exchange information.
9. Report experiences and success to the Network every four years.

## Looking towards the future



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The speakers' council comprises 10 members, and four substitutes, who are elected by the general assembly every three years. Reflecting the configuration of the Network's general assembly, there are five municipal and five community self-help group representatives in the council.

The secretariat supports the aims of the Network and its committees. It is an information centre for potential members and the key contact for partners, including professionals, ministries, other healthy cities networks and WHO. The office provides direct support to cities in implementing the healthy cities programme. The Network works according to a nine-

point programme, which serves as the Network's membership criteria (Box 10). Members pay a fee to the Network, which varies based on population.

## Centres of competence

The Network has developed several centres of competence (Table 5) across Germany. Member municipalities with extensive experience in a specialized field, with adequate resources to communicate expert knowledge with the rest of the network, acts as an information centre for members looking to initiate work in the respective area.

**Table 5. Centres of competence in healthy cities in Germany**

Location	Area of expertise
Halle (Saale)	Neighbourhood-based, citizen-oriented, urban development
Berlin Friedrichshain-Kreuzberg	Migration, integration and health
Frankfurt am Main	Migration and public health
Herne	Health conferences
Rhein-Kreis Neuss	Health promotion and health monitoring in childhood and adolescence
Stuttgart	Health promotion in childhood and adolescence
Kreis Unna	Community health management and consumer health protection
Cologne	Healthy ageing

## Twelve milestones for improving quality

The Network adopted a strategy in 2004 that embraces the broad determinants of health and aims to include health in all policies. The Network supports this aim by including self-help groups across several activity areas, which are based on life-course approaches and respond to the demographic changes in cities. The Network's goals are expressed as 12 milestones for quality improvement (Box 11).



### Box 11. Twelve milestones for quality improvement

1. Improving cooperation between the self-help groups and initiatives and the municipality
2. Developing and defining indicators for community health reports
3. Developing and declaring community health goals
4. Developing and arranging local activity plans for health
5. Implementing methods to assess the compatibility of community decisions and health
6. Strengthening the management competencies of communities while implementing community health promotion
7. Strengthening the effectiveness of the nine-point programme for profile formation through healthy cities coaching
8. Further developing quality standards for continuously improving healthy cities activities
9. Establishing further centres of competence
10. Establishing further regional subnetworks
11. Further developing the Network's nine-point programme
12. Enhancing financial resources for the Network and healthy cities

### Website of the Network (<http://www.gesunde-staedte-netzwerk.de>)

The website is in German only. To find:

- the idea of the Network, click on “Die Idee”;
- the nine-point plan – complete details (“Die Idee” then “9-Punkte-Programm”);
- publications and declarations (“Publikationen”); and
- centres of competence – detailed summaries and contact details, “Das Netzwerk” then “Kompetenzzentren”.

## Key achievements

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### Healthy Cities News

The Network has its own magazine called “Healthy Cities News”, which is published twice a year by the Network’s secretariat. The magazine reports on new members, partnerships and conferences at which the Network was represented. Members contribute articles on activities and projects ongoing within their communities, describing their strengths and weaknesses and providing contact details.

## Competence forum

The Network has introduced a new instrument called a competence forum. This forum functions as vocational training within the Network and generates extensive professional exchange between Network members. These workshops usually last from one to three days and are related to various areas of interest for community life.

They are not necessarily organized by one of the centres for competence, since guest speakers are always invited. Every workshop event is related to one topic, and the representatives of the member communities taking part can deepen their expert knowledge and exchange their experiences.

## Growing up healthy for all

Growing up healthy for all is a partnership process between communities that are willing to set up “prevention chains” for promoting the health of children and adolescents. The partnership process was initiated by the Federal Centre for Health Education and is operated with the Gesundheitliche Chancengleichheit (Equal Chances for Health) partnership, the key community organizations and the German Healthy Cities Network.

Municipalities already offer various support programmes for family, children and adolescents in a state of social difficulty and contribute to improving health equity. However, the services of the various actors (such as local health authorities, youth welfare service and the field of education) often coexist without any coordination. The formation of prevention chains helps to harmonize services and approaches beyond their usual responsibilities and thus make offers of assistance from birth through the beginning of professional education more effective.



“The German Healthy Cities Network represents the interests of community health promotion and supports the interests of local politics; thereby municipalities are achieving a steadily increasing value in our pluralist health system – especially related to settings-related health work.”

– Karsten Mankowsky, *Departmental Head of Health and Environment, Rhein-Kreis Neuss, Germany*

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**Country facts**

Population: 10.8 million  
 Urban population: 62%  
 Population living in healthy cities: 53%

**Network facts**

Established: 1991  
 Members: 153



The Hellenic Healthy Cities Network was first established in 1991 and later registered as a legal organization in 1994. Over the years, the Network underwent a series of reorganizations, designed to make it more robust. In 2011, three Greek health promotion networks merged under the healthy cities umbrella to create a unified Hellenic Healthy Cities Network. Today, the network has 153 municipal members.

The Network is governed by its general assembly and the Board of Directors, which is assisted by a scientific advisory committee. The municipality that holds the presidency of the Network also hosts the Network's coordination office. The Network is a not-for-profit company, and its revenue comes from membership fees and sponsorship.

## Strategic goals and partnerships

The overall objective of the Hellenic Healthy Cities Network is to provide cities with the scientific and technical support they need to implement the healthy cities programme, according to the criteria set by WHO for European national healthy cities networks and their member cities. The Network supports cities:

- in setting up healthy city offices, training local personnel and developing innovative local programmes based on Health 2020 and Agenda 21;
- in responding to new demands on municipalities, such as the expected decentralization of new responsibilities for urban health and social protection to the local level;
- in empowering and educating local citizens;
- in disseminating information widely on health promotion, environmental protection and on improving the quality of life;
- by creating a database and an information network on the research and analysis of factors that impact population health;
- by acting on funding opportunities offered by the European Union and the national government;
- by promoting cooperation and exchange among Greek cities and with the Network of European National Healthy Cities Networks; and
- by establishing the Network as a leading national actor on determinants of health with strategic alliances and partnerships.

In the past, the Network has worked closely with the Ministry of Environment, the Ministry of the Interior, employers, unions, other NGOs and public and private entities. The Network is now seeking to establish permanent, institutionalized cooperation agreements with the Ministry of Health and the Ministry of Social Protection in the context of implementing WHO's European health policy framework – Health 2020.

## Creating a national impact

A great achievement of the Network has been the integration of three major municipal networks working in health promotion in 2011. This amalgamation improved the position of the Network nationally and created a new dynamic by bridging expertise and resources and building a common vision for strengthening local governments.

The Network has had nationwide impact on preventing disease. For example, more than 30 000 women have been tested for osteoporosis as a result of another of the Network's major disease prevention programmes.

The Network also participates in Vodafone Greece's telemedicine programme. It has implemented it in 28 remote towns and villages, associating these communities with a hospital in Athens. The telemedicine is Vodafone's initiative, and it is a partnership between Vodafone, Vidavo and Athens Medical Centre. The project has been so successful, that the Ministry of Health and Vodafone has already extended it to 100 more non-member cities.

## Responsive to need

The Network, and its member cities, reacted quickly in the face of economic crisis and the emergence of new, unexpected social problems. It created a nationwide network and a social safety net, and moreover, it has managed to build solidarity between members to facilitate action to protect citizens from economic poverty.

### Website of the Hellenic Healthy Cities Network (<http://www.eddyppy.gr>)

Information is available in Greek on the network's organization, structure, major activities and publications, along with the Network's quarterly magazine (<http://cdn.3dbook.gr/for-free/3dbooks/ygeia-omorfia/ddy-30/index.html#1>) and the prevention and control programme on the psychomotor development of babies and toddlers ([www.ddy.gr/LinkClick.aspx?link=Images%2fbanner%2fdenver.pdf&tabid=37&mid=635&language=el-GR](http://www.ddy.gr/LinkClick.aspx?link=Images%2fbanner%2fdenver.pdf&tabid=37&mid=635&language=el-GR)).

## Community resilience and networking: protecting children's health during an economic crisis

In the midst of economic crisis, the Network embarked on a health project that would lead to the testing of more than 15 000 schoolchildren from 33 municipalities. This action began on signing a cooperation agreement with the Ministry of Education. The aim was to clinically measure the level of health of pupils aged 6–15 years old. The greatest challenge to the project was the fact that the Network had no funds to spend. It called upon the healthy cities method, the resources within its own Network and volunteers.

### Harnessing community resources

The Network office planned the project and then invited coordinators and politicians to a business meeting to discuss it in detail and to bring ideas to the table. With the help and supervision of the political representatives with responsibility for the healthy cities project and the healthy city coordinators, the programme was implemented in the health or social services offices of cities.

To launch the project, mayors sent a series of letters. First, letters were sent to each school in their municipality informing school principals about the project. Second, a letter was sent to all parents asking for their permission for their children to participate in the health programme. Another letter was sent to the medical association within each municipality asking for their cooperation. Finally, a personal letter was sent to doctors and dentists, which informed them of the project and asked for their voluntary assistance. If there were not enough volunteer doctors, the medical association had committed to sending volunteers in their place.

### Mobilizing action in schools

As a vital part of the plan, healthy city coordinators visited each school and discussed the details and the methods of the programme with school staff. This was of great importance because all of the school personnel played key roles in the running of the whole project.

Examinations took place within schools and lasted 3–4 days. Each doctor was obligated to record the children's examination results on a form created by the Athens Medical Association. Three doctors in each school performed the examinations: a paediatrician, an orthopaedist and a dentist. Following the examination, the municipal services sent parents a copy of their child's examination results and another to the central office of the Network for statistical analysis. The results of this analysis, which will form the basis for further action in cities, will be disseminated by the Ministry of Health and the Ministry of Education. The programme was implemented in spring 2012, and no problems were encountered.

### Action and evidence for and by the people

This project was designed to achieve the healthy city goals of equity in health and community resilience. It relied on intersectoral collaboration and on harnessing volunteers. The Network could not thank these volunteers enough, since they kept the programme alive and made it a spectacular success. Each municipality achieved collaboration between social services, health services, education services, schools, doctors and parents. With this cooperation, the Network and cities managed to create good and reliable statistical evidence and analysis on children's health. The project managed to get doctors to all those children whose families could not afford to visit one. We proved that, when working as a community, founded by people for the people, we can achieve great things.



“Urbanization has altered the face of Europe, giving cities a major role in shaping the social, environmental and economic conditions that determine citizens' health and quality of life. WHO's Health 2020 and the Phase VI WHO Healthy Cities framework recognize the influential role of mayors, and the Hellenic Healthy Cities Network has united around this agenda to improve the lives of Greek citizens in these difficult economic conditions.”

– *Georgios Patoulis, Mayor, City of Amaroussion and President, Hellenic Healthy Cities Network*

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“Our top priority is to help tackle health inequalities, which increase daily because of the economic crisis, high unemployment and significant cuts in health, social and welfare expenditure. This issue is of great concern to the Greek government and the Ministry of Health, which has taken measures to protect vulnerable populations. In this time of scarce resources, the Hellenic Healthy Cities Network is growing and expanding its activities with the support of volunteers.”

– Yannis Tountas, *Professor of Social and Preventive Medicine and President, Scientific Committee, Hellenic Healthy Cities Network*

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“As a doctor, I was taught about Hippocrates of Cos, who stated that ‘prevention is better than cure’. A good doctor was one who kept the residents of his city healthy, not only one who could only cure them. As a politician, I try to follow Aristotle’s concepts in Politics on the importance of a well-constructed city based on societal well-being. WHO Healthy Cities helps us to join the power of 153 municipalities in both of these aims.”

– Ioannis Ladopoulos, *City Councillor, Municipality of Chalandri and Vice President, Hellenic Healthy Cities Network*

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“Economic crisis has brought an enduring humanitarian crisis. Local societies have a responsibility to organize the actions and relations of citizens to reduce social alienation and to make the concept of solidarity a way of life. Local infrastructures, local organizations and charities and citizens should converge to eradicate homelessness and hunger in our cities. The Hellenic Healthy Cities Network forms an umbrella of protection for the most important thing in life – health.”

– Christos Gogos, *Deputy Mayor, Municipality of Byron and General Secretary, Hellenic Healthy Cities Network*

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## Country facts

Population: 9.9 million  
Urban population: 70%  
Population living in healthy cities: 10%

## Network facts

Established: 1989  
Members: 18



## Background

The city of Pécs was among the first members of the WHO European Healthy Cities Network in 1988. During the early years of its involvement in the healthy cities movement, one of its most important tasks was to create a national network for healthy cities within Hungary. From 1989, cities networked informally on healthy cities, and then formally when 10 cities established the Hungarian Association of Healthy Cities as a legal body in 1992. In 2014 the Hungarian Association of Healthy Cities changed its name to the Hungarian Speaking Association of Healthy Cities, with the aim of providing opportunities for cities with a high number of Hungarian minorities in the surrounding countries to join the Hungarian network. Today, the Association has 19 members. The Hungarian Speaking Association of Healthy Cities cooperates with health-related government and professional organizations and NGOs at the national, regional and local levels. As host of the national network's coordination, the city of Pécs has shown continual leadership.

## Organization

Mayors set the strategic direction of the network through their direct representation of member cities in the governing body of the Hungarian Speaking Association of Healthy Cities, the General Assembly. The General Assembly elects a President annually, who is the political leader of the organization, and a seven-member board that sets the strategic direction of the network. The Secretary General (the national coordinator) and the local coordinators are responsible for the day-to-day operations of the network. The network's secretariat is based in Pécs, which contributes financially to the office. The network's activities are funded through membership fees. Healthy city networking activities have been organized for 25 years without the regular external support of any organization, making the Hungarian Speaking Association of Healthy Cities unique among Hungary's NGOs.

## Achieving high standards

The Hungarian Speaking Association of Healthy Cities sets its annual priorities based on the core themes of the current phase of the WHO European Healthy Cities Network. The Association gives priority to achieving high standards and therefore sets strict membership criteria for cities, which are based on the criteria of the requirements of the WHO European Healthy Cities programme. The Association produces materials to help new cities to meet these criteria, and it provides ongoing support for all members

via training and events. Cities share methodological approaches, best practices and lessons learned within the WHO European Healthy Cities Network at these events. The Association also provides direct support to city leaders, politicians and partners of the local healthy city programme as required.

A major achievement of the Hungarian Speaking Association of Healthy Cities has been developing and implementing the methods promoted by the WHO European Healthy Cities Network. Core products have included city health profiles and city health development plans, which have been introduced and implemented across the network with the professional and financial support of the Association. It also helps member cities by providing professional materials to organize official WHO health days.

## A national partner

Cities in the Hungarian Speaking Association of Healthy Cities were the first in Hungary to work with innovative healthy city methods and tools for integrated planning on the wide determinants of health. This gained the network the respect and interest of a wide range of national partners. The Association has been a regular participant in government discussions on health issues, and it was one of the partners on the subcommittee for Hungary's National Health Development Programme. The Association is also a member of other national NGOs, for example the National Smoke-free Association. A list of the partners of the Hungarian Speaking Association of Healthy Cities is available in English on its website.

## Moving forward

In the future, the Hungarian Association of Healthy Cities wishes to strengthen its collaboration with the Network of European National Healthy Cities Networks to learn about good practices from other national networks and to share them with Hungarian cities.

## Shape Up Hungary

### Background

Shape Up Hungary was a project designed to prevent and reduce the number of overweight and obese children through community-level interventions. This national-level project took root as a result of the one city's experience in a European-level project. Between 2006 and 2008, the Healthy City Foundation of Pécs had joined 25 other European cities and to take part in the European Union-funded Shape Up Europe project with the participation of three schools. During this period, Pécs presented the project to the members of the Hungarian Speaking Association of Healthy Cities several times. Based on the interest of member cities and the positive experiences in Pécs, the Association launched Shape Up Hungary in 2008 with the financial support of Novartis Hungary.

Shape Up actively engaged pupils and students through collaboration with schools and families to influence the determinants of childhood obesity within the physical and social environment of schools and communities. This was achieved by focusing on educational interventions that built the competencies of children to design and implement initiatives that would make positive changes to their health.



### Getting set up

The Hungarian Speaking Association of Healthy Cities announced an internal call for its member cities to take part in the project. The call was open to schools of Association's member cities, but they had to apply with the local healthy city project office.

During the preparation phase, applications from 15 schools in 11 healthy cities were chosen to take part in the project, which lasted two school years: 2009/2010 and 2010/2011. The project began with a series of training events on health development and health promotion methods with the participation of two coordinators from every school. During the two academic years, various activities were organized in the schools, and both years ended with a Shape Up Week to present the project and its achievements to other interested schools in the city. Shape Up Weeks were open in every city for interested observers from schools and the community.

### A holistic approach

The network used a model called investigation – vision – action – change as its main method. It focused on creating abilities such as choice and critical interpretation. The project did not focus on obese children, and it did not stigmatize them, but instead it emphasized a holistic approach towards food, nutrition and physical activity, which is important in everyone's life.

### Positive impact on lifestyles

At the end of the project, a survey was carried on the impact of the two school years, including the awareness and the popularity of the project. The survey included the participation of eight control schools to enable comparison between Shape Up schools and schools that did not participate in the project. Students filled out 2674 questionnaires. The analysis of this survey showed that the project achieved convincing, positive effects on students' lifestyles during this short period.

### A resource for the future

Without financial support, the project could not be continued within a highly organized framework as before, but schools have organized individual health programmes. They used the methods and experiences of Shape Up Hungary, relying on the information they received from local healthy city coordinators.



## Online resources

The website of the Hungarian Speaking Association of Healthy Cities ([www.hahc.hu](http://www.hahc.hu)) offers information and key documents: (“About Healthy Cities”), a list and links to member cities (“Our member cities”), the latest information on network activities (“News” – available in Hungarian only), a list and links to partners (“Partners”), information on how to join the network (“How to join”) and network publications and WHO translations (“Publications” – available in Hungarian only).



“As the mayor of the City of Pécs, a founding member of the European healthy cities movement and the centre of the Hungarian national network, I have personally participated in the project since 1990.

Since then I have been taken part in several national and international conferences of healthy cities and other meetings of special international projects such as Sports for All.

I have therefore had the chance to follow continually the development of the programme.

I believe healthy cities is a very important project, as its overarching objective to improve the quality of life of citizens and to reduce harmful environmental consequences attracts broad political consensus among decision-makers, regardless of their political affiliation.

During the past 25 years, the member cities of the Hungarian national network have implemented several useful tools of the WHO European Healthy Cities Network. These include the preparation of a health profile, city health development planning, and, recently, health impact assessment in the local decision-making processes as a health filter to provide control over local government decisions.

Our membership in the Network of European National Healthy Cities Networks has provided our member cities with the possibility to learn various efficient methods to involve citizens in local decision-making processes, from preparation to implementation.”

– Zsolt Páva, Mayor of Pécs, Hungary and President, Hungarian Speaking Association of Healthy Cities

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## Country facts

Population: 8 million  
Urban population: 92%  
Population living in healthy cities: 52%

## Network facts

Established: 1990  
Members: 66



## Background

The Israel Healthy Cities Network was founded as a joint initiative of the Ministry of Health and the Federation of Local Authorities following the first workshop on healthy cities in Israel in March 1990.

Since 1997, the national network has been organized as a unit of the Federation of Local Authorities, and it is financially supported by the Ministry of Health. In the past two years, this support has been anchored by an agreement between the Director General of the Ministry of Health and the Director General of the Federation of Local Authorities. As part of this agreement, the Ministry of Health funded a full-time, professional national network coordinator and partly funded the salaries of nine healthy city coordinators. Network membership is open to cities, ministries, organizations and individuals.



## A strategic vision

The strategic focus of the Network is on advocating for integrated local health, equity in health and sustainability policies as well as on rational planning based on local needs and assets. The Network seeks to implement this vision via three-year strategic plans, based on the values, aims and priorities that underpin the healthy city and sustainable development approaches. The current plan (2013–2015) was formulated through a participatory process that involved all Network members. The Network's coordinating committee and chair, who are elected by the general assembly every two years, implement this strategy and oversee the day-to-day affairs of the Network.

## Partners for innovation and change

The Network provides an important testing ground for adopting and locally implementing the Ministry of Health's strategic goals, providing cities with direct support and training. The Federation of Local Authorities further assists the Network in communicating and coordinating with the initiatives of other ministries. The Network conducts courses with the Ministry of Health and other bodies. One of the courses was with the Israel Medical Association on healthy cities, covering broad areas of health promotion, sustainable development, partnerships, strategic planning and advocacy. The Israeli Medical Association, a partner and member of the Network, is the leading professional and academic body for physicians. The graduates volunteer within healthy cities. The Network extends its impact and influence through partnerships with

national organizations such as the Coalition of Organizations for Closing the Health Gaps, the Life and Environment NGO and the Ministry for Senior Citizens.

## Direct local support with a national impact



The Network places great emphasis on training and developing guidance. Training is made available to all members on methodological, procedural and thematic areas, and practical guidelines are developed through interdisciplinary working groups to assist local implementation. The Network's scholarly and practical materials are disseminated widely, constituting a national resource.

Training topics have included topics such as smoking, healthy nutrition, physical activity, adaptation to climate change, fundraising, social marketing and teamwork. This training also supports the implementation of the Network's practical guidelines, which include guidelines on city profiles, smoke-free cities, active cities and promoting healthy city nutrition.

A key role of the Network coordinator is to provide regular, direct professional support to city coordinators on their core tasks such as planning, specific interventions and holding local steering committee meetings. The Network has a special committee and a designated budget to assess local project plans and to support coordinators to upgrade their proposals.

One of the Network's tasks is to organize events and meetings of the Network's general assembly and governing bodies. Through these events member cities gain access to expertise, share their experience and outcomes, and take part in setting the strategic direction of the Network. Annual conferences are open to the general public and serve as a platform for disseminating the healthy city experiences.

## Going forward

As a member of the Network of European National Healthy Cities Networks, the Israel Network of Healthy Cities will strive to implement WHO's Health 2020 strategy and WHO European Healthy Cities Network Phase VI goals in all member cities of the Network. It will likewise seek to expand the Network's partnerships with other ministries and NGOs.

## City health profiles: building local knowledge and skills for change

Producing a city health profile is a requirement of membership of the Network, and one of the first steps a city takes as a healthy city. City health profiles define population health through the use of indicators on well-being, disease prevalence, socioeconomic conditions, lifestyles, environmental conditions, service utilization and other factors influencing health, such as traffic and crime. It is an essential tool for identifying health inequalities and informing local decision-making, and it is the basis for long-term, strategic planning for health and sustainable development. These robust documents are a national resource, allowing comparison between cities.

### Identifying gaps in capacity

Recognizing that there was a skills gap and a lack of data at the local level, the Network assembled a team of experts who prepared a toolkit to support cities through the process of developing city health profiles. The toolkit was first published and disseminated in 1996, and it has been updated several times (see website information). The implementation of the toolkit was supported by several training workshops. Over time, however, it became clear that healthy city coordinators needed direct assistance, and in 2005 the Network set up a coordinating committee to support and oversee the process.

### A shared process

As a first step, cities appoint a task group that works closely with the Network's project coordinator and expert team. This expert team includes representatives of the Ministry of Health, the Central Bureau of Statistics, universities and an expert on population surveys. Cities sign a contract with the Network which specifies the roles of all partners as well as payment for the service. The Network's project coordinator acts both as a facilitator and as a consultant to the city coordinators during the different stages of profile-building, and the coordinator is also responsible for writing the report. The expert team supports the whole process.

### Pooling resources and expertise

Data are collected from national and local sources and through a local population survey. These national data include all vital statistics, socioeconomic and environmental indicators available in national publications produced by the Ministry of Health, Ministry of Labor and Social Welfare and the Central Bureau of Statistics. The Central Bureau of Statistics contributes by drawing random population

samples of people 22 years and older and provides weights for population estimates in each city. The Ministry of Health provides statistical analysis. The local coordinator is responsible for collecting local data from municipal sources.

The local population survey is a face-to-face interview conducted by trained interviewers. The added value of the population survey is in identifying health inequalities and their determinants. The survey provides information about the attitudes, opinions and aspirations of the population in relation to health behaviour, environmental issues, the use of services and degree of satisfaction with conditions and services.

“As Mayor of the City of Ma’alot-Tarshiha, I adopted the concepts and policies of a healthy city in 2001. In 2012, we completed our city’s health profile under the professional guidance of the Israel Healthy Cities Network.

The city’s health profile presented us with a clear picture of the health status of Ma’alot-Tarshiha residents and of the social and environmental determinants of health as they pertain to different areas and population groups in the city. These comprehensive data allow us to act knowledgeably and to appropriately address the needs of our city.

Among the key elements of a healthy city is the principle of working in partnerships, which is an important tool I use in managing the city’s diverse needs.”

– Shlomo Buhbut, Mayor, City of Ma’alot-Tarshiha and former Chair, Federation of Local Authorities



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## Identifying priorities for action

The city task group identifies the determinants of inequalities as well as vulnerable groups of citizens in consultation with municipal leaders. These might differ between cities. For example, in city A, residence in a specific neighbourhood as well as the year of immigration to Israel may be the key determinants of inequality, whereas in city N, it is the year of entry to the city that may be the key determinant. The profile report is presented first to the mayor and high-level local officials and later to the steering committee, which decides on priorities for action.

## Moving forward

The Network has supported eight cities in producing profiles. Access to research funding has enabled the Network to minimize local costs. The Network is now in this process in five more cities.

### Website of the Network ([www.healthycities.co.il](http://www.healthycities.co.il))

Click on “Publications” to access the following publications. For English publications, click on “English website” and go to “Publications”:

- Active and healthy city (Hebrew)
- A healthy and sustainable city – guidelines for implementation (Hebrew)
- Smoke-free city – guidelines for implementation (Hebrew)
- City profile as a basis for planning for health and sustainability
- Healthy cities in Israel (2008)
- newsletters (Hebrew).

©Federation of Local Authorities



“The Israel Healthy Cities Network is a unit inside the Federation of Local Authorities and is conducted in an independent and professional way. The Federation of Local Authorities established a Health Committee that deals with health issues and the role of the local authorities in working to minimize health gaps. The Network is a full partner in this committee’s discussions.

The Federation of Local Authorities nominated a representative who works closely with the national coordinator and the healthy city coordinators, to promote and assimilate the Network’s policy concepts among decision-makers.

The Network is also the representative of the Federation of Local Authorities in national programmes aiming to facilitate their implementation on the local level in accordance with healthy city concepts. Further, the Network is a partner in a consortium that includes all the professional unions of workers in local authorities.

I hope and expect to expand the number of local authorities that will adopt the principles of healthy cities, to improve the quality of life and health of our residents.”

– Haim Bibas, Mayor, Modiin-Maccabim-Reut and Chair, Federation of Local Authorities

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**Country facts**

Population: 60.6 million

Urban population: 69%

Population living in healthy cities: 19%

**Network facts**

Established: 1995

Members: 73



## Background and organization

The healthy cities movement in Italy began informally in 1989. The Italian Healthy Cities Network was established as a network of cities in 1995, when 40 cities signed a joint political agreement with the aim of working on health promotion and disease prevention campaigns. The Network was relaunched as an independent, not-for-profit association in 2001. Today, the Network involves 73 cities, and in October 2013 membership was opened up to regions.

The Network's main governing body, the general assembly, comprises politicians (mayors, councillors 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 leads and manages a technical committee that is responsible for implementing the politicians' recommendations. The technical committee comprises coordinators of cities that are also members of the WHO European Healthy Cities Network and several coordinators of member cities of the Italian Healthy Cities Network. The technical committee is elected by the general assembly. The Network is funded and operated through membership fees.

The main strength of the Network is derived from the unified leadership of the steering committee, the commitment of Network members to reach shared objectives, strong local and national partnerships, communication activities and national campaigns. The Network strongly believes that a healthy city is not that one that has reached a particular level of health but one that chooses to vigorously improve it.



## Goals and work areas

The Network's goals are inspired by the principles that underpin WHO's Health 2020 policy and Healthy Cities programme: equity, health promotion, community participation, intersectoral action and sustainability. The Network's key work areas include: sustainable mobility, healthy food habits, physical activity, healthy lifestyles and the relationship between the environment and health.

The Network seeks to improve the health status of cities by acquiring and sharing tools, ideas and projects that enable cities to take action. The Network builds national resources for health promotion by collecting local experience and knowledge, analysing it and widely disseminating replicable best practices.

## Support to cities

The Network offers annual meetings that facilitate exchange and bring expertise on health priorities such as food and health and health promotion as an antidote to crisis. It provides members technical support on projects and events and organizes additional training events and workshops for local politicians and healthy city support staff. The Network awards a Health Oscar to cities that have submitted projects that show innovation, citizen participation and transferability.

The Network's website offers resources on urban health policies and public health management, including papers and local case studies. The Network's newsletter highlights local activities and provides information on European Union funding opportunities and health-related initiatives. The Network further supports its members by raising the profile and visibility of healthy cities at the national and international levels.

## Partnerships

The Network has a broad range of partnerships with organizations, including:

- the National Institute of Health (ISS);
- the Italian Centre for Disease Control and Prevention (CCM);
- FEDERSANITÀ – a federation of authorities and hospitals;
- the National Association of Italian Municipalities (ANCI);
- the Department of Social Affairs and Welfare of ANCI; and
- Shiatzu National Federation – a partnership that brings the network in touch with alternative medicine.

At the local level, the Network collaborates with local public health care companies, with Italian regions and local private partners.



## Moving forward



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In the coming years, the major focus of work within the Network will be on the local implementation of WHO's Health 2020 and the themes of the WHO Healthy Cities programme in Phase VI. The Network has a historical partnership with the Ministry of Health, which it will seek to renew. Further, the Network will develop its communication strategy to further extend the Network's reach throughout Italy, and especially in the southern part of the country.

### Website of the Italian Healthy Cities Network (<http://www.retecittasane.it>)

The website is available in Italian and offers:

- key Network documents (“Citta Sane” then “Documenti”);
- statutes (“STATUTO” at the top of the page);
- Network brochure (“BROCHURE”); and
- proposals and tools for long-term planning, presented to the Ministry of Health in June 2012 (“Investire nelle politiche per la salute. proposte e strumenti per una programmazione a lungo termine”).

## Training on health for politicians

Broad political support and commitment is a pillar of healthy cities. Since regular local elections result in changes to political leadership and local administrations, the Network developed a training course on local health policies, setting out a vision for health policy within the global context. The aim of the course is to enable political leaders and administrators to reach a common level of understanding on health issues and reaching WHO goals.

As a first step, it was essential to understand the needs of politicians and administrators for education on health issues to make the course useful and effective. At the end of 2010, the network's technical committee designed a survey based on 10 potential training areas:

- developing health profiles and plans
- inequity in health
- determinants of health and disease prevention
- city planning for health
- policies for energy efficiency and counteracting climate change
- healthy ageing

- health impact assessment
- lifelong learning
- promoting healthy lifestyles
- policies for social inclusion.

A course objective, a brief explanation of the topic and an evaluation scale of interest was provided for each topic on the questionnaire. The questionnaires were distributed at a national meeting in March 2011 and sent to all cities by email. About 70% of cities returned the questionnaire, and the results revealed many differences in training needs between large and small cities, cities that had been members of the Network for many years and new cities, as well as regional differences. For example, cities affected by floods in northern Italy had a greater interest in policies on climate change compared with cities from southern Italy, where issues such as equality in access to services took higher priority.

As a result of the survey, the Network held five national workshops in different parts of the country from 2011 to 2013, taking place over 3–4 days. These events offered the opportunity to learn and discuss the above topics, but they were also the starting-point for collaboration between cities. The areas identified for training included health impact assessment, healthy food habits, policies on energy efficiency and on counteracting climate change, inequity in health and the health rights of childhood.

The process of developing the questionnaire had great value beyond identifying training needs. It provided a unique occasion to inform cities about healthy cities' goals and the themes of WHO's Health 2020 policy. The training questionnaire and workshops were greatly appreciated by cities, and the Network will consider repeating the process in the near future.

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“In my opinion, being part of the Italian Healthy Cities Network enriches the experience and ideas of those who are the focal point in their cities for managing public health. In fact, belonging to the Network allows cities to acquire and share tools, ideas and projects that act as incentives for daily activities on health issues. This is possible thanks to the Network’s engagement in health promotion and its constant comparison of interventions, leading to identifying the best solutions for solving health and prevention challenges. Finally, for a politician, being a part of the Network means making commitment at the local level – to citizens.”

– *Simona Arletti, Deputy Mayor for Environmental and Healthy Cities Policies, City of Modena and Chair, Italian Healthy Cities Network*

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### Country facts

Population: 5 million  
Urban population: 80%  
Population living in healthy cities: 25%

### Network facts

Established: 1994  
Members: 23



## Founded on strategic partnerships

In 1992, the Municipality of Sandnes became a member of the WHO European Healthy Cities Network. An obligation of membership of the WHO European Network at that time was to support and establish a national network of healthy cities. Sandnes, in conjunction with some other municipalities, took on this initiative.

In 1993, 15 municipalities attended a conference that formed the basis for the Norwegian Healthy Cities Network. The Network was established with support of the Norwegian Association of Local and Regional Authorities, the Department of Health and Social Affairs and the Ministry of the Environment. Today the Network also has a formal partnership and contract with the Directorate of Health and Care – an executive agency and competent authority subordinate to the Ministry of Health and Care Services. The Directorate uses the Network as a laboratory to test new ideas and develop methods for local implementation. The Network is working to establish partnership agreements with a range of other national organizations.



## Organization

The main governing body of the Network is the general assembly, in which each city is represented by a political and administrative delegate. The general assembly meets annually to set the direction of the Network and to approve the year's activities. The Network's activities are organized by the executive board, which consists of five representatives from member municipalities. The Network benefits from a full-time Executive Director who reports to the head of the executive board. The Network is mainly funded by membership fees as well as annual grants from the Directorate of Health and Care.

## Political leadership and engagement

The Network's greatest strength comes from the leadership of politicians, who are the mayors or deputy mayors of its member cities. Leading by example, city politicians collectively give the Network

a powerful position as a health promotion advocate, strengthening the Network itself and wielding influence externally. The Network has developed a tutorial to better enable local political leaders to act on public health issues across sectors and divisions (30).

## Enabling cities to take action

The Network, in collaboration with the Norwegian Association of Local and Regional Authorities, aims to ensure the exchange of knowledge at the national and international levels on factors that affect the levelling of social inequalities in health. The Network directly supports local and regional authorities that want to implement holistic health promotion policies through an interdisciplinary approach involving communities, policy-makers, practitioners and administrators.

It coordinates events and initiatives that better enable cities to take action and drive forward innovation in health promotion. Beyond joint initiatives, the Network's Executive Director directly supports cities through biannual visits and regular communication.

## Building a strong reputation for public health leadership



The Network has built its reputation as a leader in public health. It organizes the largest and most prominent annual public health conference in Norway together with the Norwegian Public Health Alliance (see resources). In the future, the Network aims to sharpen its focus to better influence good choices for health promotion among the public, municipalities, counties and the national government. The Network wants to influence the shaping of the public health agenda and debate by highlighting examples of good practice, attracting more municipalities to strengthen the voice of the Network and becoming the foremost public health network in Norway.

### Website of the Norwegian Healthy Cities Network ([www.sunnekommuner.no](http://www.sunnekommuner.no))

Web resources include:

- Take (good) care of your voters (<http://sunnekommuner.no/ta-vare-paa-velgerne-dine/pdf/kampanje-eng-sunnekommuner.pdf>);
- a publication with advice on public health work for local and regional authorities (in Norwegian) ([www.umb.no/statisk/helse/2012\\_folkehelsepaatversrapport.pdf](http://www.umb.no/statisk/helse/2012_folkehelsepaatversrapport.pdf));
- a brochure on the Network (in Norwegian) ([http://issuu.com/sunnekommuner/docs/om\\_sunne\\_kommuner\\_2012-utkast6](http://issuu.com/sunnekommuner/docs/om_sunne_kommuner_2012-utkast6));
- Network conferences and the public health conference (<http://sunnekommuner.no/arrangement>); and
- HEPRO and HEPROGRESS (in English: <http://heprocom.net>) (see Box 8).

## Enabling politicians to be ambassadors for health

The Network recognizes that the key to successfully implementing healthy cities' public health objectives is political involvement. Realizing that the ownership of healthy cities by politicians could be strengthened in some cities, the Network created a training programme for local decision-makers in 2012. This programme was funded by a grant from the Directorate for Health and Care and coordinated by the Network's Executive Director.

Originally, the training programme was supposed to be implemented within a year, with a second year dedicated to evaluation. However, because of great interest, it was extended into 2013. The Network looks to further expand the scope of the programme in 2014 and to involve national government, NGOs, other local and regional authorities and international collaborators.

The training programme includes a multimedia presentation, comprising several films and presentations. It aims to give the audience – local politicians – better knowledge about most relevant public health issues. Usually the presentation is held during a one-hour meeting at the city council and attended by most of their members. It is accompanied by the brochure *Take (good) care of your voters* (30).



The materials raise awareness of local decision-makers about the concept of health in all policies, involve politicians in health promotion and increase their competence to take action.

The package was produced in collaboration with a wide range of organizations, which made a major contribution to the final product and its eventual success. The most current public health issues across disciplines and sectors are covered and presented in a politician-friendly language and form.

Member cities warmly received the training package. Shortly after it was released, the cities outside the Network got interested in it as well. It has become widely recognized as a useful tool to raise awareness among politicians on public health issues and to shift thinking about health in all policies.

© Municipality of Oppegård



“The fact that we are members of a WHO network gives the Norwegian Healthy Cities Network a substantial platform and credibility. Health in all policies from Phase V was very important. It is now one of five principles for Norway’s public health work: (1) health equity; (2) health in all policies; (3) sustainable development; (4) the precautionary principle; and (5) participation. In Oppegård, we like to say that new legislation on public health is a copy of how we have been working for many years.

We like to believe that focus on the different phases in the Network has had significant value in promoting health development in Norway. The Norwegian translation of the WHO report *Social determinants of health. The solid facts (31)* from 2003 has also been important to central, regional and local public health work.

Being a member of the Network raises awareness and represents a reminder in our everyday work. By recruiting new members, the Network can develop into a force to be reckoned with.”

– Ildri Eidem Løvås, Mayor, Municipality of Oppegård

© Municipality of Verdal



“Being a part of the Norwegian Healthy Cities Network has been of great importance to the Municipality of Levanger. In its essence, the Network has reinforced political commitment to public health and health-promoting policies and action. Further, being part of this Network has inspired and supported the administrative personnel within public health in their work. Working closely in dialogue, this means empowering politicians as ambassadors for health, well-being and social justice at the local level.

During Phase V of WHO Healthy Cities, health has been of great importance for local strategy and practice development in Levanger. For example, we have analysed data on central health status outcomes and fundamental determinants for health and the gap between privileged and underprivileged socioeconomic groups in our population. We are currently working on political strategies and city plans based on health in all policies that can address these challenges more efficiently. The WHO European strategy, Health 2020, and participation in the Network serves us with a guiding light in this matter.

The Network is flourishing these days, and we continue to grow. As Mayor of Levanger, I am proud to be part of this development. We are committed to implementing Health 2020 at the local level, and we look forward to developing Phase VI in close collaboration with the WHO European Healthy Cities Network.”

– Robert Svarva, Mayor, Municipality of Levanger

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### Country facts

Population: 38.5 million

Urban population: 61%

Population living in healthy cities: 18%

### Network facts

Established: 1993

Members: 39



## Background and organization

The healthy cities movement in Poland began in the early 1990s with the support of the Ministry of Health. The Polish Healthy Cities Association was established in 1993 as a registered NGO, with 16 member cities, making it one of the longest established national healthy cities networks in Europe. Today the network comprises 39 cities and towns of different size.

The network's governing body, the general assembly, meets annually to set the strategic direction of the association and to allocate the resources. The general assembly elects an executive board every five years. Its members are local coordinators who work on a voluntary basis. The City of Łódź hosts the association's coordination office.

To join the network, cities must fulfil a set of criteria that include passing a city council resolution, agreeing to comply with the constitution of the Association, nominating a local healthy city coordinator and paying a membership fee. Each city nominates a coordinator, who takes responsibility for local healthy city activities. The network relies fully on membership fees to cover operational costs.

The strategic aim of the Association is to support the health of inhabitants and to promote intersectoral work for health at the local level. This involves focusing on promoting responsibility for health across sectors, responding to the broad determinants of health, including social determinants, and reducing inequalities in health. The priorities of the Association are:

- support for older people and people with disabilities;
- preventing cancer and detecting it early;
- preventing alcohol, drug and tobacco addiction;
- preventing cardiovascular diseases;
- promoting healthy lifestyles and health education; and
- action to protect the environment.

## Integrated learning and sharing

The Association creates a wide range of opportunities for learning and sharing experience aimed at supporting cities in identifying and acting on their priorities. The Association has held annual conferences in cooperation with key partners. These events offer an opportunity for the Association to respond to

national and local priorities, to bring national and international expertise to local governments and to provide a platform for local governments to speak with a united voice. Recent events have covered the following areas:

- preventing cardiovascular diseases and diabetes, in cooperation with the Polish National Health Fund and local governments;
- health education and health promotion at the local level, in cooperation with the School of Public Health of the Institute of Occupational Medicine in Łódź;
- the challenge of diabetes in the 21st century and local government responsibilities; and
- fulfilling the requirement of the Agency for Health Technology Assessment in Poland (which assesses the scientific validity of all government disease prevention programmes) in cooperation with the Central and Eastern European Society of Technology Assessment in Health Care.

## Preparing for action

Politician and staff turnover greatly influence progress in individual healthy cities. The Association therefore attaches great importance to organizing regular training on all aspects of healthy cities. Such courses cover healthy city concepts and working methods; intersectoral cooperation; working with the media; preparing and evaluating programmes for preventive health; preparing local health strategies; fundraising; and social marketing. Training courses are also organized on thematic priorities such as preventing cervical cancer, breast cancer, cardiovascular diseases, diabetes and communicable diseases.

The Association further supports local governments by developing toolkits and educational materials for cities and towns. The Association's translations of WHO Healthy Cities documents overcome language barriers and make international expertise available to local governments in Poland.

## Preparing for action

The Association aims to continue to work according to its core goals, as an active member of the Network of European National Healthy Cities Networks and to integrate Health 2020 strategy in policy-making at the local level in Poland.

## Grant competition

The Association has developed an innovative and popular way to stimulate new activities in cities through an annual grant competition. The Association funds the grant competition by its own resources and some external sponsorship. The Association devotes about 20% of its budget, which is based on membership fees, to the competition. It is open to organizations and institutions from the Association's member cities. The Association sets the rules and criteria for assessing the grant applications.



### Rules

The most important rules of the grant competition include the following.

- The number of applications from each member city is unlimited, but only two projects from the same city can be supported.
- There is a financial limit for each grant.
- The applicant can apply for a maximum of 70% of the project's costs. The organization should cover the rest of the costs – in cash or in kind.
- The project must be implemented from June to December of the year the grant is awarded.
- The local healthy city coordinator should recommend the application.

### Application content

Applications for the grant must include the following information:

- information about the applicant
- the rationale and aim of the project
- planned actions, with a timetable
- the target group
- a calculation of costs and available resources
- expected results
- a description of the applicant's experience of a similar action.

The themes of previous grants include:

- preventing cervical cancer
- environmental education
- health and safety
- healthy diet and physical activity
- improving the quality of life of senior citizens
- saving lives
- supporting families
- health of children and adolescents
- healthy transport
- maternal and child health
- social exclusion
- recycling.



© Municipal Kindergarten No. 39, Łódź, Poland

### Assessment

Three coordinators from non-applicant cities assess all projects. A rating system takes into account innovativeness, the usefulness of the expected results to the local community and cost-effectiveness. A ranking list of projects is created, based on a rating list of each assessor. The executive board of the Association makes the final decisions on the grants, taking into account the ranking list.

The money is transferred into the winning organizations' bank accounts after they sign a contract with the association. The beneficiary is obliged to deliver a final report to the Association's office, which includes describing the actions undertaken and a full financial account.

## Achievements

From 1994 to 2013, there were 972 applications for support, and 153 applications were supported. The winners are announced at the annual healthy cities conference, and the list is published in the Association's newsletter and on the website. The reports from all supported projects are presented at the healthy cities conference in the following year. The most interesting projects are presented in the Association's newsletter

“Rabka-Zdrój is a small town, but it is well known in Poland as a health resort, especially for children with respiratory diseases.

Membership of the Polish Healthy Cities Association gives us an opportunity to exchange experience, learn from the others and promote our achievements. It creates a positive image of our town. As a member of a family of active cities, with innovative attitude of supporting the health of local communities, we are a part of the strong international movement.”

– Ewa Przybyło, Mayor, City of Rabka-Zdrój, Poland

### Website of the Polish Healthy Cities Association ([www.szmp.pl](http://www.szmp.pl))

Navigate to “Publications” for the following key documents in Polish:

- 15 years of healthy cities in Poland;
- How to organize activities in cervical cancer prevention;
- Protect our seniors – how to organize activities in preventing upper-respiratory system diseases among older people;
- Diabetes – a challenge of the 21st century: how to organize activities in prevention and early detection of diabetes;
- Social marketing for women's health; and
- Promoting physical activity and active living in urban environments.

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### Country facts

Population: 10.6 million  
Urban population: 62%  
Population living in healthy cities: 25%

### Network facts

Established: 1997  
Members: 30



## Background

The Portuguese Healthy Cities Network has a history dating back to 1992, although it was formally established as an association of municipalities in October 1997 by nine founding cities: Amadora, Cartaxo, Coimbra, Leiria, Lisboa, Loures, Oeiras, Seixal and Viana do Castelo. Today the Network has 30 member cities, spanning north to south, including the Azores and Madeira. Municipalities are at different levels of healthy city project development, but all members are equally committed to the principles of health for all and developing local action to promote equality, health and quality of life.

## Active political leadership

The Network actively involves politicians in managing the Network. 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 the Network's board of directors from among its members, which meets monthly. This political board is supported by a technical group comprising healthy city coordinators and other local professionals involved in healthy city projects. Both of these governing bodies offer a forum to exchange ideas, share best practices and develop joint initiatives.

## A shared vision for health

The Network's vision is grounded in the healthy cities approach and therefore governed by the principles of intersectoral cooperation, solidarity, equity and sustainability. The Network places high importance on taking a holistic approach to health and the quality of life, based on social determinants. Major aims of the Network include providing a stimulating forum for sharing and discussing the above issues and developing joint solutions to common problems. To this end, the Network has pursued strategic goals to develop and disseminate actions and projects that focus on the fight against social exclusion, access to health services and promoting health among vulnerable populations. The philosophy of working in partnership allows cities to develop a shared vision for health and the quality of life, and it stimulates the innovation and creativity that is required to make the local health gains.



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## Building capacity through training

One of the greatest strengths of the Network is the leadership, dynamism and cohesion of the technical group. The training of this working group has therefore been a priority of the Network. For example, in 2011 and 2012, the Network held training initiatives on such topics as local health strategies, health equity and social exclusion.

## A matrix for change

Network workshops on city health profiles and city health development plans have culminated in the creation of a common indicator matrix, which serves as a starting-point for developing municipal health profiles. This indicator matrix was produced following a literature review and an analysis of the existing profiles of member cities. A list of commonly used social, health, lifestyle, population, territorial, environmental and housing indicators were compiled to assist new cities in creating their own health profiles.

## Planning for the future

The Network is evaluating its strategic plan, which covered the period 2008–2013. A new strategic plan is being completed as of early 2015 that defines guidelines for the Network and priority areas for implementing the WHO's Health 2020 strategy and the Phase VI framework of the WHO Healthy Cities programme. The Network will continue to invest in training actions to support cities in implementing Phase VI core themes.

### Website of the Network ([www.redecidadessaudaveis.com](http://www.redecidadessaudaveis.com))

Information is available in Portuguese on:

- projects: database of projects and good practices (“Projetos”);
  - publications, including health profiles (“Publicações”);
  - healthy cities: requirements and advantages of joining (“Cidades Saudáveis”); and
  - overview of the Network (“Apresentação”).
- An English publication is available: *Networked health – best practices*.

## National Roadmap for Health

Reducing health inequalities is one of today's biggest challenges of the political agenda and is undoubtedly a priority for improving health. Health inequalities result from unequal access to health care and the determinants of health, especially education and culture, employment and social protection and healthy lifestyles. It is important to better know the inequalities in access to health care, realize whether they are uniform throughout the country, which asymmetries should be recorded, what the intervention priorities are and the appropriate role of the state and local governments.

### Main goals of the National Roadmap for Health

To promote this reflection, the Portuguese Healthy Cities Network is developing a National Roadmap for Health in the Lisbon Metropolitan Area, with planned expansion at the national level, which aims:

- to place inequalities in access to health care on the political agenda of the central and local governments;
- to promote discussion around the main measures of the Ministry of Health and its impact on the delivery of the National Health Service;
- to discuss the effects of the crisis on health;
- to make recommendations and find possible solutions on the location of health facilities; and
- to negotiate with the Ministry of Health policies and measures leading to reducing health inequalities and, consequently, to improving the health and quality of life of the population.

### Methods and partnerships

The Portuguese Healthy Cities Network established a partnership with the Institute of Geography and Spatial Planning, from the University of Lisbon, as well as the Executive Committee of the Lisbon Metropolitan Area. They are developing working methods to be initially applied within the Lisbon Metropolitan Area aiming:

- to analyse the supply of health facilities (types, valences and coverage areas) by georeferencing the region;
- to analyse municipal road map networks to identify access to health facilities: distance and duration of travel, existing public transport, etc.; and
- to identify shortages in the supply of health equipment and services, demographic projection values and documents and support tools for the health sector in the municipality, such as a municipal health profile and/or health development plan.

In addition, to better assess the health status of the population and the municipality, we will analyse a set of information and indicators relating to the determinants of health:

- to identify health problems in the city and its factors;
- to identify needs and set goals for actions related to health improvement;
- to act as a stimulus for change and intersectoral action;
- to identify needs for new data and health indicators; and
- to inform the public, professionals and policy-makers on issues affecting health in a easily understandable way.

This assessment systematizes information on health and seeks to select the issues to be addressed in proposed public sessions of the National Roadmap for Health, contributing to the assessment of health inequalities at the regional level.

The perspective gained by initiating the project in the Lisbon Metropolitan Area has enabled understanding of certain difficulties that have arisen, specifically due to major constraints in access to information from the Health Centre Groupings of their areas, which have made it difficult to update the requested data. This question prompted a request for collaboration with the Lisbon Regional Health Administration, to accompany the project and potentially help overcome some of the difficulties brought to light by the municipalities in accessing data.

## Aims for the future

In the future, this project should be applied to other intermunicipal communities. Considering the strategic dimension and the partnership involved as well as the expansion at the national level, this project will have to apply for funding within the European Union Framework Operational Programme towards 2020. Possible exploration of European Union funding is also being considered, conferring this project an international dimension through the involvement of cities in the WHO European Healthy Cities Network that may wish to become partners.

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“The Portuguese Healthy Cities Network constitutes a resource for implementing the Health 2020 strategy, establishing an integrative approach between this policy and healthy cities principles.

In Portugal, we live within a deep socioeconomic crisis that has resulted in procedural changes and resource depletion. It affects access to essential goods and services and limits community participation. We have recorded negative effects on health and the quality of life, with visible signs of impoverishment and increased mental and physical suffering. The Portuguese Healthy Cities Network offers an opportunity to make good use of resources, promote best practices and define strategies conducive to reducing inequalities in health.

There is a responsibility to develop intelligent governance that understands new opportunities for public health, seeking to reduce social inequalities that translate into inequalities in health. The Network’s Biennial Forum reaffirms that

health promotion is on the political agenda of our cities and emphasizes the importance of partnerships, active citizenship and action at the local level for health, equity and quality of life.

There’s a need to invest in policies that promote and strengthen the links between the health and social sectors by optimizing partnerships. The articulation between health and social issues reduces health inequities, promotes equal opportunities for full participation in all aspects of life and develops measures and policies that meet the needs of all groups of the population, not just the most influential.

On an immeasurably positive road, the past 15 years of healthy cities in Portugal has resulted in the development of skills and joint work, innovative actions, institutional cooperation and creative responses to problems; the development of strategic plans with a shared vision; support for evaluation and monitoring; the sharing of experiences with European cities; and the strengthening our partnership with WHO. We have reason to believe the Portuguese Healthy Cities Network is an important platform for the collective construction of a more equitable, fair and inclusive society that reaffirms the values of equality, fraternity and social cohesion.”

– *Corália de Almeida Loureiro, Councillor, Municipality of Seixal and member, Executive Board, Portuguese Healthy Cities Network*

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## Country facts

Population: 146.3 million  
Urban population: 74%  
Population living in healthy cities: 10%

## Network facts

Established: 1996 (Russian Healthy Cities Network) and 2010 (Russian Association of Healthy Cities, Districts and Settlements)  
Members: 44



Healthy cities has a long history in the Russian Federation, beginning in 1994. Today the country has two healthy cities networks. The Russian Healthy Cities Network was established at a time when healthy cities was a brand new concept, giving strong focus to methodological support and training. The Russian Association of Healthy Cities, Districts and Settlements was formed later by cities at a more advanced level of practice that were members of the WHO European Healthy Cities Network. In total, the two networks span 44 cities.

## Russian Healthy Cities Network

In 1994, the Ministry of Health approved the establishment of a Healthy Cities Support Centre to develop healthy cities in the Russian Federation. In 1996, the Russian Healthy Cities Network was established as a joint initiative of the Healthy Cities Support Centre and six cities. A representative of the Federal Ministry of Health participated in the founding event. The Network of European National Healthy Cities Networks accredited the Russian Healthy Cities Network in 2005. The Support Centre is based at the Research Institute of Public Health and Healthcare Management within the I.M. Sechanov First Moscow State Medical University.

Today, the Russian Healthy Cities Network consists of local authorities, several institutes, the University Chair of Public Health and Preventive Medicine and several organizations and nongovernmental organizations. The Russian Healthy Cities Network works in partnership with the Ministry of Health, the State Committee for Sanitary and Epidemiology Control, the Ministry of Regional Development, the Union of Architecture, the Assembly of Capitals and Cities and nongovernmental organizations. The Russian Network's goals and priorities are aligned with those of the WHO European Healthy Cities Network and adapted to the policy context of the Russian Federation.

The Support Centre, in collaboration with the University Chair of Public Health and Preventive Medicine and Network cities, has created new opportunities to train specialists in implementing healthy cities and WHO's Health 2020 policy. For example, the Healthy Cities Support Centre and the City of Stupino have developed and tested a model called the municipal school of public health as an approach to providing training courses for local administrations and communities.

In the future, the Network plans to build on its achievements on working on social determinants in the early years of life, its strategic plan on healthy cities – active cities (see later) and delivering a training course on healthy cities and on Health 2020.

## Russian Association of Healthy Cities, Districts and Settlements

In 2010, nine cities in the WHO European Healthy Cities Network (Cheboksary, Cherepovets, Dimitrovgrad, Izhevsk, Novosibirsk, St Petersburg, Stavropol, Stupino and Veliky Ustyug) formed a separate association to share effective healthy cities practices. As its title suggests, the Russian Association of Healthy Cities, Districts and Settlements involves rural and municipal areas, small and large cities, the republican capitals and the central cities of seven federal districts of the Russian Federation: Central, Far Eastern, North Caucasian, Northwestern, Siberian, Southern and Volga.



© Nina Zagrebina, Healthy City Coordinator, Izhevsk

The healthy cities approach allows local governments to work together despite differences in economic, geographical and health conditions and population. Members of the Russian Association adhere to a shared set of principles for managing the health and well-being of their residents. Local governments of all sizes can actively use their legislative and representative powers to form policies to create healthy urban environments while engaging all sectors and communities in continual dialogue. The overall purpose of the Association is to improve the quality of life in cities, districts and settlements by finding solutions to questions related to local social and economic development, following the healthy cities model.

Key milestones for the Association include accreditation by the Network of European National Healthy Cities Networks in 2011; hosting the annual WHO European Healthy Cities Conference in St Petersburg, the seat of the Association; the appointment in 2013 of the Association's Chair to the Government Commission on the Protection of Public Health, which brings a local voice to the federal level; and the launch of the Healthy Cities without Tobacco project in 2014, with the participation of 24 Russian cities (see below).

The Chair of the Association, Oleg Kuvshinnikov, is the Governor of the Vologda Federal Region.

## Active cities - a strategic framework for the Russian Healthy Cities Network

Healthy city coordinators decided in February 2012 to develop a strategic framework for the Russian Healthy Cities Network, called Healthy Cities – Active Cities, as a common platform for achieving the Network's broad goals. Active living was chosen as a topic for the Network because it is a priority at all levels of government. The strategy sets out goals to raise the standard of work on healthy cities, train specialists, attract new cities and achieve results through joint initiatives. Approaching the problems



related to health and well-being through joint activities saves local resources and introduces sustainable evidence-informed interventions.

### A future built on partnerships

The Network used a participatory approach to develop the strategy, engaging cities and a broad range of partners. This process was carried out at a conference in Izhevsk in December 2012. The Izhevsk Healthy City team, the Moscow-based Healthy Cities Support Centre and the Baltic Region Healthy Cities Association (the WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region) jointly organized training workshops held at the event to develop and support the framework. The Izhevsk City Council and the city administration supported the project by hosting this event. In total, about 200 people participated, including city mayors, representatives of local administrations, heads of physical activity and sport, education, youth policy, architecture and city planning, nongovernmental organizations and the mass media. Following the event, further network cities joined the initiative and adopted the strategic plan.

### Steps for putting the plan into action

The following steps were carried out to bring the strategic plan into action.

1. A vision was agreed on a framework for the Network's development and intervention areas.
2. Significant public events were held: a conference and two workshops have been held to develop a structure and proposals for the Network's strategic plan.
3. The strategic plan was finalized: a final version of the strategic plan was prepared through the joint efforts of the leading city team, Izhevsk, and the Healthy Cities Support Centre.
4. The plan was launched: three cities launched the plan alongside training and practical events, with the participation of citizens.

With a focus on active living, the Network and cities will seek to develop an information environment that supports physical activity and provides the motivation people need for active lifestyles. Cities will build partnerships to enhance infrastructures for healthy urban planning to improve physical activity in all population groups and settings. These include schools, gardens, workplaces, neighbourhoods, health care institutions, social centres and places for leisure and sports.

### Healthy cities without tobacco

The Russian Association of Healthy Cities, Districts and Settlements is giving priority to work on tobacco control, having launched a project in 2014. In May 2014, the Association and the Ministry of Health held a joint conference entitled Health Care Experts and the Russian Cities in the Fight against Tobacco, with the participation of WHO. Then interregional working meetings and seminars were held on developing intersectoral cooperation and uniform approaches towards reducing tobacco consumption and on ensuring effective implementation of the antismoking legislation in three federal districts of the Russian Federation (Volga (Dimitrovgrad), North Caucasian (Stavropol) and Northwestern (Cherepovets)) and St Petersburg. Interdepartmental groups have been created in all members of the Association, leaders and volunteers have been trained and strategic plans of action to decrease tobacco consumption have been developed.

“... The project created and implemented by the Russian Association of Healthy Cities, Districts and Settlements is essentially a new social approach for the Russian Federation.”

– *Veronika Skvortsova, Minister of Health of the Russian Federation at a meeting of the Government Commission of the Russian Federation on the protection of public health*

“... The healthy cities project is an effective mechanism that enables the coordination, as much as possible in the conditions of limited financial means, of the efforts of all interested structures directed at creating and implementing comprehensive social programmes for improving the quality of life of the population.”

– *Oleg Kuvshinnikov, Governor, Vologda Region and Executive Director, Russian Association of Healthy Cities, Districts and Rural Settlements*

“... Social determinants of health should be included as indicators for assessing performance at the city and regional levels over the long term. This will encourage demand to educate the non-health-care sectors on public health issues. And of course we should provide trained human resources for healthy cities in our cities.”

– *Valentina Muravieva, Rector, Stavropol Medical Academy, former Vice Mayor, City of Stavropol and the first Chair, Russian Healthy Cities Network*

“Healthy cities gives an opportunity to see perspectives and to choose a strategic way. While assessing the performance of municipal authorities – increasing attention is paid to good health and good education, safety and social cohesion, support to families and dignified life in old age. Common strategic goals mean capitalization of knowledge and experience.”

– *Alexander Ushakov, Mayor, City of Izhevsk*

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### Country facts

Population: 2.1 million  
Urban population: 56%  
Population living in healthy cities: 62%

### Network facts

Established: 1992  
Members: 14



## Background

Seven cities formally launched the Slovenian Healthy Cities Network in 1992, building on initiatives that had begun in 1992. During Phase V (2009–2013) of the WHO European Healthy Cities Network, the Regional Public Health Institute in Maribor supported the Slovenian Healthy Cities Network, where a Centre for Healthy Cities was also established to coordinate it. All cities in Slovenia were welcomed to join the Network as associate members, and 14 cities or municipalities expressed interest in membership in Phase V. Although the Network was formally established in Phase V, not many networking activities took place. An opportunity for exchanging information and good practices was provided during a Network meeting in Celje on 7 April 2010. However, some of the cities performed many activities focusing on youth and older people creating opportunities for healthy lifestyles. The most active were the members of the WHO European Healthy Cities Network, Ljubljana and Celje.

By agreement with the Regional Public Health Institute in Maribor, the Ministry of Health participated in supporting the implementation of Phase V by covering the coordination costs of the Regional Public Health Institute in Maribor at the national level, the participation costs of the national coordinator at European events and the fee for participating in the Network of European National Healthy Cities Networks.



## National partnership

During 2009–2013, a partnership was established between the Ministry of Health and the regional public health institutes, especially with the Regional Public Health Institute in Maribor, on implementing the country's national public health care plan (2008–2013). The main objectives of the plan, which were linked to the Slovenian Healthy Cities Network, included:

- bringing Slovenia's health care planning process in line with the European Union strategy on health;
- describing current public health challenges and identifying the key areas of action in preventing the most important chronic noncommunicable diseases; and
- proposing an outline for reorganizing the public health infrastructure.



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The regional public health institutes (including Maribor) provided a professional background and guidelines for the formulating policies and measures to promote health at the local level, which were likewise implemented by the Network. With their knowledge of local health issues, the regional institutes played an important role in designing and implementing local action plans for environment and health and in monitoring and controlling diseases.

In January 2014, the regional and national public health institutes were reorganized, and today there are two national institutes of public health. As such, the nature of the partnership between the Ministry of Health and the Slovenian Healthy Cities Network will be redefined in the next period to reflect this reorganization and as well as Slovenia's new forthcoming national health strategy.

## Making a commitment to health

Most of Slovenia's population lives in urban environments, where the physical and social infrastructure, socioeconomic conditions and lifestyle factors influence the health status of individuals and local communities. When cities joined the Network, they signed a declaration that included committing to Network priorities that aim to influence these factors through long-term, healthy urban planning. The use of intersectoral approaches and collaborative methods of urban management in preparing local strategies leads to systematic improvements in the health of the population.



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Collaboration within the Network allows for the exchange of experiences and good practices in public health planning. The shared commitment by cities to producing city health profiles and plans leads to qualitative and quantitative comparability between the towns and allows insight into the effectiveness of implementation measures.

The Network's priorities are:

- accessible public transport, with focus on older people and people with disabilities
- healthy ageing
- preventing drug misuse
- mental health and suicide
- unemployment within vulnerable groups
- physical activity.

## Objectives

The overall objectives of the Slovenian Healthy Cities Network in Phase V were to enable cities and towns to implement multisectoral policies for health with a focus on citizen participation, health promotion, disease prevention, healthy lifestyles, social determinants of health and the environment.

The strategic orientation of healthy cities in local communities included:

- providing sustained support for adopting and practically implementing healthy cities principles and objectives;
- introducing and maintaining sustainable infrastructure that enable integrated planning;
- developing health promotion policies and strategies based on WHO's Health 21 public health policy framework as well as all the Slovenian national programmes relevant to the determinants of health; and
- establishing at least one of the goals of Health 21 as a local priority within a local programme of health promotion in the urban environment.

## European networking and partnerships

The healthy city coordinator in Maribor signed a formal collaboration agreement with the national healthy cities networks in Austria and Germany, which has led to information sharing between the networks and partnership in common projects funded by the European Union. The Regional Public Health Institute in Maribor has worked closely with the Landschaftsverband Westfalen-Lippe (Regional Association of Westphalia-Lippe) in Germany on such projects as:

- Take Care – in Transfer: strategies towards responsible alcohol consumption for adolescents in Europe; and
- FreeD Goes NET: an early intervention programme for young drug users.

## Moving forward

The Network will introduce a new coordination model for Phase VI (2014–2018) whereby the national coordinator will be based within a member city. The position will rotate between cities every five years. The idea is to share the responsibilities for coordination across a team of people, making the coordination role more of an institution and less reliant on an individual.

The Network will continue to focus on goals to improve health and to reduce health inequalities. During Phase VI, the Network will work according to WHO's Health 2020 strategy, focusing on putting health in all policies and linking local and national programmes. Priority areas will include: children and youth; obesity; mental health; substance dependence; healthy ageing; and physical activity.

### Online resources

The Slovenian Healthy Cities Network can be found via the Department of Health in Maribor's website ([www.zzv-mb.si/zavod\\_center\\_zdravstvenega\\_varstva\\_prebivalstva-oddelek-03.html](http://www.zzv-mb.si/zavod_center_zdravstvenega_varstva_prebivalstva-oddelek-03.html)).

Other resources include:

- Take Care – in Transfer ([www.lwl.org/LWL/Jugend/lwl\\_ks/Praxis-Projekte/Take\\_Care\\_Start/?lang=en](http://www.lwl.org/LWL/Jugend/lwl_ks/Praxis-Projekte/Take_Care_Start/?lang=en));
- FreeD Goes Net ([www.lwl.org/LWL/Jugend/lwl\\_ks/Praxis-Projekte/Projekt-Archiv/international/Fgn-english/?lang=en](http://www.lwl.org/LWL/Jugend/lwl_ks/Praxis-Projekte/Projekt-Archiv/international/Fgn-english/?lang=en)); and
- City of Ljubljana, with a wide range of healthy city publications available in English ([www.ljubljana.si/en/municipality/publications](http://www.ljubljana.si/en/municipality/publications)).

# Ljubljana: a role model for increasing the accessibility of the built environment



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The City of Ljubljana actively follows the idea of healthy urban environment and design by focusing on principles of equality, inclusiveness and accessibility in urban planning. This focus is reflected in the city's policies on people with physical and sensory impairments, which have received a considerable amount of attention and funding.

One aspect particularly emphasized by the City of Ljubljana is systematically removing barriers to accessing the built environment and avoiding creating new ones, with the direct input of the people who are directly affected as well as

professionals working directly on these issues. This has been a city guideline for more than 20 years, and a mayoral advisory body called the Council for Elimination of Architectural and Communication Barriers has coordinated and monitored work in this area.

The first comprehensive city strategy to increase accessibility was adopted in 2008. This strategy (2008–2010) was produced as part of the Slovenian Disabled Workers' Association's national charter project called the Municipality Tailor-made for People with Disabilities. Practical measures adopted by the city have included:

- unrestricted access via dropped curbs;
- tactile paths for the visually impaired people;
- buses with low floors or pull-out ramps;
- Braille signs at bus stops and audio and video bus stop announcements;
- free public transport for people with disabilities and their caregivers;
- improved connections between pedestrian zones and public transport; and
- information systems accessible on the internet, by text messaging and telephone.

On the occasion of the European Day of Persons with Disabilities, the European Commission bestowed the Access City Award to the cities that were most accessible to people with disabilities. Ljubljana was one of 114 cities from 23 European countries that applied for the award in 2012. The city was ranked number 8 and received a special mention for increasing accessibility to its public transport infrastructure and to its city centre.



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## Country facts

Population: 46.7 million  
Urban population: 78%  
Population living in healthy cities: 41%

## Network facts

Established: 1988  
Members: 149



## Background and partnership

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 with eight members. The Network is a section within the task force on health issues of the Spanish Federation of Municipalities and Provinces and has maintained its partnership with the Ministry of Health, Social Services and Equality. The Network also collaborates with the Nutritional Observatory Network on nutrition and physical activity.



## Organization

The Network is governed by a general assembly, which meets biennially and approves the Network's two-year work plan. The Network has an executive committee comprising 13 political representatives from member cities as well as a representative of the Ministry of Health, Social Services and Equality. This committee develops projects agreed by the general assembly and takes day-to-day decisions. The Network is financed through membership fees as well as project funding from the Ministry of Health, Social Services and Equality.

## Strategic goals

The Network's permanent objective is to establish, maintain and adapt the WHO Healthy Cities programme in Spain. The Network emphasizes deepening health education for individuals so that they may increase their knowledge of health and seek help when needed. The Network sees it as essential to strengthen intersectoral collaboration and citizen participation in decision-making processes to create environments that allow a shift towards healthy lifestyles.

General goals of the Network include:

- engaging members of the Spanish Federation of Municipalities and Provinces in the activities of the Network;

- providing a clearinghouse on healthy cities, including the publication of best practices, and making publications of other key Spanish and international organizations accessible;
- leading and encouraging research and training on urban health and sustainable development;
- promoting collaboration and joint action between participating cities in promoting and protecting health;
- increasing the number of cities involved in the Network;
- organizing conferences and meetings, with a view to promoting exchange and strengthening local commitment to healthy cities;
- maintaining a website as an instrument for direct communication between cities;
- building and enhancing public and private partnerships; and
- strengthening local capacity to implement intersectoral initiatives with community involvement.

## Key issues

In the past years, the Network has focused on established local health policies based on the social determinants of health. Spain's cities have focused on improving lifestyles, promoting physical activity, avoiding the use of harmful substances, preventing sexually transmitted diseases and developing urban environments that improve the quality of life. Financial support from the Ministry of Health, Social Services and Equality has enabled cities to implement a significant number of projects on these issues.

### Website of the Spanish Healthy Cities Network ([www.recs.es](http://www.recs.es))

Resources in Spanish include:

- good practices ([www.recs.es/descargas/BP\\_C\\_Saludables.pdf](http://www.recs.es/descargas/BP_C_Saludables.pdf));
- social determinants of health ([www.recs.es/documents/docs/jornadas/JornadasCH.pdf](http://www.recs.es/documents/docs/jornadas/JornadasCH.pdf)); and
- municipal health programmes ([www.recs.es/descargas/Documentacion\\_Jornada\\_Dic\\_2011.pdf](http://www.recs.es/descargas/Documentacion_Jornada_Dic_2011.pdf)).

## Healthy ageing: an assessment of health-related quality of life indicators among older people

The relationship between health and ageing is well documented, including higher rates of dependence and increased health and social care costs. Ensuring a good quality of life, with high levels of social engagement, adds life to years and contributes to reducing public spending. The Network has brought together 10 cities in a project on active ageing with the objective of preventing frailty and decline and to create cities that are friendly for seniors.

The NUPHYCO project is a health-related quality of life study that aims to evaluate the nutritional status, physical, affective, cognitive, and social status of older people in municipalities in Spain. The project is based on a pilot project carried out by a city in the Network, Villanueva de la Cañada.



The pilot study offered real insight to the needs of older people and the extent to which local services were meeting these needs. The results enabled the local administration to develop appropriate policies and to carry out initiatives that would enable older people to participate more actively in municipal life and ultimately contribute to improving their health status and quality of life. The Network is now scaling the project up to the national level, creating a wider impact on the problem of functional decline in ageing populations in Spain while maintaining the project's focus on individuals and local populations.



“Working in the Network strengthens action and helps cities to adapt common goals to local circumstances, with the aim of improving the quality of life of citizens and contributing to reducing the consumption of medication. Working with the younger population and with children in schools is essential for changing habits in food and physical activity towards healthy lifestyles.

Close collaboration with the Ministry of Health, Social Services and Equality is helping municipalities to implement projects, especially related to reducing obesity and changing unhealthy habits. Promoting physical activity, reducing substance abuse and improving healthy food is the overall plan to prevent noncommunicable diseases. Our plan of action for two years, approved by the general assembly of the Network in which the Ministry of Health, Social Services and Equality participates, takes into account these issues, the collective needs of cities and the annual action carried out by the Ministry.

In Spain, the trend of childhood obesity prevalence is especially relevant. Now, we are working hard in schools and at the local level to change the eating habits of people and to promote physical activity among children, adolescents, older people and families. There is a concern to reduce obesity and to prevent the development of diseases associated with poor diets, sedentary lifestyles and the abuse of substances such as alcohol and drugs.

The work of the Network in the future is important. We will continue supporting cities and sharing experiences and knowledge, because this makes us stronger and helps us in the daily development of our health projects aimed at citizens.”

– Luis Partida Brunete, Mayor, Villanueva de la Cañada (Madrid) and President, Spanish Healthy Cities Network

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### Country facts

Population: 9.7 million  
Urban population: 85%  
Population living in healthy cities: 45%

### Network facts

Established: 2004  
Members: 19



## Background

The Swedish Healthy Cities Network was established in 2004 by six cities in partnership. These cities needed to compile and share knowledge around the issues of the Phase IV framework of the WHO European Healthy Cities Network and the 11 target areas of Sweden's public health policy. The Network was established as an NGO, and today it is led by a political board comprising politicians from six member cities. The chair of this board and its members are elected annually. The Network has one paid part-time coordinator. The Network operated on a small government grant until 2013, and it is now mostly funded through membership fees.

## Systematic approaches towards sustainable development

The overarching aim of the Network is to increase sustainability through systematic approaches and action to improve health and well-being. The Network focuses on leadership, governance and organization through long-term intersectoral policies and plans. The Network aims to demonstrate that interventions at the local and regional levels have greater impact. It supports and inspires politicians and professionals to better fulfil their obligations. The Network builds the level of knowledge available for strategic work and disseminates it to others.

## Strategic networking

The most important feature of the Network is its three subnetworks, which strategically focus on (1) healthy urban planning and design, (2) perspectives on socioeconomic investment for health and (3) healthy ageing and the challenge of demographic development. Member cities have shown a high level of commitment towards these groups, which boast multisectoral professional involvement. Meetings of the subnetworks offer the opportunity for a wide range of professionals to seek direct assistance on implementing their own projects, to analyse both good and poor practices and to obtain knowledge based on the experience of others. The Network organizes lectures and provides an environment for cities to learn how to navigate through complex processes.

## Developing a national voice

The Network is increasingly seen as a national partner in its areas of expertise. It has worked to carry out several projects with one of the predecessors to the new Public Health Agency of Sweden, and it is setting up a meeting-place on equity in health with the Swedish Association of Local Authorities and Regions and the Public Health Agency of Sweden. The Network also cooperates with the Swedish National Board of Housing, Building and Planning, the Ministry of Health and Social Affairs, universities, NGOs, offices of architecture and private initiatives. In this way, the Network is developing a strong voice in society.

As the Network moves forward, it will seek to make its membership more participatory, engage new stakeholders at the national level and place more emphasis on looking outside the health sector for methods to solve the challenges of long-term leadership, governance and intersectoral management challenges.

### Website of the Swedish Healthy Cities Network (<http://healthycities.se>)

For basic information in English, click “In English”. See also Utanförskapets ekonomiska sociotop [The economics of societal exclusion] ([www.healthycities.se/wp-content/uploads/2013/08/rapport-f%C3%B6rstudie-ia.pdf](http://www.healthycities.se/wp-content/uploads/2013/08/rapport-f%C3%B6rstudie-ia.pdf)).

## Socioeconomic analysis in small urban areas – a preliminary study

The Network carried out socioeconomic analysis within smaller urban areas to make a powerful case for the economic costs of health inequalities. The work was carried out as an effort to meet the overarching goal of health equity in all policies within the WHO Healthy Cities programme in Phase V.

### Obstacles to change

The Network identified three key challenges to taking action on social determinants of health.

#### Invisibility

The full impact of the decisions taken within one sector on the social determinants of health, which involve multiple sectors, is either not well understood or not taken into account at all. This is often because these issues cannot be seen within the management system of a single sector and cannot be followed up by a silo system of short-term budget accountability. In this way, the long-term effects of many determinants of health are systematically not being given their true value and importance or they are totally neglected.



©Swedish Healthy Cities Network

### Freedom from responsibility

When a sector does not have a specific responsibility linked to a budget, it is free from the responsibility to take action. This reinforces the underestimation and neglect of the social and economic determinants of health.

### The tyranny of minor decisions

Decision-makers do the best they can within their framework of responsibility and make many positive decisions. In the short term, these have positive effects within their own departments, but in the long term they can have undesirable consequences with great costs to society as a whole.

The cost of prevention and early intervention that decision-makers and professionals pass onto their successors tends to strongly increase as time goes by. This style of management is sustained by the invisibility of costs in the knowledge of being free from responsibility.

### Next steps

The Network will further develop this work through its subnetwork on socioeconomic investment in health. In several cities, the politicians have already decided to adopt a whole-of-government approach on social investment for health. Other cities have begun to work in smaller urban areas where, for the first time, the investment costs of regeneration are linked to the future reduction in socioeconomic costs.

“Sweden is one of the most dynamic countries in the world, and we must ensure that our society will remain secure, dynamic, attractive and sustainable. The Swedish Healthy Cities Network – is working to facilitate the work by spreading experience between municipalities, regions and counties. An experience, an idea or a vision gets better if more people take part in it. Experience becomes a lesson for many people, the idea can be realized by more people and vision can be shared!

Today and in the future, development takes place based on the resources we have available. The Network’s work is imbued with social, economic and environmental sustainability. Cities must be planned with social sustainability in focus. It is about social equality, gender equality, health and good conditions for education.

Healthy Cities is part of WHO but is also involved in the European Union’s health work. Our roles are to ensure that health issues are topical in urban planning in our municipalities and regions and to take advantage of good proposals and good experience. The European Union’s strategy for 2020 (Europe 2020), a growth and employment strategy to create more jobs and more growth in the European Union countries, and Health 2020 are important sources of inspiration for healthy cities work.”

– Mohamad Hassan, Chair, Swedish Healthy Cities Network

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### Country facts<sup>3</sup>

Population: 76.6 million

Urban population: 77%

Population living in healthy cities: 40%

### Network facts

Established: 2005

Members: 49



The Ministry of Health first introduced healthy cities in Turkey in 1993, but 10 cities established it as a formal organization in 2005. These founding cities believed there was a need for a formal platform to support its members to improve urban health and create better settings for their citizens. The Turkish Healthy Cities Association works in cooperation with the members of the WHO European Healthy Cities Network, the Ministry of Health, provincial directorates of health, universities, professional chambers and NGOs. In 2014, the Association reached 49 members, covering a population of almost 30 million people in Turkey.

## A vision for health

The Association's strategy for 2005–2020 spells out the Association's vision and mission. Broadly, the vision of the Association is to implement and develop the healthy cities movement in Turkey by assisting cities in integrating health into planning based on the principles of sustainable development, good governance and social support. The Association aspires to improve social, economic, physical, cultural and educational conditions in cities by the year 2020. More concretely, the mission of the Association is:

- to reduce urban and environmental inequalities;
- to combat poverty;
- to share experiences and to increase cooperation for creating liveable and healthy cities;
- to actively share experiences, reflect on problems and develop best practices;
- to develop joint projects related to health, transport, planning, environment and infrastructure;
- to represent members at the national and the international levels and to disseminate the experience, tools and guidance of the WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks;



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<sup>3</sup>These figures are from the Turkish Statistical Institute as of December 31, 2013 (33). The figure for the percentage of the population living in urban areas in 2012 was 77.3%. The sharp rise in the figure is the result of the establishment of 14 new metropolitan municipalities and enlarging municipal borders by abolishing towns and villages in all 30 metropolitan provinces.

- to create liveable and modern cities that have high-quality urban infrastructure and respect the environment, human health and cultural assets; and
- to spread healthy cities throughout Turkey, aiming to increase membership to 60 cities by 2020.

## Organization



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The decision-making bodies of the Association comprise a Council, a Committee and a Chair. The secretariat carries out the day-to-day work of the Association, and it benefits from seven personnel, of whom six are employed by the Metropolitan Municipality of Bursa and appointed to the Association. It is one of the European national healthy cities networks with

the most resources. The Association is otherwise run entirely on its own resources, derived from membership fees, which is a major strength. The secretariat is supported by an advisory committee, comprising academics and former politicians. The current Chair of the Association is Recep Altepe, Mayor of the Metropolitan Municipality of Bursa.

## Supporting cities to make a difference

The Association gains great strength from the high level of city commitment because of the added value it brings to cities. Being an accredited member of the Network of European National Healthy Cities Networks adds to the Association's credibility. The Association organizes a wide range of activities to support cities and to raise awareness of healthy cities in Turkey.

Annual training events and biannual conferences are held for coordinators and politicians. The conferences are organized on the main topics and goals of each phase of healthy cities. Every year, a contest for the best healthy cities projects in four categories is organized to increase the level of interaction and experiences shared among members. The results of all conferences and contests are published and distributed to members.

In addition to creating its own publications, the Association also translates WHO publications and distributes them to its members. The Association also has a quarterly magazine called Citizen, which is published in 1000 copies and distributed to local governments in Turkey.

A good level of cooperation exists with provincial directorates of health and academic institutions, which support publications and conferences and also share data for research.

**Website of the Turkish Healthy Cities Association** (<http://www.skb.org.tr/english>)

The constitution, membership criteria and organizational features are available under "About us".

## Urban health indicators in Turkey

The Association understands that health is determined by social and economic status, urban planning considerations, poverty, migration and life conditions, and it is therefore not the sole responsibility of the health sector. To improve health, we first need to know our status as an expression of these determinants. Only once we have this information, will we be able to create a strong strategy leading to a better future.

### Enabling local evidence-informed action

With these considerations in mind, the Association initiated a project to create a set of urban health indicators and to collect data for all of Turkey's 81 cities in 2012. This involved preparing maps for each indicator, which presented the status for all cities visually and included expert analysis. It was a goal to ensure that municipalities would be able to use these indicators when planning services and designing projects. It was also an aim to create definitions, formulas and methods for analysing each indicator to provide guidance for the future implementation of the project.

### Mobilizing partnerships

The Association signed a contract with the Department of Public Health of the Medical Faculty of Uludağ University and a protocol agreement with the Geographical Information Systems Directorate of the Metropolitan Municipality of Bursa for preparing maps for the project Urban Health Indicators. At the outset of the project, existing urban health indicators and other health and socioeconomic indicators were collected from the WHO European Healthy Cities Network, Turkish Statistical Institute, Ministry of Health, Ministry of Environment and Urbanization, Ministry of Family and Social Policy and other organizations. These indicators were compared and analysed, and 75 health indicators addressing demographics, education, socioeconomic status, health, environment, transport, culture and art headings were eventually selected. For each indicator, standard definitions and formulas for calculations were created to ensure that the work would be replicable in the future. The indicators will be updated every five years.

The Association subsequently requested the data for these indicators from the governorships and municipalities of the 81 cities. These data had differences both in terms of quality and standards and were not comparable. Because every municipality had a different method of data collection and different definitions for indicators, it demonstrated that standardized data could not be created



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over a short period of time. Additional data from the above-mentioned national institutions therefore supported this local information.

All the data collected during the work were used to create maps with geographical information systems. The finalized book, *Urban health indicators in Turkey*, was printed in September 2013. It visually reports the status of each city on a map by indicator, making it simple to understand and usable by all sectors. The Association believes that the book will be able to trigger change and provide direction for evidence-informed action. It is a resource that can increase cooperation among different sectors.

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“Obesity is a preventable cause of death. Diabetes, high blood pressure and high cholesterol are all related to obesity. But how can we fight this pandemic? As the Mayor of Bursa and the Chair of the Turkish Healthy Cities Association, I know that the way we design our cities has a major role in our fight against obesity. An active life together with healthy nutrition will be our major strengths. When we design our cities, we need to do it in a way that makes it easier for people to be active. Sports fields, walking trails, bicycle roads, a mass transport system supporting active travel and a city that will be inviting people to go out, to walk and to be active are all in the hands of mayors.”

– *Recep Altepe, Mayor, Metropolitan Municipality of Bursa and Chair, Turkish Healthy Cities Association at an obesity conference, February 2013, Bursa, Turkey*

“In Phase VI of the WHO European Healthy Cities Network, mayors will have a larger role to play in improving health. It is easy to see the responsibility we are carrying on our shoulders just by looking at the urbanization rates, which are 69% for Europe and 75% for Turkey. Both the physical and social environments are determinants of health. We, the mayors, have all the responsibilities and opportunities to improve health by improving access to green spaces, recreation areas, improving air and water quality and the quality of mass transport systems, reducing noise and environmental pollution and increasing equity and justice.”

– *Recep Altepe at the WHO European Healthy Cities Business and Technical Conference, 20–22 September 2013, Izmir, Turkey*

### Contact information

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# United Kingdom

## Country facts

Population: 63.7 million

Urban population: 80%

Population living in healthy cities: 13%

## Network facts

Established: 1987

Members: 27



## Background

Healthy cities has a 25-year history in the United Kingdom, with United Kingdom cities having shown strong commitment and leadership through all phases of the WHO European Healthy Cities Network. Although healthy cities in the United Kingdom have been networking since 1987, there was no formal structure and coordination. In 2011, the United Kingdom Healthy Cities Network was established with funding from the Department of Health for England and the Public Health Agency for Northern Ireland.

Since its inception, the Network has worked to create structures and mechanisms to support the Network's core aims of supporting members in networking through continued engagement and development. Since 2011, the Network developed with the support of a full-time coordinator with an office base at the University of Central Lancashire. More recently, the coordination function has moved to be hosted by Newcastle City Council, a Network member. Today the Network is funded by membership fees.

Membership of the Network is open to local authorities, cities and towns across the United Kingdom via an annual subscription. To become a member of the Network, local authorities, cities and towns are required to demonstrate they meet the Network's criteria. The United Kingdom Healthy Cities Network has worked to broaden its membership to include a wide range of cities and towns that are committed to healthy city principles and approaches and that are keen to be involved in the movement. As a result, the Network's membership has expanded from 14 to 27 members.

## A dynamic platform for health development

The United Kingdom Healthy Cities Network offers members the opportunity to be part of a dynamic and supportive network of cities and towns committed to embedding health and health equity in all local policies, to improving the health of their populations and to developing a strong collective voice for public health and sustainable development.

The aims of the United Kingdom Healthy Cities Network are:

- to enhance learning and build capacity through sharing ideas, experience and best practices;
- to widen participation in the healthy cities movement;
- to support member towns and cities in developing and testing innovative approaches to emerging public health issues; and
- to become a strong collective voice for health, well-being, equity and sustainable development – informing and influencing local, regional, country and national policy.

The Network's greatest achievement to date has been the establishment of a robust national structure and governance system. Its strength lies mainly in its capacity to support learning and collective action across its membership and with other national organizations.

## Key benefits to members

### Learning and best practices from the United Kingdom and the rest of Europe

Members have opportunities to learn from others that may be further ahead in implementing key policy priorities and to disseminate learning and best practices. They also have access to the ideas and experiences underpinning local- and national-level policy and practice within other countries active in the healthy cities movement. Cities can participate in and gain access to learning from subnetworks of the WHO European Healthy Cities Network.

### Briefings, toolkits and guidance documents

Member cities have access to a wide range of materials developed to fill knowledge gaps to support local implementation and innovation.

### Policy development

The Network provides opportunities to contribute to developing the position statements of the United Kingdom Healthy Cities Network on key policy issues. Cities can be engaged in developing and implementing policy at the European level, thereby influencing “upwards” while also informing local planning and action.

### Collaborative innovation and creativity

Cities have opportunities to work collaboratively with other cities and towns to develop, share, test, refine and implement innovative and creative interventions and programmes. They also have the potential to access expertise and leadership in cities and towns in the United Kingdom and the rest of Europe, national healthy cities networks and WHO collaborating centres.

### Advocacy

Cities have opportunities to advocate health and health equity in all policies at the national level by participating in and helping build the Network as a powerful shared voice and vehicle for change. The Network provides potential to strengthen local advocacy through agreeing on common priorities and approaches among member cities and towns.

## Future direction

The future direction of the United Kingdom Healthy Cities Network will focus on implementing Health 2020, concentrating on the key goals and themes of Phase VI. This will be supported by an evaluation of the United Kingdom Healthy Cities Network and continued review of the delivery structures.

**Website of the Network** (<http://www.healthycities.org.uk>)

Resources include:

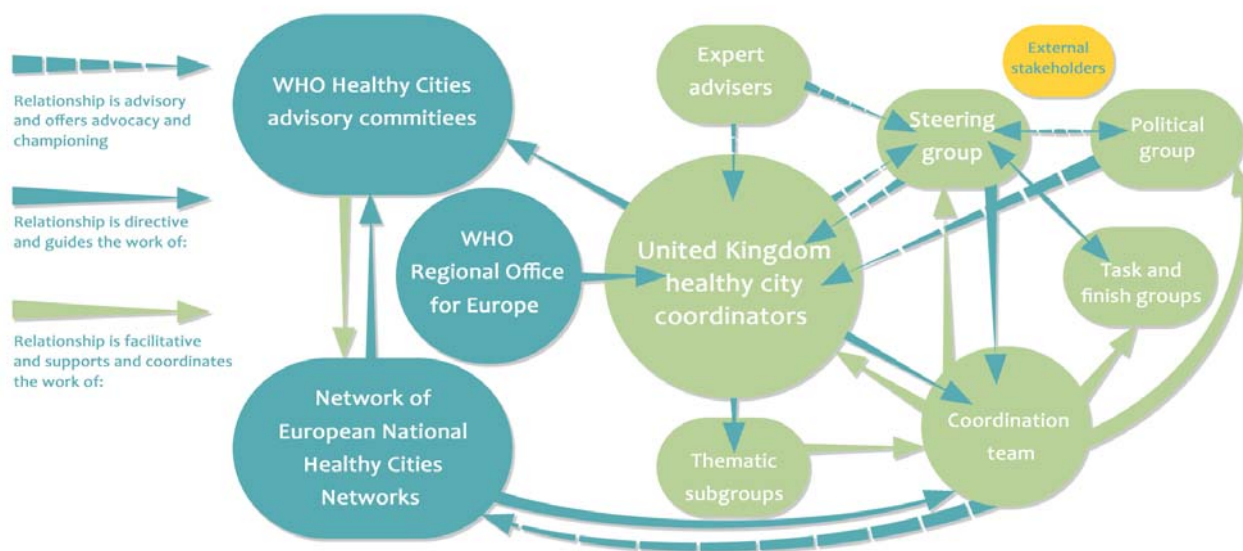
- United Kingdom Healthy Cities Network information booklet ([www.healthycities.org.uk/healthy\\_cities\\_brochure/index.html](http://www.healthycities.org.uk/healthy_cities_brochure/index.html));
- Network’s governing bodies: “About the Network”; and
- history archive: “The Healthy Cities movement” then “History”.

## Robust structures for healthy city leadership

The United Kingdom Healthy Cities Network acknowledges that successfully implementing the healthy city approach requires robust structures; innovative action to address all aspects of health and living conditions; and extensive networking between cities in the United Kingdom, across the rest of Europe and beyond. This entails a strong network structure, explicit political commitment, leadership, institutional change and intersectoral partnerships.

In January 2013, the Steering Group of the United Kingdom Healthy Cities Network agreed that the Network’s governance structures, including the Steering Group itself, should be reviewed in consultation with the wider membership to reach the above potential. This review included consultation with other national healthy cities networks on their organizational structures. The organigram in Fig. 1 outlines the revised structure that emerged and the relationships each group has with the structure as a whole. City members are the core focus of network activity.

**Fig. 1. Structure of the United Kingdom Healthy Cities Network**



## Network delivery mechanisms

To support this structure and to deliver a dynamic network, the following mechanisms have been developed.

### Network meetings

A minimum of three meetings are held annually, comprising business issues, WHO updates, sharing of practices, peer support and training workshops.

### Themed learning events

A minimum of three interactive training and capacity-building workshops and master classes are held annually. Examples include: community development; age-friendly cities; planning and health; community resilience and assets; welfare reform and health; and arts, culture and health.

### Website

A web-based portal comprises background information, a searchable database of resources and case studies, reports and presentations from meetings and relevant links.

### Briefings, toolkits and guidance documents

Materials are developed, produced and disseminated in response to demand that draws on the assets of Network members and the wider healthy cities movement. See examples on our website under “Resources”, which include 20 miles per hour speed limits, smoke-free children’s play areas and minimum pricing for alcohol.

### Webinars

Seminars are held each year, which combine expert input on topical issues and themes with interactive dialogue and debate.

### Subgroups and collaboration

Focused subgroups and collaboration support specific groups of stakeholders (such as coordinators, local politicians and academics) and facilitate shared learning and action on core healthy cities themes and approaches (such as healthy planning, community development and age-friendly cities and towns).

### Open access conference calls

Open access conference calls offer the opportunity for members to discuss and support one another in addressing priority issues and concerns.

### Consultation responses

The Network facilitates and coordinates responses to a limited number of relevant national consultations on policy and other developments – examples being the public health workforce strategy and the government’s policies to reduce alcohol-fuelled crime and anti-social behaviour.

### Network support and development

The Network supports members in strengthening healthy cities work and in facilitating the maintenance and further development of a dynamic and effectively functioning network.

### Support from the Network Coordination hosted at Newcastle City Council

The Network Coordination:

- supports the Steering Group in developing robust governance structures with the agreement of the membership;

## Country profiles

- works with the Steering Group to secure sustainable funding for the Network;
- supports and develops the Politician’s Group with coordinators and lead politicians;
- supports new members and applicants interested in joining the Network; and
- represents the United Kingdom Healthy Cities Network at the European level and contributes to the annual business meetings of the WHO European Healthy Cities Network and Network of European National Healthy Cities Networks.

“Becoming a member of the WHO European Healthy Cities Network and United Kingdom Healthy Cities Network has provided us with an excellent opportunity to link what we are doing on a local basis to what is happening on a national and international basis.”

– Eamon O’Kane, *Healthy City Coordinator, Derry-Londonderry*

“The designation of Swansea as a member of the WHO European Healthy Cities Network has been a facilitative factor in refreshing efforts in Swansea to improve health and well-being and to fundamentally tackle health inequity. Membership of the United Kingdom Healthy Cities Network and contacts made with the other healthy city coordinators in the United Kingdom has already proved extremely beneficial.”

– Nina Williams, *Healthy City Coordinator, Swansea*

“Glasgow remains committed to tackling health inequalities and especially to protecting our most vulnerable people in these challenging times. We continue to support participation in the healthy cities movement, and we were particularly proud this year to host a meeting of the WHO European Healthy Cities Subnetwork on Healthy Urban Environment and Design. I hope that we will be able to learn from our peer cities across Europe and also to share our own experience over the rest of Phase V.”

– Russell Jones, *Healthy City Coordinator, Glasgow*

“The Sheffield City Council recognizes that the inequalities and shortcomings in a city’s health can only be tackled by a coordinated effort across a whole range of social, economic and environmental fronts. As a local authority, we are well placed to address these challenges. The WHO Healthy Cities programme has provided us with a framework, based on the latest evidence, within which to develop effective strategy and operation.”

– Chris Shaw, *Healthy City Coordinator, Sheffield*

### Contact information

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1. Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Geneva: World Health Organization; 1978 ([http://www.who.int/publications/almaata\\_declaration\\_en.pdf](http://www.who.int/publications/almaata_declaration_en.pdf), accessed 3 June 2015).
2. Ottawa Charter for Health Promotion. Copenhagen: WHO Regional Office for Europe; 1986 (<http://www.euro.who.int/en/publications/policy-documents/ottawa-charter-for-health-promotion,-1986>, accessed 3 June 2015).
3. Health21: the health for all policy framework for the WHO European Region. Copenhagen: WHO Regional Office for Europe; 1999 (European Health for All Series, No. 6).
4. Agenda 21. New York: United Nations Division for Sustainable Development; 1992.
5. Goumans M. What about healthy cities networks? An analysis of structure and organisation of national healthy cities networks in Europe. Maastricht, Netherlands: Research for Healthy Cities Clearinghouse; 1992 (RHC Monograph Series No. 3).
6. National healthy cities networks in Europe. 3rd ed. Copenhagen, WHO Regional Office for Europe; 1997.
7. Farrington J. The state of national healthy cities networks for healthy cities. Copenhagen: WHO Regional Office for Europe; 1997.
8. Healthy cities. Strengthening action for health for all at the local and city levels in the European Region of WHO. Copenhagen: WHO Regional Office for Europe; 1998.
9. Action framework and terms of reference (2000–2002) – Network of the European National Healthy Cities Networks. Copenhagen: WHO Regional Office for Europe; 2000.
10. Terms of reference and accreditation requirements for membership in the Network of European Healthy Cities Networks Phase VI (2014–2018). Copenhagen: WHO European Office for Europe; 2013.
11. 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; 2003.
12. Health 2020 – a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013.
13. Phase VI (2014–2018) of the WHO European Healthy Cities Network: goals and requirements. Copenhagen: WHO Regional Office for Europe; 2013.
14. Network of European National Healthy Cities Networks. Analysis of annual reports from 1 January 2010 to 31 January 2011. Copenhagen: WHO Regional Office for Europe; 2011.

15. Network of European National Healthy Cities Networks. Analysis of annual reports from 1 January 2011 to 31 January 2012. Copenhagen: WHO Regional Office for Europe; 2012.
16. Network of European National Healthy Cities Networks. Analysis of annual reports from 1 January 2012 to 31 January 2013. Copenhagen: WHO Regional Office for Europe; 2013.
17. Briefing from healthy cities national networks. 2nd ed. Copenhagen: WHO Regional Office for Europe, 2012.
18. Fifth Annual Business Meeting and Technical Conference of the WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks in Phase V (2009–2013). Copenhagen: WHO Regional Office for Europe; 2013.
19. CIVITAS-ELAN. Transport Research and Innovation Portal; 2014 ([http://www.transport-research.info/web/projects/project\\_details.cfm?id=38253](http://www.transport-research.info/web/projects/project_details.cfm?id=38253), accessed 3 June 2015).
20. European Mobility Week: Brno. Brussels: Eurocities; 2014 ([http://www.mobilityweek.eu/cities/?ci=cz\\_e7wdyvwx&year=2012](http://www.mobilityweek.eu/cities/?ci=cz_e7wdyvwx&year=2012), accessed 3 June 2015).
21. South-eastern Europe Health Network. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/south-eastern-europe-health-network-seehn>, accessed 3 June 2015).
22. Baltic Region Healthy Cities Association [website]. Turku: Baltic Region Healthy Cities Association; 2014 (<http://www.marebalticum.org>, accessed 3 June 2015).
23. Hepro Community [website]. Sarpsborg: Østfold County Council; 2014 (<http://www.heproforum.net>, accessed 3 June 2015).
24. World urbanization prospects: the 2011 revision, CD-ROM edition. New York: United Nations, Department of Economic and Social Affairs, Population Division; 2012.
25. United Nations Department of Economic and Social Affairs [website]. New York: United Nations; 2014 (<http://esa.un.org/unup/CD-ROM/Data-Sources.htm>, accessed 3 June 2015).
26. Sustainable Management Development Program. Healthy plan-it. A tool for planning and managing public health programs. Workshop kit. Atlanta: United States Centers for Disease Control and Prevention; 2008.
27. LA21: why and how to measure the quality of Local Agenda 21 in the CR? Criteria of Local Agenda 21 and its implementation into practice. Prague: Ministry of the Environment; 2010 (<http://www.healthycities.cz/la21-criteria-leaflet>, accessed 3 June 2015).
28. The Aalborg Commitments. Freiburg: sustainablecities.eu, 2014 (<http://www.sustainablecities.eu/aalborg-process/commitments>, accessed 3 June 2015).

29. Indicator based methodology for Local Agenda 21 evaluation. Prague: Healthy Cities of the Czech Republic; 2011.
30. Take (good) care of your voters. Oslo: Norwegian Healthy Cities Network; 2012 (<http://sunnekommuner.no/ta-vare-paa-velgerne-dine/pdf/kampanje-eng-sunnekommuner.pdf>, accessed 3 June 2015).
31. Wilkinson R, Marmot M. Social determinants of health. The solid facts. 2nd ed. Copenhagen: WHO Regional Office for Europe; 2003.
32. Global Youth Tobacco Survey (GYTS). 2001 handbook. Atlanta: United States Centers for Disease Control and Prevention; 2001.
33. The results of address based population registration system, 2013. Ankara: Turkish Statistical Institute; 2014 (<http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=15974>, accessed 3 June 2015).



# Annex 1. Resources on healthy cities and urban health

All documents published by the WHO Regional Office for Europe are available at its website ([www.euro.who.int](http://www.euro.who.int)) via the website's search field. To access all resources on healthy cities and urban health, click on "Health topics" and then "Urban health".

A full reference and a web link is provided for other publications.

Background on the eight global conferences on health promotion, from Ottawa in 1986 to Helsinki in 2014, is available on the WHO website (<http://www.who.int/healthpromotion/conferences/en>).

## Key resources for national healthy cities networks

### WHO publications

Janss Lafond L, Heritage Z, Farrington J, Tsouros AD. National healthy cities networks: a powerful force for health and sustainable development in Europe. Copenhagen: WHO Regional Office for Europe; 2003.

Health 2020 – a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013.

Zagreb Declaration for Healthy Cities: Health and health equity in all local policies. Copenhagen: WHO Regional Office for Europe; 2009.

Phase VI (2014–2018) of the WHO European Healthy Cities Network: goals and requirements. Copenhagen: WHO Regional Office for Europe; 2013.

Terms of reference and accreditation requirements for membership in the Network of European National Healthy Cities Networks Phase VI (2014–2018). Copenhagen: WHO Regional Office for Europe; 2013.

### Journal articles

Donchin M, Shemesh AA, Horowitz P, Daoud N. Implementation of the Healthy Cities' principles and strategies: an evaluation of the Israel Healthy Cities Network. *Health Promot Int.* 2006;21:266–273.

Heritage Z, Green G. European national healthy city networks: the impact of an elite epistemic community. *J Urban Health.* 2013;90(Suppl. 1).

Janss Lafond L, Heritage Z. National networks of healthy cities in Europe. *Health Promot Int.* 2009;24(Suppl. 1).

### Contact information for coordinators

Go to <http://www.euro.who.int> and click on "Health topics" and then "Urban health" to find a list of national network and city coordinators by country.

## City-level implementation guidance

- Twenty steps for developing a healthy cities project. 3rd ed. Copenhagen: WHO Regional Office for Europe; 1997.
- Barton H, Tsourou C. Healthy urban planning. A WHO guide to planning for people. London: E&FN Spon; 2000.
- City health development planning. A working tool: concept, process, structure and content. Copenhagen: WHO Regional Office for Europe; 2001.
- City health planning: the framework. Copenhagen: WHO Regional Office for Europe; 1996.
- City health profiles – how to report on health in your city. Copenhagen: WHO Regional Office for Europe; 1995.
- City planning for health and sustainable development: concepts, principles and a framework for action for European cities and towns. Copenhagen: WHO Regional Office for Europe; 2003.
- Community participation in local health and sustainable development: approaches and techniques. Copenhagen: WHO Regional Office for Europe; 2002.

## Evidence and policy guidance

- Addressing the social determinants of health: the urban dimension and the role of local government. Copenhagen: WHO Regional Office for Europe; 2012.
- Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: World Health Organization; 2013.
- Kickbusch I, Gleicher D. Governance for health in the 21st century. Copenhagen: WHO Regional Office for Europe; 2012.
- Health literacy: the solid facts. Copenhagen: WHO Regional Office for Europe; 2013.
- Healthy cities tackle the social determinants of inequities in health: a framework for action. Copenhagen: WHO Regional Office for Europe; 2012).
- Review of social determinants and the health divide in the WHO European Region: final report. Copenhagen: WHO Regional Office for Europe; updated reprint, 2014.
- Wilkinson R, Marmot M. Social determinants of health. The solid facts. 2nd ed. Copenhagen: WHO Regional Office for Europe; 2003.
- Action for equity in Europe. Mayors' Statement of the WHO Healthy Cities Network in Phase III. Copenhagen: WHO Regional Office for Europe; 2000.

# Annex 2. Criteria for national healthy cities networks and cities

## Requirements for accrediting national networks to be members of the Network of European National Healthy Cities Networks

Healthy city element	Minimum requirements
1. Political commitment: endorsement of principles and strategies	Make a political commitment or declaration to Health 2020 and the WHO European Healthy Cities Network goals and requirements in Phase VI
2. Infrastructure	<p>Identify a coordinator or focal point with technical and administrative resources and annual programme budget</p> <p>A steering committee with city and national political representation and partners representing Phase VI goals and themes</p> <p>Formal organization of the network under by-laws or a constitution</p> <p>Clear membership requirements for cities that follow the four elements of healthy city action</p>
3. Products and outcomes	<p>Regular business meetings with member cities</p> <p>Action plan with visible evidence that the national network actively supports its member cities</p> <p>Completing the annual reporting template that reports on national network activities and contributing to the publications and newsletters of the Network of European National Healthy Cities Networks</p> <p>Systematic monitoring and evaluation of the network's annual programme of work or action plan</p> <p>Dissemination of information and services to members</p>
4. Networking	<p>Attend annual business and technical conferences of the WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks</p> <p>Website, WebEx and e-mail address</p> <p>Two national network member cities to attend the annual WHO business and technical conference, self-funded or national network funded, where resources permit</p> <p>Proactively networking with other national healthy cities networks; other national networks or partners that will be mutually beneficial</p>
5. Annual financial contribution	Make annual financial payment to WHO

## Membership requirements for cities applying to be a member of a national healthy cities network

Healthy city element	Minimum requirements	Ideal requirements (in addition to minimum requirements)
1. Political commitment: endorsement of principles and strategies	<p>Make a political commitment to the WHO Health 2020 and WHO European Healthy Cities Network Phase VI framework</p> <p>Political commitment by city mayor to participate in the national network through a council resolution</p>	<p>Local partnership agreements with sectors, departments, institutions and NGOs</p> <p>Full commitment to work on Phase VI goals</p>
2. Infrastructure	<p>Identify a coordinator or focal point with administrative and office support and resources</p> <p>An intersectoral steering committee, with a city political representative</p>	<p>Full-time coordinator and additional support staff to work in the healthy city office</p>
3. Products and outcomes	<p>A range of healthy city activities such as action to address inequality in health, promoting healthy living, supporting vulnerable groups or healthy urban planning</p> <p>Annual report and annual reporting template submitted to the national network and exchange of information</p>	<p>A plan or programme for delivering the Phase VI framework</p> <p>A city health profile, a city health development plan or the equivalent</p> <p>Formal annual reporting mechanism and monitoring of progress</p>
4. Networking	<p>Attend national network meetings</p>	<p>Attend national network meetings and, where resources permit, the annual WHO business and technical conference</p> <p>Active participation in national network training and learning events</p> <p>Website and WebEx</p>

# Annex 3. Recommendations for setting up and launching a national healthy cities network

Interest in healthy cities in Europe is growing, and a goal in Phase VI of healthy cities is to introduce national healthy cities networks to more countries in the WHO European Region. Many questions arise as professionals in countries embark on the process of setting up a national network. National network coordinators, well experienced in their field, have shared their knowledge to produce the set of general guidelines below.

A table summarizing different models of national healthy cities leadership (described in Chapter 3 of Part 1), with their perceived advantages and disadvantages, is also provided. These models may provide some insight into how healthy cities might be introduced and who might be involved in the leadership process. The model of leadership a national network chooses depends completely on the needs, conditions and capacity of cities in the individual country. There is no right or wrong model, and national networks adapt their structures over time.

## **1. Learn about healthy cities: principles, policies, organization and networking.**

- Identify a provisional coordinator.
- Access information on healthy cities available from WHO, and the terms of reference, which set out criteria for national networks and their cities (see Annexes 1 and 2).
- Contact WHO and join the annual coordinators' meeting or training event of the Network of European National Healthy Cities Networks as an observer.
- Learn from the experience of other countries.
  - How can healthy cities be adapted to your country?
  - Review the existing functions and organizational models of other national healthy cities networks (see below).
  - Learn how other networks engage political leaders.

A list of contact details for the coordinators of all national healthy cities networks (accredited and non-accredited) is available via the WHO website at <http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/partners/network-of-national-healthy-cities-networks-coordinators>.

## **2. Find champions and supporters.**

- Get a core group of enthusiastic cities together, ideally with some experience. Connect with any members of the WHO European Healthy Cities Network in your country (see Annex 1).
- Find a powerful, inspired and forward-thinking mayor to start the campaign for your healthy cities network.
- Begin to develop links and partnerships with the health ministry, other ministries and national organizations and academic institutes that might support development of the network.
- Identify or apply for start-up funds.

### 3. Identify your needs, assets and opportunities.

- What are the major public health challenges for cities in your country?
- What unique added value could a healthy cities network bring to the national arena?
- What key aspects of healthy cities implementation need the most support at the local level?
- What are your existing strengths?
- What human resource skills will you need to run the network?
- What local and national resources can you rely on?
- What are the needs of potential national partners?
- How can cities connect closely to the national health and sustainable development agenda?

### 4. Get organized, but start small.

- Agree on your initial goals.
- Set up a working group to create the formal structures and documents for the network.
  - Develop clear priorities.
  - Investigate the statutory requirements for setting up the network as a legal body.
  - Define a minimum standard of work, including a set of clear membership criteria.
  - Set-up governing bodies, with transparent decision-making processes.
  - Establish a steering committee and any other leadership bodies, giving consideration to how the network will involve politicians.
  - Consider introducing a membership fee.
  - Integrate the above into a formal constitution.
- Set-up a flexible coordination office (see later).

### 5. Create a foundation for healthy cities to grow.

- Train an expert team in healthy cities work, such as on city health profiles and plans and on city health planning.
- Create frequent opportunities for learning and exchange.
- Set up a website to support members and promote the network nationally.
- Invest in communication tools, aimed at politicians, that explain the concepts behind healthy cities.
- Build alliances across sectors.

### 6. Launch the network nationally.

- Identify your most important messages to your first target group.
- Adopt a national network strategy and set a concrete plan of action.
- Organize a large national conference, with partners, on healthy cities.
- Formally launch the network.

### 7. Gain independence and sustainability.

- Become as organizationally independent and financially self-sufficient as possible.
- Regularly review network structures and functions with a view to constantly bringing added value to cities and partners.
- Work at sustaining active city and political involvement.
- Network at the European level and become part of the WHO movement by applying for accreditation. WHO accreditation is a mark of quality and strengthens the legitimacy of national healthy cities networks, making them attractive partners at all levels.

# Models of leadership in national healthy cities networks

Type	Advantages	Disadvantages
<p><b>Independent</b></p> <p>The network is not a part of or subject to the influence of any other organization</p>	<ul style="list-style-type: none"> <li>• Independent voice and decision-making.</li> <li>• The network can freely promote the views of cities and pursue partnerships regardless changes in the political and policy environment.</li> <li>• Highly responsive to city needs.</li> <li>• The four networks with this type of organization all have full-time coordinators.</li> </ul>	<ul style="list-style-type: none"> <li>• No direct access to in-kind resources for staff and coordination costs.</li> <li>• Heavy reliance on external funding and membership fees.</li> </ul>
<p><b>City-led</b></p> <p>A network city hosts the coordination and provides network leadership</p>	<ul style="list-style-type: none"> <li>• Independent local voice but influenced by the lead or host city.</li> <li>• Highly responsive to city needs.</li> <li>• The host city takes on the coordination costs.</li> <li>• The coordinator has close contact with the political leader of the network.</li> <li>• The coordinator has keen insight into the everyday challenges of running a healthy city.</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in local political leadership and economic decisions can negatively influence the resources available to the network.</li> <li>• The host city may not be geographically central, or in the country's capital, making it more difficult to establish national contacts and partnerships.</li> <li>• The coordinator often works for the network part time as part of another full-time role in the city.</li> </ul>
<p><b>Institution-led</b></p> <p>The national network is organizationally part of a host institution (such as the health ministry, a school of public health or an association of local authorities) that provides leadership</p>	<ul style="list-style-type: none"> <li>• The network benefits from the reputation and respect of the institution or organization, adding credibility to the network.</li> <li>• The institution gives access to in-house expertise on research, training and evaluation.</li> <li>• The host takes on coordination costs.</li> <li>• Strong understanding of national issues and access to consultation processes.</li> <li>• The network benefits from the organization's existing partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>• Academic institutes rely on research grants and external funding, which can have great administrative costs.</li> <li>• Healthy cities may lose priority in resource allocation.</li> <li>• There is a risk that national priorities solely define the work of the network, making it an implementation network, but this is not the rule. This is as opposed to cities identifying and articulating their collective needs and priorities.</li> <li>• Developing understanding between cities and national institutions and forming mutually beneficial relationships can be time-consuming initially, but in the long term this produces advantages, such as by bridging research with practical policy implementation.</li> </ul>

## The WHO Regional Office for Europe

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

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