REGIONAL GUIDELINES FOR DEVELOPING A HEALTHY CITIES PROJECT

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Preface

Population growth in urban areas is a world-wide phenomenon, and countries in the Western Pacific Region are no exception. Particularly in developing countries, urbanization has been rapid in the past two decades, and such rapid urbanization is expected to continue in the coming years. While urbanization has provided opportunities for employment, education and socio-economic development, it has also brought about a number of adverse health problems. These urban health problems are caused by different factors called health determinants. These are related, to a certain extent, to the adequacy of medical and health services, but perhaps more so to the physical, social and economic environments of the urban areas, as well as people's lifestyles and behaviours.

Over the past years, WHO for the Western Pacific Region has worked with its member countries, particularly developing countries, in a number of urban health initiatives called Healthy Cities. The Healthy Cities initiatives address priority urban health determinants, many of which are not under the direct control of medical and health services. Solutions to urban health problems require the effective involvement of non-health sectors (e.g. industry, transport, labour, education, commerce/trade, municipal utilities and services, urban planning, etc.), as well as nongovernmental organizations, the private sector, and the community. The overall strategy employed by the Healthy Cities initiatives is to generate intersectoral action and community participation to integrate health protection and health promotion activities and transform health determinants for the better.

Nine years ago, when WHO Regional Office for the Western Pacific started consultations with countries and areas in the Region on urban health issues, only Australia, Japan and New Zealand, the countries more developed than others, had the experience of implementing Healthy Cities projects. Ten more countries (Cambodia, China, Fiji, Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, Republic of Korea, the Philippines, and Viet Nam) have since implemented or are planning to implement Healthy Cities activities. The process of applying the Healthy Cities concept and approach to developing countries has been one of trial and error, but Healthy Cities has become a dynamic movement in the Region.

A need for Regional guidelines on Healthy Cities was first identified by participants at the WHO Regional Consultation on Healthy Cities held in October 1996 in Beijing, China. Since then, more Member States have joined the Healthy Cities movement and more requests for the guidelines have been received by WHO. The attached guidelines have been prepared in response to these requests and they aim to support the development of Healthy Cities activities in the Region. However, it should be noted that these guidelines reflect only the experiences gained up to the end of 1999, and there are still many unresolved aspects. For instance, we have had little experience in thorough evaluations of Healthy Cities projects and the guidelines provide only a proposed framework for evaluation. Because the Healthy Cities projects in the Region have developed in diverse ways, it is possible to provide only a generic procedure for evaluation. The adaptation of the guidelines to local and national contexts is required. All in all, these guidelines should be regarded as a progressive, working document, and will be revised as more experiences are accumulated in the future.

In the mean time, we hope that these guidelines will serve as a useful reference document for more innovative local and national initiatives of Healthy Cities.

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These guidelines represent the contribution of many individuals. The original manuscript was put together by Professor Takehito Takano, of WHO Collaborating Centre for Healthy Cities and Urban Policy Research, Department of Public Health and Environmental Science, Tokyo Medical and Dental University; Professor Fran Baum, of Department of Public Health, Flinders University of South Australia, and Dr Hisashi Ogawa, Regional Adviser in Environmental Health, WHO Regional Office for the Western Pacific. Annex 1 of the guidelines (Regional experiences in developing Healthy Cities projects) was contributed by participants at the WHO Workshop on Healthy Cities: Preparing for the 21st Century, held in Malacca, Malaysia, in October 1999. The participants at the workshop reviewed parts of the draft and made useful suggestions for revision. The individuals who offered significant feedback included Dr Veng Thai and Ms Choeur Socheat from Cambodia, Mr Sadeesh Chand from Fiji, Dr Bouakeo Souvanthong and Dr Wath Kongkeo from the Lao People's Democratic Republic, Dr Leela Anthony, Dr Hjh Rosnah bt Hj. Ismail, Dr Rafidah bt Md. Noor, Dr Daud bin Abdul Rahim and Datin Dr Jayanthi Krishnan from Malaysia, Ms Avirmid Buzmaa, Mr Chultemsuren Batsaikhan and Mr Tuvdendorj Purevjav from Mongolia, Dr Jose Emmanuel L. Carlos and Dr Maris rosarita Quijano from the Philippines, Dr Sun Ha Jee from the Republic of Korea, and Dr Nguyen Thi Hong Tu, Dr Tran Bui and Mr Truong Minh Sang from Viet Nam.

The revised guidelines were reviewed, and a number of useful comments were made by those practitioners of Healthy Cities projects and other experts. They were Dr Andrew Kiyu, Deputy Director, and Dr Jamilah bt Hashim, Medical Officer, of Department of Health, Kuching, Sarawak, Malaysia; Dr Bounlay Phommasack, Deputy Director, Department of Hygiene and Prevention, Ministry of Health, Vientiane, Lao People's Democratic Republic; Dr Susan Pineda-Marcado, Undersecretary of Health and Chief of Staff, Department of Health, Philippines; and Dr Vivian Lin, Executive Officer, National Public Health Partnership, Department of Human Services, Melbourne, Victoria, Australia.

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1. Introduction

1.1 Healthy Cities: the concept

The world is urbanizing rapidly, and by the year 2005, over half of the world's population will live in urban areas[1]. In the Western Pacific Region, about 40% of people currently live in urban areas, and it is expected that the percentage will reach close to 50% by 2010. The rate of urbanization has been particularly rapid since 1980[2].

Numerous health and environmental issues arise from this unprecedented urbanization.

The health of city dwellers is largely dependent upon their living conditions and lifestyles. The factors in our everyday life, which significantly influence our health status, are called "health determinants". Health determinants include water supply, sanitation, nutrition, food safety, health services, housing conditions, working conditions, education, lifestyles, population changes, income, and so on. They are physical, social and economic environments that surround city dwellers.

The way in which health determinants affect the health of city dwellers is complex. However, the control of health determinants is often outside the responsibility and capacity of the health sector. Therefore, in order to take effective actions to solve urban health problems, it is necessary to integrate the efforts of various sectors. These sectors include not only the health and other departments of governments, but also non-governmental organizations, private companies as well as the communities themselves. Developing this integrated, intersectoral approach with community participation is an important feature of Healthy Cities.

Healthy Cities projects aim to improve the health of city dwellers through improved living conditions and better health services in association with various urban development activities. An underlying intention of a Healthy Cities project is to bring together the partnership of the public, private and voluntary sectors to focus on urban health and to tackle health issues in a broad, participatory way.

1.2 Definitions

"A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."[3]

A Healthy City commits to a process of trying to achieve better physical and social environments. Any city can start the process of becoming a Healthy City if it is committed to the development and maintenance of physical and social environments which support and promote better health and quality of life for residents. Building health considerations into urban development and management is crucial for Healthy Cities.

Key features of a Healthy Cities project include high political commitment; intersectoral collaboration; community participation; integration of activities in elemental settings; development of a city health profile and a local action plan; periodic monitoring and evaluation; participatory research and analyses; information sharing; involvement of the media; incorporation of views from all groups

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[1] *World Urbanization Prospects*. United Nations, 1995.

[2] *World Population Prospects*. United Nations, 1994 (revision).

[3] Hancock, T. and L. Duhl. *Promoting Health in the Urban Context*. WHO Healthy Cities Papers No.1, 1988.

within the community; mechanisms for sustainability; linkage with community development and human development; and national and international networking.

The Western Pacific Region appreciates its wide diversity of countries and cities, and nurtures this diversity through networking, cooperation, and respect for differences in situations among countries and among cities. Sharing the Healthy Cities concept and project characteristics ensures a common platform for Healthy Cities to exchange their experiences.

1.3   An overview of Healthy Cities in the Region

The beginning

In the late 1980s and early 1990s, a number of Healthy City projects were initiated in industrialized countries in Europe and North America. In the Western Pacific Region, Australia, Japan and New Zealand joined this movement. The Australian pilot project was implemented in Noarlunga, Canberra, and Illawarra, from 1987 to 1990[4]. Tokyo started to put the idea into practice in the late 1980s, and the Tokyo Metropolitan Government launched a Healthy Cities project in 1991 with the establishment of "Tokyo Citizens Council for Health Promotion"[5]. The Japanese Ministry of Health and Welfare also launched a nationwide programme, called Health Culture Cities, in 1993. In New Zealand the concept of Healthy Cities was used in Manakau to develop the first Healthy Communities project in 1988[6].

During the same period, the WHO Regional Office for the Western Pacific began a series of consultative meetings on urban health issues with experts from its Member States. The intention was to address the urban health issues of both industrialized and developing countries of the Region which were facing formidable challenges in protecting and enhancing health of urban dwellers. These meetings coincided with the World Health Assembly in May 1991 that produced a resolution for the development of programmes to prevent and control the adverse health effects of rapidly growing urban areas[7]. In 1991 alone, the WHO Regional Office for the Western Pacific convened four regional meetings[8] that addressed urban heath issues, among other things.

The results of these regional meetings were summarized in a document entitled "Healthy Urban Environment", which was the subject of a technical discussion conducted in conjunction with the forty-third session of the Regional Committee for the Western Pacific, held in Hong Kong in September 1992[9]. The Regional Committee endorsed the WHO initiative to promote urban health development activities in the Region.

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[4] Whelan, A., R. Mohr and S. Short. *Waving or Drowning? Evaluation of the National Secretariat, Healthy Cities Australia.* Final Report, 1992.

[5] Nakamura, K. and T. Takano. Image diagnosis of health in cities: Tokyo Healthy City. In: T. Takano, K. Ishidate and M. Nagasa, eds. *Formulation and Development of a Research Base for Healthy Cities*. Kyoiku Syoseki, Co. Ltd. 1992. 50-67.

[6] Randle, N. and M. Hutt. *Healthy Cities: A Report for Midland Regional Health Authority*. 1997. (Unpublished)

[7] *World Health Assembly Resolution WHA44.27 on urban health development*. World Health Organization. 1991.

[8] The Working Group on Integration of Environmental Health into Planning for Urban Development, February 1991, Kuala Lumpur; the Working Group on Urban Health Development, September 1991, Osaka; the Western Pacific Advisory Committee on Health Research, Subcommittee on Health Promotion, October 1991, Manila; and the Consultative Group on Health and Environment, November 1991, Manila.

[9] *Technical Discussions on a Healthy Urban Environment*. Manila: World Health Organization/WPRO, 1992.

Initiating Healthy Cities projects in developing countries

Following the endorsement of the Regional Committee, the WHO Regional Office for the Western Pacific initiated city-specific urban health development activities in selected developing countries. In August 1993, WHO convened a Bi-Regional Meeting on Urban Health Development in Manila, involving participants from selected cities in the WHO South-East and Western Pacific Regions[10]. The participants discussed the promotion of urban health development programmes in their cities, and prepared project proposals for resolving specific urban health issues.

Building on the outcome of the Bi-Regional Meeting, in 1993 WHO developed a broad project proposal designed to involve selected cities as model cases and the Ministry of Health as a national focal point to coordinate and facilitate various Healthy City-type activities. This generic proposal was discussed with the governments of China, Malaysia and Viet Nam, and more country-specific proposals were developed and endorsed by the respective governments in early 1994. The Healthy Urban China project and the Healthy Urban Malaysia project commenced in the third quarter of 1994, as well as the project in Viet Nam which focused on the integration of health and environment considerations into planning for sustainable development.

Expanding the Healthy Cities movement

In 1995, the WHO Western Pacific Regional Office and the UNDP/World Bank/UNCHS Urban Management Programme Regional Office for Asia and the Pacific conducted a regional workshop on urban health and environmental management. At the workshop, experiences in implementing Healthy Cities projects in China, Malaysia and Viet Nam were presented and shared with participants from other countries in Asia and the Pacific. From 1996, Cambodia, the Lao People's Democratic Republic, Mongolia and the Republic of Korea have initiated Healthy Cities projects (Annex 1). In October 1996, the first regional consultation on Healthy Cities was held, and the early efforts of these and other projects were presented[11].

In 1997, WHO designated the Department of Public Health and Environmental Science of Tokyo Medical and Dental University as the WHO Collaborating Centre for Healthy Cities and Urban Policy to strengthen the Healthy Cities work in the Region. From 1997, the learning and exchanging of information on Healthy Cities has been promoted by organizing study tours and short courses. Betweeen 1997 and 1999, study tours were undertaken for Healthy Cities practitioners in Cambodia, China, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam to visit Australia, Japan and Malaysia, and for Malaysian practitioners to visit Australia and Japan. In 1997, a short course on environmental management for health in urban areas was conducted at the WHO Collaborating Centre in Environmental Health in the University of Western Sydney – Hawkesbury, and attended by participants from Cambodia, China, the Lao People's Democratic Republic, Mongolia and Viet Nam. A one-week course on Healthy Cities and Communities was offered at the Flinders University of South Australia and was attended by participants from developing countries in the Region. Since 1993, the National Institute of Public Administration, Malaysia (INTAN), with funding from the Japan International Cooperation Agency (JICA) and in cooperation with the WHO Western Pacific Regional Office, has been offering an international course on the promotion of healthy environment in urban areas (Healthy Cities programme). The learning and sharing of experiences has

WPR/RC43/Technical Discussions/2 .(Background document).

[10] *Report on Bi-regional Meeting on Urban Health Development*. Manila: World Health Organization/WPRO, 1993.

[11] *Report on Regional Consultation on Healthy Cities*. Manila: World Health Organization/WPRO. 1997.

been facilitated by the WHO publication of case studies and compilation of a regional Healthy Cities projects database, and through Internet web pages created by WHO and some Healthy Cities projects.

In 1999, the Philippines initiated three Healthy Cities projects in Metro Manila, and Fiji and Papua New Guinea have joined to initiate Healthy Cities activities. Currently, approximately 170 cities are implementing Healthy Cities activities in the Western Pacific Region.

In October 1999, the WHO Regional Office for the Western Pacific conducted a workshop on Healthy Cities: Preparing for the 21st Century, in Malacca, Malaysia. The participants shared their experiences in developing and implementing Healthy Cities projects, reviewed the contents of the regional guidelines, and developed a regional action plan on Healthy Cities for 2000-2003[12]. The experiences presented at the workshop are summarized in Annex 1.

Developing related healthy settings

While Healthy Cities were being developed, other activities related to "healthy settings" were also underway.

The Ministerial Conference on Health for the Pacific Islands, held in Fiji in March 1995, adopted "Healthy Islands" as the approach to building healthy populations and communities in the Pacific region and produced the Yanuca Island Declaration on Health in the Pacific in the 21st Century[13]. The ministers revisited the Yanuca Island Declaration and re-affirmed their commitment to the approach in Rarotonga, Cook Islands, in 1997[14]. The process of developing and implementing Healthy Islands initiatives was reviewed in Palau in 1999, and the ministers endorsed the expansion of the regional initiative[15].

Since the mid-1990s, "elemental healthy settings" (e.g. schools, workplaces, hospitals, marketplaces, villages/communities) projects have been developed and implemented in Member States. Almost all countries in the Western Pacific Region implement health-promoting schools, while some countries are developing projects on other elemental healthy settings, mostly as pilot projects. Since 1997, the integration of elemental healthy settings into Healthy Cities and Healthy Islands projects has been promoted in the Region.

The WHO Meeting on Health Protection and Health Promotion: Harmonizing Our Responses to the Challenges of the 21st Century was convened in August 1999. The meeting reviewed various healthy settings initiatives in the Region and developed a regional action plan for Healthy Settings[16].

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[12] *Report on Workshop on Healthy Cities: Preparing for the 21st Century.* Manila: World Health Organization/WPRO, 1999.

[13] *Yanuca Island Declaration.* Manila: World Health Organization/WPRO, 1995. WHO/HRH/95.4.

[14] *The Rarotonga Agreement: Towards Healthy Islands.* Manila: World Health Organization/WPRO, 1997. WHO/HRH/DHI/97.1

[15] *The Palau Action Statement: On Healthy Islands.* Manila: World Health Organization/WPRO, 1999. WPR/HRH/DHI/99.1.

[16] *Report on Meeting on Health Protection and Health Promotion: Harmonizing Our Responses to the Challenges of the 21st Century.* Manila: World Health Organization/WPRO, 1999.

2.   Major lessons learnt from Regional experiences

The experiences of developing Healthy Cities projects in ten countries in the Region are provided in Annex 1. An analysis of these experiences has been used to derive the lessons listed below.

- Variations in Healthy Cities
- Building on existing city initiatives
- Strong political support
- Need for a coordinating structure
- Active community participation and involvement
- Effective leadership
- External support and encouragement
- Need for short-term achievements
- Ensuring sustainability of Healthy Cities initiatives
- Need for evaluation, monitoring and indicators

Variations in Healthy Cities (no single model is applicable to all cases)

A review of the Healthy Cities initiatives in the Western Pacific Region demonstrates that there are significant variations in the way Healthy Cities projects have been implemented in the Region and the way they are organized within countries. These differences reflect levels of economic development, local history and culture, and political and administrative developments.

At the national level some countries (Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam) have a national coordinator (usually based within the Ministry of Health) while others, despite having numerous Healthy Cities projects, do not have any national coordinating position (Australia, Japan and New Zealand).

The tasks undertaken by Healthy Cities projects differ significantly in countries with different development levels. Generally, in developed countries such as Australia, Japan and New Zealand, crucial issues are crime and injury prevention and protection of the environment. In poorer countries, the provision of clean water and sanitation and basic urban infrastructure are paramount.

There are variations in the coordinating structure of Healthy Cities projects established in the Western Pacific Region. Some Australian projects sit outside formal structures of government and may even be perceived as initiatives of nongovernmental organizations. They seek to influence the policies and practices of others from the outside. Other projects are part of the structure of the government. There are likely to be different strengths associated with each model.

Building on existing city initiatives for the best use of existing structure and resources

A new Healthy Cities project should review relevant existing initiatives within the city and, whenever possible, integrate them into the project, or integrate Healthy Cities activities into them. It is important to establish a link between Healthy Cities and other existing initiatives to garner maximum support for the existing Healthy Cities projects.

Strong political support for coordination and resource mobilization

Experiences from cities demonstrated that strong political support is essential to the implementation and sustainability of a Healthy Cities project. Without this, projects have little chance of

achieving the organizational change, cooperation across sectors and re-allocation of resources which is essential to bring about differences in the ways health and environmental issues are tackled in cities. The political nature of Healthy Cities makes relationships with local leaders crucial to the success of the project. Mayors from project cities have often been invited to attend international meetings and/or to go on study tours in the Western Pacific Region. This experience has provided them with a chance to discuss issues from a political perspective. The Japanese Healthy Cities projects are often led by mayors. The Tokyo Healthy Cities Council has a representation of 63 mayors from across the metropolitan area.

Political support relates to other lessons, such as the need for effective leadership and active community participation and involvement . Strong political support for Healthy Cities will mean that the political leadership offers direct support for the initiative and recognizes the importance of community participation.

Need for a coordinating structure and an effective secretariat

A coordinating structure to encourage sectors to work together is essential. The exact nature of the structure will differ from city to city. The structure's effectiveness will be greatly enhanced with high-level administrative and political support. A key role of the structure is to increase the input of the community and nongovernmental organizations into planning and management of the city.

The availability of a part-time or full-time project officer is important in advancing Healthy Cities agendas. This can be achieved by secondment from supporting agencies. Innovative projects such as Healthy Cities need nurturing. A project manager and office perform this function well, and experiences in cities around the Region suggest that their existence is a crucial part of a successful initiative.

The Healthy Cities project manager is an important catalyst of change. An independent, small unit with a project manager is often quite effective. A small unit enables a flexible team to act as a bridge between the existing system and available resources within a city. The approach would provide a swift translation of ideas into initiatives, and move the focus from problems to possible solutions.

Active community participation and involvement

Involving nongovernmental and community-based organizations from the beginning of a Healthy Cities project is vital. The process requires time and resources because effective inclusion of community interests is a developmental process. Community involvement can happen at all stages of a Healthy Cities project, including needs assessment, preparation of a local action plan, establishment of a vision for the community, specific activities and task groups, and management of and advice to the overall Healthy Cities project.

Experience from the Region indicates that models of community participation in Healthy Cities projects evolve according to local traditions of civil society and the experience and skills of government officials working in with the communities. But, whatever the local traditions, the community involvement should be real, not token.

Most Healthy Cities project workers, particularly those working on a daily basis with local community people, are aware of the challenges and rewards of community participation. They recognize that effective partnerships take years rather than months to develop; the necessary trust and networks have to be built up. Such partnerships rely on the ability of professionals to recognize how the skills of community people complement their own.

Effective leadership

Effective leadership is important for the success of Healthy Cities. Consistency in leadership is important. Leadership assists in continuity and is often a feature of sustainable and effective projects. Effective Healthy Cities leaders are those who can work with people from a range of sectors and with community members. They are likely to be skilled at conflict resolution and combine an inspirational and facilitating style of leadership. Other attributes needed for Healthy Cities projects appear to be flexibility, good communication skills, vision, enthusiasm, willingness to question current practice, entrepreneurial approach to problem-solving, willingness to take risks and the ability to walk around bureaucratic blocks. The success of intersectoral collaboration depends not only on establishing structures, but also on the skills of the people involved.

External support and encouragement

Cities in the Region have reported that external support from national coordinating units, WHO and other international partner agencies is crucial. Training, study visits and technical advice are all important.

Nearly all Healthy Cities projects in the Region have interactions with other projects, either through international meetings or visits to projects. Such activities enable the project officials to discuss their experiences with officials from other cities, and help them develop their projects as a result of the interactions. This city-to-city contact appears to be a valuable aspect of the Healthy Cities movement.

Need for short-term achievements in addition to long-term goals

Many of Healthy Cities' goals of improving health and environmental conditions may take decades to achieve. Consequently, it is important for projects to start with at least some initiatives that can demonstrate achievements in a short time. These early accomplishments are important for maintaining political and community commitment to a project. Projects, therefore, need a mix of initiatives. Some should achieve short term successes; others should be more developmental, and should achieve health outcomes over a longer period. Short-term outputs may not clearly demonstrate a health or environmental outcome, but should be able to be linked to the longer term achievements.

Ensuring sustainability of Healthy Cities initiatives

Some Healthy Cities projects in the Region have been sustained for 12 years. Factors contributing to the sustainability include some of the lessons identified in this section: strong political support, community ownership and the demonstration of positive outcomes.

A well-implemented Healthy Cities project would likely be sustainable because of its broad-based participatory approach to city development and focus on creating supportive environments in different settings (including schools, markets, hospitals and workplaces). Emphasis needs to be placed on mobilizing local resources, instead of depending on external funding. This results in a greater development of local capacity to manage their own resources and become independent of external resources.

Sustainability depends on keeping the values, vision and concept of Healthy Cities alive. Special events, international visits and celebrations are important for achieving the sustainability of a project.

Need for evaluation, monitoring and indicators

While some cities have completed evaluations, others have not. Those involved in Healthy Cities projects tend to be action-oriented, and often forget the evaluation of the actions taken in their projects. However, it is important to undertake evaluations in order to assess the effectiveness of the project activities, and develop future plans of action. Evaluation will require more critical reflection on the challenges posed by the projects and the reasons for successful initiatives.

The process of evaluation will contribute to the project if it is able to provide regular feedback to reference and management groups, the community, fund providers and politicians. This is important for the on-going funding and continuation of the project.

The development of an appropriate evaluation framework is important. The framework developed should include indicators for the process, and short-, intermediate- and long-term outcomes of the project. However, such indicators should be straightforward and not too demanding to compile and update.

3.   Generic approach to developing a Healthy Cities project

3.1   Basic considerations

WHO has produced several procedural guidelines for developing a Healthy Cities project, by using experiences from different parts of the world[17]. As stated in Section 2, there is no single Healthy Cities model applicable to all cases. However, a generic model can be produced. The generic approach has been developed on the basis of experiences of Healthy Cities projects in the Western Pacific Region, and can be used as a common framework for the development and implementation of a Healthy Cities project. However, when developing Healthy Cities projects, the common framework should be applied flexibly in light of local political, economic and social considerations. Projects need to be modified to meet local circumstances, and the sequencing of activities will differ from setting to setting.

3.2   Importance of integration

Achieving the integration of activities is fundamental to the Healthy Cities approach. Efforts to improve urban health will be more effective if such integration is achieved, because it will avoid duplication and increase cooperation and coordination among parties involved. Integration will lead to cost-effective solutions, synergy between activities, and substantial benefits in terms of resources sharing. A list of key players whose efforts may need to be coordinated in a Healthy Cities project is given in the box below.

LIST OF KEY PLAYERS IN A HEALTHY CITIES PROJECT

- community members
- local, provincial/state and national politicians
- government service providers from a variety of sectors (e.g. health, welfare, transport, police, public housing authority)
- community service providers
- nongovernmental organizations
- community-based organizations
- private enterprise interests
- consumer groups
- local government authorities
- provincial/state government authorities
- relevant national government authorities
- ethnic groups
- community media
- educational institutions

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[17] *Twenty Steps for Developing a Healthy Cities Project.* Copenhagen: World Health Organization, 1995. 2nd edition.
    Building a Healthy City: A Practitioners Guide. A step-by-step approach to implementing Healthy City projects in low-income countries. Geneva: World Health Organization, 1995.
    Healthy Cities: Guidelines for the Development of Healthy Cities Projects and Activities. Alexandria: World Health Organization, 1997. WHO-EM/PEH/501/E/L.
    Healthy Cities: Framework for Action. New Delhi: World Health Organization, 1999.

As we have discussed before, people's health is influenced by a wide range of health determinants usually managed by different government departments, nongovernmental and community organizations as well as individuals. Health development is closely inter-linked with urban development. Successful urban development supports health development, and the health of the population contributes to the development of the city.

The management of urban health determinants is effective if various efforts are integrated to avoid duplication, developmental work is carried out in the most efficient order, and diverse strategies are coordinated.

To achieve effective integration, links between health policies and other key city-wide issues must be established. The inclusion of health concerns into the city-wide strategy and the consistency between the health strategies and city-wide strategies must be considered.

Intensive efforts should be made to incorporate existing community activities/projects which fit the Healthy Cities concept into the Healthy City project. The planning process provides a good opportunity to develop and share the vision of the city and to involve people in the community in various activities as well as to disseminate the Healthy Cities concept.

3.3   Common steps

The following section describes the steps in the development of a Healthy Cities project. The steps are divided into three phases. Phase 1 starts with awareness raising and establishment of an intersectoral initial task force for a Healthy Cities project and ends with gaining strong commitment and support of the local government. Phase 2 works to develop organizational structure, working mechanisms, city health profile, plan of action, and capacity for the project. Phase 3 implements the established plan of action and continues to develop sustainable mechanisms to ensure promotion of health of the city.

Phase 1
-         Raising awareness of the Healthy Cities concept and approach
-         Establishing an intersectoral initial task force to oversee a Healthy Cities project
-         Building support mechanisms
-         Gaining strong commitment of the local government

Phase 2
-         Appointing a steering committee
-         Developing a city health profile
-         Developing an action plan for the Healthy Cities project
-         Integrating activities at elemental settings to gain wider impacts
-         Raising awareness of the project
-         Expanding capacity of the project

Phase 3
-         Implementing the planned activities
-         Monitoring and evaluating the implementation
-         Revising the action plan as required
-         Developing sustainable mechanisms

3.3.1 Phase 1

Phase 1
- Raising awareness of the Healthy Cities concept and approach
- Establishing an intersectoral initial task force to oversee a Healthy Cities project
- Building support mechanisms
- Gaining strong commitment of the local government

Raising awareness of the Healthy Cities concept and approach

Raising awareness of the Healthy Cities concept and approach is an important first step in developing intersectoral collaboration and integrated planning. A series of educational workshops can provide people with a chance to explore the Healthy Cities concept and approach and consider its applicability to their context.

The development of human resources is important for developing and implementing effective actions for Healthy Cities projects. This can be achieved through the use of local, national, and international expertise. WHO Collaborating Centres and universities actively involved in urban health issues could provide technical supports.

Establishing an intersectoral initial task force for a Healthy Cities project

Once awareness of the Healthy Cities concept has been raised and a degree of local political support been gained, the next step is to find a group of people sufficiently interested in, and willing to spend time for, developing a local Healthy Cities project. A local intersectoral initial task force should be set up with people from this group. Its tasks are to gather information about the city, make a preliminary analysis of the local situation, establish contact with key individuals working on health and urban development, convince potential supporters, and prepare a plan for the full development of the Healthy Cities project, including establishment of a steering committee and allocation of budget for a secretariat.

The role of the local intersectoral initial task force has to be distinguished from that of the project steering committee.

Building support mechanisms

Gaining access to, and establishing good communication with, executive decision-making structure of a city is crucial, as these decision-makers can provide resources and legitimacy to the project. Their support is important for achieving integrated planning and action in various settings. Decision-makers in local government play the most crucial role in developing and implementing a Healthy Cities project. National and/or provincial/state supports in terms of technical expertise available at those levels are also important. WHO Collaborating Centres and universities could also provide required technical support.

Gaining strong commitment of the local government

Political support for the Healthy Cities initiative is vital. Mayors and other local councilors and politicians need to be convinced of the value of Healthy Cities. Gaining a strong commitment of the local (and provincial/state) government to the project is an important step towards incorporating health

agenda into city-wide strategies. It facilitates the integration of all concerned departments, attracts various agencies, and involves many supporters.

3.3.2 Phase 2

Phase 2
- Appointing a steering committee
- Developing a city health profile
- Developing an action plan for the Healthy Cities project
- Integrating activities at elemental settings to gain wider impacts
- Raising awareness of the project
- Expanding capacity of the project

Appointing a steering committee

Effective implementation of a Healthy Cities project requires the establishment of an organizational structure (usually called a steering committee) at a high level within the city. It should bring together the interests of all the main sectors/actors, such as local government, health authorities, the business society, voluntary groups, and the community. The actual structure of such a committee may vary between cities. It is important, however, that the structure should be active, influential, and substantial.

A steering committee functions to delineate priority health issues of a city, develop an action plan, mobilize resources, encourage taking specific approaches, evaluate progress, and make decisions on operational issues.

Ideally, a steering committee should work with different departments of the local government, and consider the different elemental settings in cities (i.e. schools, workplaces, markets, healthcare facilities, etc.). Participation of the public, private and volunteer sectors, the general public, academicians, and community organizations should be encouraged.

PROJECT OFFICE AND SECRETARIAT

Crucial prerequisite for effective implementation of a Healthy Cities project includes the setting-up of a project office, or establishing a secretariat. It is important to look for skilled staff for the office. They should have sufficient knowledge of the city, a broad vision of urban health development, and good skills in communicating, negotiating, and planning. Intensive training of coordinators and other staff members in Healthy Cities is also necessary.

The project office functions to support the work of the steering committee. It does so by organizing activities, gathering relevant information, liaising with people from different sectors and levels within the city, being a catalyst for change, communicating with local, national and international partners and disseminating the work of the project. Close relationship with the local/municipal government at a high level is necessary.

Developing a city health profile

"Information about how urban development affects health is a vital tool in Healthy Cities work."[18]

A city health profile gives a comprehensive view and some background information on the health and environmental situations of the city. Annex 2 includes some suggested items in a city health profile. In addition to the current status, trends from the past as well as future projections could be included.

The process of developing a city health profile requires the involvement of multiple sectors, in order to facilitate further intersectoral collaboration in the planning and implementation of the project activities.

INFORMATION SHARING IN DEVELOPING CITY HEALTH PROFILES

Community participation enhances the quality of the health profile. Information gathered by or with people in the community reveals different aspects of the city and everyday life of the population.

A city health profile presents reliable information in a user-friendly and publicly understandable manner. This is a tool to facilitate information sharing among concerned people, including executive level decision-makers and lay people.

The first city health profile supplies baseline data of the city. Periodic revision of the city health profile enables evidence-based evaluation of the project. Therefore, city health profiles serve as an essential tool to support the planning cycle: plan, do, see. City health profiles should include information relevant to the various settings which affect health in the city.

Collecting and analyzing information is an important component of a Healthy Cities project. Various factors affecting health in the urban environment are best understood as a causal web which demonstrates the complex interactions within both physical and social environments. A city health profile should reflect this complexity.

Monitoring the health and environmental situations of the city provides information for planning, implementation, evaluation, future projections, and discussions about visions. Information with evidence is self-explanatory and persuasive to the public as well as administrators of various sections/sectors.

The Ministry of Health and other concerned ministries have useful statistics. They can often provide technical support in collecting information. At the Regional level, WHO Collaborating Centres and universities actively involved in urban health issues can provide their expertise.

Developing an action plan for the Healthy Cities project

An action plan should address the priority issues identified in the process of developing the city health profile. The plan should be based on the principle of integration of activities wherever possible. The plan should establish a future vision of the city and short- and long-term goals and be consistent with any existing development plans.

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[18] *Building a Healthy City: A Practitioners Guide. A step-by-step approach to implementing Healthy City projects in low-income countries*. Geneva: World Health Organization, 1995. p.3

Further details are provided in Section 4, Development of an action plan for a Healthy Cities project.

Integrating activities at elemental settings to gain wider impacts

The integration of activities at elemental settings (e.g. schools, workplaces, markets, hospitals) helps to focus on the project and develop shared concerns and values of cooperation among people involved in the settings. Activities at some specific elemental settings may be used as entry points to develop a comprehensive city-wide Healthy Cities project.

SETTINGS APPROACH

A setting is a place comprising a location and its social context in which people interact daily. Examples of settings include schools, workplaces, hospitals, marketplaces, and so on. The environment of a setting influences health considerably. The settings approach provides an effective way to create supportive environments, as it enables complex interventions that are designed specifically to suit particular settings. A Healthy Cities project can integrate individual elemental healthy settings in order to realize the synergistic effects of the efforts to promote health in different settings.

Examples of elemental healthy settings implemented in the Region are health-promoting schools projects (which may include environmental clean-ups and greening programmes, immunization campaigns and nutrition programmes), healthy marketplaces projects (which may include improvement of food handling practices, improvement of the market's physical facilities), healthy workplaces projects (which may include the modification of the workplace environment, smoking cessation campaigns and promotion of physical activity) and healthy hospitals projects (which may include organizational shifts to health promotion or improving the waste disposal in the hospital). These projects are often implemented in the framework of Healthy Cities projects.

Raising awareness of the Healthy Cities project

Publicizing the city health profile contributes to raising awareness about the health and environmental situation of the city. Promotion of the action plan raises awareness across sectors. The media has a crucial role to play in promoting the plan and raising awareness about Healthy Cities. Other important strategies are workshops aimed at the transfer of technical skills, web pages and community meetings.

Expanding capacity of the project

To implement activities, resources should be mobilized. Participation from the community, the local government, and other groups and agencies with their resources; introduction of technologies and academic expertise; and training of the participants -- all contribute to the expansion of capacity of the project.

3.3.3   Phase 3

Phase 3
-        Implementing the planned activities
-        Monitoring and evaluating the implementation
-        Revising the action plan as required

-	Developing sustainable mechanisms

Implementing the planned activities

The activities in the action plan are implemented at this stage. Broad-based participation of various sectors and the community often ensures successful implementation of the planned activities.

A range of activities at the city and local levels are implemented. The typical categories of these activities are environmental improvement (e.g. water and sanitation, healthy markets, pollution reduction, etc.); organizational reform and change (e.g. healthy schools and healthy workplaces which aim to re-orient their organizations towards health protection and promotion); and tackling specific diseases or risk factors (e.g. dengue reduction, injury prevention, etc.). In each of these activities, the implementation should use the Healthy Cities processes of working across sectors and involving the community. There should also be cross linkages between activities/local initiatives. For instance, a dengue control activity can be implemented in conjunction with a healthy schools initiative.

While implementing the planned activities, observations and records should be made on changes in the city health profile and process indicators for analysis in the next step: monitoring and evaluation.

Monitoring and evaluating the implementation

The monitoring and evaluation of results of the implementation of the planned activities are crucial for the management of the project. The outcomes of the monitoring should lead to periodic revisions of the city health profile, and the revised profile should be disseminated to the people involved in the project as well as to the community. An analysis of changes to the profile will provide information about the impacts of the Healthy Cities project and will suggest necessary revision to the action plan.

Evaluation of a Healthy Cities project often uses both quantitative and qualitative measures. The project is usually evaluated in terms of changes in the ways people deal with health problems as well as changes in the health/quality of life outcomes. A detailed discussion of these activities is provided in Section 5.

Upgrading the action plan as required

The action plan for a Healthy Cities project should be revised and amended in light of information from the project evaluation and the changing situation within the city. The planning process should be dynamic. Any feedback from the evaluation should enable the project to be responsive to the changing need and situation of the community. Consequently, information about the city and the city health profile should be periodically revised and the action plan reviewed in light of new information.

Developing sustainable mechanisms

Mechanisms to secure political commitment, intersectoral collaboration, community participation, finance, human resources, information sharing, awareness building, and national and international networking assure sustainability. Continuing training programmes and opportunities to develop personal skills of the project staff are essential.

EXCHANGE OF EXPERIENCE

Exchanging and sharing experiences between cities can lead to the building of capacity in the cities and hence to the sustainability of the Healthy Cities projects. A national network of Healthy Cities, where established, can provide an effective means to support the exchange of experiences through setting up of an information clearing house and organizing national workshops/meetings. Existing Healthy Cities projects play an important role in supporting new Healthy Cities initiatives through, for instance, arranging visits of the latter to the former.

WHO organizes and supports intercountry meetings/workshops in the Region on a regular basis for the exchange of experiences. The number of participants who could attend these meetings is limited. Linked with national networks of Healthy Cities, such intercountry meetings could reach a wider audience for the exchange of information.

3.4   Principal elements of a Healthy Cities project

From the preceding discussions in Sections 2 and 3, it may be observed that there are several ways in which a Healthy Cities project differs from traditional health intervention projects. The differences are highlighted below:

A Healthy Cities project

- facilitates the health sector to play an advocacy role in incorporating health considerations into urban development and management (*health advocacy*);

- integrates efforts of different parties or stakeholders within and outside the health sector and coordinates their activities (*intersectoral coordination*);

- encourages and mobilizes communities to participate in the planning and management of urban development for better health and quality of life (*community participation*);

- respects and preserves the social and cultural values of communities and develops a future vision and goals of the city by consensus (*vision development*);

- seeks political and local government commitment and support for the development and implementation of activities (*political commitment*); and

- focuses on developing activities in different settings such as schools, markets, workplaces, communities, etc. (*setting approach*).

These characteristics of a Healthy Cities project can be translated into several elements that are essential features of a Healthy Cities project. These principal elements are summarized in Table 3.1.

The WHO Regional Office for the Western Pacific has established a regional database on

Healthy Cities projects. WHO intends to keep only active Healthy Cities projects in the database. The principal elements given in Table 3.1 are used as criteria for the inclusion of a Healthy Cities project in the regional database. The procedures associated with the regional database are described in Annex 3. The regional database is accessible at the website of the WHO Regional Office for the Western Pacific (See Annex 4 for the website address).

Table 3.1 Principal elements of a Healthy Cities project

(1)   The political leaders of the city (mayor, governor, etc.) should make a public commitment that they will work towards becoming a Healthy City, using a participatory planning process.
      [Political/local government commitment with a written policy statement]

(2)   The goal of the project is improved health and quality of life for all citizens or people in the city, and the future vision of the city which respects the social and cultural values of the communities should be developed by consensus.
      [Future vision/goal through consensus]

(3)   A mechanism is developed to encourage participatory planning for health. (For example, an intersectoral committee/task force may be set up that includes major development sectors, and that agrees to accept members or substantial inputs/participation of community organizations, nongovernmental organizations, private firms, university specialists and all stakeholders in the city.)
      **[Intersectoral committee/task force with the designation of a coordinator and
      programme to involve the community and other stakeholders in planning and
implementation]**

(4)   The priorities for project activities are based on considerations that include the following two types of assessment of needs: (a) relationships identified between living conditions and health status, as determined by epidemiological analysis and/or the assessment of public health professionals, and (b) perceptions of the community on priority health and quality of life issues. A participatory process involving all stakeholders is adopted to determine the priority activities.
      **[Development of a city health profile with health risk factors related to physical and
social environments, identification of priority health problems through intersectoral
discussions, and formulation of a local action plan for resolving priority health problems]**

(5)   The priority project activities are undertaken by multidisciplinary teams that include substantial community participation, and usually not by a single government agency.
      [See (3) and (4) above]

(6)   The project activities undertaken are monitored and their effectiveness evaluated.
      **[Indicators and targets for the monitoring of progress of plan implementation with a
mechanism for regular review and evaluation of plan implementation (e.g. annual progress
review meeting)]**

(7)   The project agrees to share information about its situation analysis, activities and progress with those who are interested in obtaining such information, including those who are involved in the project, the general public, and other Healthy Cities projects in the Region.
      **[System of information services accessible by the general public and those
interested]**

4. Development of an action plan for a healthy cities project

4.1 Introduction

Planning is one of the most important parts of a Healthy Cities project. Well-designed, feasible plans lead to effective and sustainable development of the project as well as to specific outcomes.

An action plan describes strategies for the development and implementation of a Healthy Cities project. It brings together partnerships among the public, private and voluntary sectors, and focuses on solving priority urban health problems.

Through the planning cycle of an action plan mentioned below, the action plan evaluates the progress of the project, generates people's awareness of health and environmental issues in the context of urban development, and facilitates the mobilization of resources to deal with numerous urban issues.

In the process of formulating an action plan, it is particularly important to respect local views and situations. Circumstances are different from country to country, from city to city, and from project to project. The action plan of a Healthy Cities project should consider carefully the city's physical, social, economic and cultural background and residents' views and perceptions, and establish a long-term vision of the city. The following guidelines for the development of an action plan provide the general principles and ideas which can be adapted to any situation.

4.2 Planning cycle

Planning is a cyclical process and requires feedback with regard to implementation of the plan. In a simplified form, a "planning cycle" involves the steps of "SEE - PLAN - DO - SEE".

The initial step is to understand and assess the situation. This step may be called "SEE". This step includes information gathering, analysis, and evaluation. The next step, "PLAN", develops a plan in collaboration with various stakeholders. Then, the plan should be implemented to achieve its goals. This step may be called "DO". After the implementation of the planned activities, there should be information gathering, analysis, and evaluation. In other words, the step of "SEE" should be revisited. If need be, the project should be revised and the revised plan should be implemented in the next cycle.
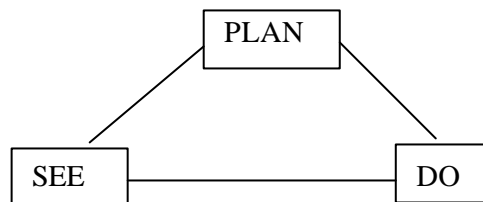

Figure 4.1 General planning cycle

SEE

Professionals can provide their expertise to carry out the "SEE" step. Various concerned groups from different sectors, including the community, should be involved in this step as it would enable their views on health and environmental issues to be heard. Their involvement will also help locate available resources.

Various activities are carried out in the "SEE" step. Examples include compilation of existing information, establishment of a vision of the city, field survey of specific health and environmental issues, development of a city health profile, analysis of health determinants, assessment of health impacts of various health determinants, assessment of needs (including those for elemental healthy settings), development of actions and activities, identification and allocation of available resources, monitoring, evaluation, reporting, etc.

A closer look at the inter-relationship between health and health determinants facilitates a deeper understanding of the need for the integration of various developmental issues. Views of all generations, including women and children, should be well reflected in needs assessments.

Communication, negotiation, and discussion during this "SEE" process will raise an awareness of the need to have a Healthy Cities project. Various types of information technology can be used to share information among the concerned groups, including the beneficiaries in the community. The local media are a useful resource in this regard.

PLAN

The "PLAN" step is carried out on the basis of the information obtained in the "SEE" step. An action plan identifies priority health problems in the city and actions/activities to resolve these problems. It is the responsibility of the local coordinating mechanism to identify these problems and actions.

An action plan incorporates and coordinates a series of activities to improve health and environmental situations in the city, and does not develop disparate single-issue "projects". It also coordinates elemental healthy settings activities within the city (schools, workplaces, markets, hospitals, communities, etc.).

An action plan serves as a tool to stimulate partnerships between various groups, agencies and settings in the city by identifying joint activities. Roles of concerned groups should be identified in individual activities. This identification facilitates good collaboration among the groups in achieving the goals.

Action plans should include activities to facilitate community participation. Activities carried out in the community on the basis of a common perception of the priority health issues can make a Healthy Cities project sustainable. Women are often key actors in the community, especially in areas such as housing, water, sanitation, and health services. Therefore, the action plan should ensure the participation of women in decision-making.

An action plan is used to mobilize and best allocate resources. Efforts to use existing resources efficiently and efforts to expand available resources are effective if the action plan can demonstrate achievable, useful outcomes.

Without an understanding of the local situation, the organizers of a Healthy Cities project can attain only limited success. Because cities have diverse characteristics which often change rapidly, it is essential that diverse partners work together on the same platform. An action plan serves as a common platform for all partners.

A local plan focuses on activities in the city and the community, rather than on regional and global concerns. There are some government policy-making functions and services controlled by national ministries. These functions and services remain beyond the responsibility of the city government and should be taken into consideration in preparing the local plan.

In the process of delineating activities of a Healthy Cities project, the experiences of other cities both within the country and abroad provide practical examples of how to make the plan influential and feasible. It should be noted that conditions are different from city to city; therefore, it is not wise to simply import activities carried out in other cities. However, important ideas can be found in the experiences of other cities. In addition to personal contacts with people working on Healthy Cities in other cities, information sources, such as those listed in References, can also be consulted.

The contents of a typical action plan is given in the box below.

CONTENTS OF AN ACTION PLAN

- Characteristics of the city
(topography and climate; history, culture, and heritage; administrative structure; demographics; etc.)

- Vision of the city

- Health and environmental situation of the city
(population health; lifestyles and preventive activities; health care services; welfare services; environmental health services; living environment; environmental quality; urban infrastructure; natural environment; land use and urban planning; local economy; education; income and family living expenses; community activities; legislation and regulations; etc.)

- Priority health problems

- Planning goals and targets

- Actions and activities to resolve priority health problems, including elemental healthy settings activities (schools; workplaces; marketplaces; hospitals; etc)

- Roles of individual groups in implementing the above actions/activities

- Resources required and available for implementing the actions/activities

- Implementation and monitoring/evaluation mechanisms
(coordination and communication mechanisms for implementation; indicators for monitoring and evaluation of progress; mechanisms for evaluation; reporting systems; etc.)

- Appendix

DO

This step implements the planned activities. Local government staff in related sections are encouraged by the steering committee to re-orient their activities in accordance with the action plan. Partners outside the local government are expected to collaborate with the local government in implementing activities identified by the plan. All potentially relevant groups are encouraged by the steering committee to participate in the process of developing and implementing an action plan.

The community is closely involved in the implementation process. Awareness is raised by participation in the activities. The experience of participating in local activities is a step towards participating in decision-making.

Following the implementation of the planned activities, the "SEE" step is re-introduced. The progress in implementing individual activities is monitored by groups responsible for the activities. They study if they are fulfilling their responsibility, if they are making progress, and if they are encountering any unexpected difficulties. In addition to periodic meetings of the concerned groups, occasional meetings and information exchange, as and when necessary, are useful to facilitate collaboration.

The progress of the overall action plan is monitored by the steering committee. Periodic reporting of individual activities is useful to comprehend the overall progress and to identify areas requiring further coordination of activities.

4.3　Key considerations for an effective action plan

Integration is not simply linking separate activities scattered around individual administrative departments and organizations. Actions and activities should be planned and implemented to avoid duplication of efforts; resources should be allocated efficiently to the needs of the community; effective working relationships should be created among the partners, and ways to make positive impacts through intrersectoral collaboration should be sought. Individual responsibilities and roles should be spelled out in a culture of collaboration, respect and partnership.

The action plan ought to be shared by as many people in the city as possible. People's awareness of the plan should be raised by activities with community participation. The commitment of the executive level of the city is also crucial. For example, a foreword for the action plan written by the mayor may indicate a strong commitment of the highest level of the local government to the action plan.

The cycle of "See-Plan-Do-See" works effectively with the use of indicators and appropriate mechanisms for assessment, monitoring and evaluation. A set of indicators to show the progress of implementation ought to be reviewed periodically. A mechanism must be established for regular review and evaluation of the action plan implementation. An annual progress review meetings of the steering committee should be helpful. A system of periodic reporting, assessment and evaluation will facilitate timely and appropriate revision of the action plan.

4.4　Relationship to other plans

There are usually many plans and strategies in existence prepared for different issues faced by the city. It is important to ensure that the introduction of the Healthy Cities action plan complements (not conflicts with) other plans. Linkages between the Healthy Cities action plan and other plans for the city should contribute to greater consistency in decision-making, mutual reinforcement and avoidance of duplication of efforts.

The city may have a "city health plan". Such a plan is often prepared for health (care) services of the city government, and its scope is narrower than that of a Healthy Cities action plan. Also, the planning period needs to be examined. The planning period for a Healthy Cities action plan is usually one to three years per cycle. The planning period of a "city health plan" may be five years in line with other city development plans. There is, therefore, a need to set the goals and targets and develop activities in the Healthy Cities action plan consistent with the goals and targets of the "city health plan".

Similarly, a consistency between the Healthy Cities action plan and the city-wide development plan should also be achieved. This consistency will strengthen the effective implementation of the Healthy Cities project. If the city-wide development plan does not clearly address priority health issues, one of the important tasks of the Healthy Cities project will be to advocate and facilitate the raising of such health issues in the city-wide development.

5.   Monitoring and evaluating a Healthy Cities project

5.1   The importance of evaluation

WHO defines evaluation as a systematic assessment of the relevance, adequacy, progress, efficiency, and impact of a (health) programme/project. Evaluation must be well-planned and, from the outset, be part of the Healthy Cities project planning process.

Evaluation is important because it:
- monitors the progress of the project;
- demonstrates the effectiveness of a Healthy Cities project, including cost effectiveness;
- provides individuals involved in the project with feedback;
- ensures a commitment to good practice;
- provides a basis for planning by identifying local contexts;
- accounts for disbursement of resources to funding bodies, policy makers, and communities;
- understands how the project operates;
- improves practice for future use and reference; and
- determines outcomes achieved by the project.

Although evaluation has been an important part of the Healthy Cities agenda since the European project (1987), there have been relatively few thorough evaluations published, given the extent of global activity. That the projects are long-term initiatives and short-term results are unlikely or that most evaluations have been in-house documents and have not been published widely may have caused the dearth of evaluation reports. It may also reflect the lack of training in suitable evaluation methods. In recent years, however, the number and diversity of evaluations of Healthy Cities projects being published have increased.

5.2   Evaluating Healthy Cities projects

Healthy Cities projects are not amenable to evaluation using conventional medical techniques, such as randomized controlled trials[19]. The difficulties of applying methods that were designed for laboratories in community settings have been widely recognized. A range of alternative methods which draw on epidemiology and social sciences are available to Healthy Cities evaluations. Healthy Cities is a long-term developmental activity which seeks to change the ways in which organizations work and attempts to put health and the environment on the top of their agendas. The idea of Healthy Cities is complex and typically involves numerous activities. It consists of multiple actions at different levels. Consequently, the evaluation has to be similarly complex.

Measuring the health of the city - Indicators

Indicators are measures of health and of the factors which influence health.[20].

Measuring the health of a city is important because it :

- assists in health/action planning;
- contributes to evaluation; and

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[19] Baum, F. *The New Public Health: The Australian Experience*. Melbourne: Oxford University Press, 1998.

[20] *Building a Healthy City: A Practitioners Guide. A step-by-step approach to implementing Healthy City projects in low income countries*. Geneva: World Health Organization, 1995. p.1.

- provides feedback on progress to local politicians and the community.

Indicators are an important part of a Healthy Cities action plan (see Section 4). They should be based on both qualitative and quantitative data. The combined data will allow the production of a statistical view of the city based on perceptions and feelings of local residents. Both types of data are important for planning and evaluating a Healthy Cities project.

Examples of information useful to measure the health of the city are included in Annex 2. It is unlikely that all cities will have data on each topic. The exact choice will depend on local circumstances and priorities of the Healthy Cities project. A useful exercise would be for a city to establish which data they already have, which they would like to collect in the future and which are not immediately relevant.

A WHO booklet[21] outlines the objectives and purpose of health profiles, issues in the production of the profiles, what data (or indicators) could be included, analysis and interpretation of the data, presentation, dissemination and communication of the profiles, and, finally, the monitoring and evaluation of the profiles in terms of production, content and impact. This is an important resource document for Healthy Cities projects. Resources available in universities are also useful for collecting and developing some indicators.

PROCESS VERSUS OUTCOME INDICATORS

Evaluation needs to consider process evaluation in the short-term as well as long-term impact and, eventually, outcome evaluation[22]. Short-term process evaluation is important because it allows the assessment of the project and early identification of problems and helps keep the morale of participants high by demonstrating and monitoring progress[23].

The focus of the evaluation depends, at least in part, on the maturity of the project and the level of funding. Process indicators are particularly important to collect in the setting-up stage of a project, while outcome indicators are more appropriate for a more mature project[24]. Of course, both are important in a project, but outcome indicators will only be possible over a reasonably long term. A framework for conducting each of these types of evaluation is proposed at the end of this Section.

Indicators should be developed with specific relevance to local communities. They should be useful in building motivation, documenting success of the project and providing information on which to base decisions. Short-term indicators are useful to raise motivation for the project from community members and to hold politicians accountable[25]. The development of indicators is not a technical issue,

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[21] *City Health Profiles: How to Report on Health in your City*. Copenhagen: World Health Organization, 1995.

[22] Baum, F. and V. Brown. *Healthy Cities (Australia): Issues of Evaluation for the New Public Health. Community Health Studies.* Vol. 13 (1989), No. 2, pp.140-149.
  Draper, R., L. Curtis, et al. *WHO Healthy Cities Projects: Review of the First Five Years (1987-1992) – A Working Tool and a Reference Framework for Evaluating the Project*. Copenhagen: World Health Organization, 1993.

[23] Harpham, T. and E. Werna. The idea of Healthy Cities and its application. Sustainability, the Environment and Urbanization. *Earthscan.* London: C. Pugh, 1996, pp. 63-81.

[24] Werna, E. and T. Harpham. The evaluation of Healthy Cities projects in developing countries. *Habitat International.* Vol. 19 (1995), No. 4, pp. 629-641.

[25] Wadell, S. 1995. Lessons from the Healthy Cities movement for social indicator development. *Social Indicators Research* 34 (1995), pp. 213-235.

but an issue of values and beliefs about processes necessary for developing health[26]. Consequently, the type and interpretation of indicators will vary from community to community.

Relevant, sensitive and easy to collect indicators may be used for the monitoring of, and comparison between, a number of Healthy Cities projects at the country or inter-country levels. These indicators should demonstrate changes and the participating projects should find them easy to collect.

Who should conduct the evaluation?

The people undertaking evaluation need to have a good understanding of the variety of processes used in the project (especially community participation and collaboration across sectors) and of the perspective on positive health. They have to be skilled at synthesizing complex information and integrating and developing conflicting perspectives from multiple sources. They should be able to write in an engaging and lively way so that the evaluation data can be presented to the project in a way that maximizes the chances of it being used.

Evaluation can be done by people involved in the Healthy Cities project or by those external to the project. Both approaches have advantages and disadvantages. The advantage of an insider evaluation is that the individual will understand the project well. An outsiders would have to spend some time understanding the history and the local circumstances of the project.

A Healthy Cities project needs to determine why an evaluation is required, as this will indicate whether the evaluation should be internal or external. For instance, if the purpose is to report to a funding body, then the input from an external assessor is likely to have more credibility. If the evaluation is designed to improve implementation, then the project staff may be able to do this. The most effective evaluation is likely to be one which combines internal and external perspectives on the project. When an external review is conducted, a visit by a three to five person review team, familiar with the concept of Healthy Cities, appears to be a good method of reviewing progress.

Certain players in a successful Healthy Cities project should be engaged in a process of critical reflection about the progress of their project. This exercise should enable the project to be adjusted and changed in response to experiences. It is important that project managers keep the project open to review and assessment. Time and resources need to be put aside for this activity.

Project officials may be able to link with local universities, and develop a relationship with the staff. Universities may be able to offer evaluation skills. The relationship should be based on a clear understanding of the need for evaluators to be able to provide feedback that will highlight both the strengths and weaknesses of the projects. Evaluators have to be sensitive in giving feedback and the project staff and others involved should be open to receive it and use it constructively to improve and develop the projects.

Evaluating Healthy Cities initiatives – process evaluation

Action research offers an appropriate method for evaluating the process aspects of a Healthy Cities project. A typical approach to process evaluation, demonstrated in Figure 5.1, offers a dynamic system that sees evaluation as a tool to refine and improve the project over time. The approach

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[26] Hayes, M.V. and S.M. Willms. Healthy communities indicators: The perils of the search and the paucity of the fund. *Health Promotion International*. Vol. 5 (1990), No. 2, pp. 161-166.

stresses the use of research as a learning tool and is compatible with organizational development models which emphasize a continual learning and adjustment cycle. Key questions that can be used to evaluate the process aspects of a Healthy Cities project are included in Table 5.1. Many existing efforts to evaluate Healthy Cities projects which are already in progress in selected cities in the Western Pacific Region use measures such as those in Table 5.1.

Collecting answers to the questions in Table 5.1 will provide a review of process of a Healthy Cities project and will improve its operation. Information regarding the questions can be collected through a variety of means, including written questionnaires, focus group discussions, face to face interviews and review of project documentation. The methods need to be tailored to the resources available.

Assigning causality – outcome evaluation

Determining the impact of a Healthy Cities project on health status and the quality of the social and physical environment is extremely complex. It is relatively straightforward to produce a set of indicators, but making inferences about the causes of any changes in the indicators monitored is far more difficult. In order to attribute any change to a particular intervention, it is necessary to be able to show that these factors were directly related as displayed in Figure 5.2.

The "gold standard" for epidemiology in dealing with the issue of attribution is the use of a randomized controlled trial. But community projects can rarely, if ever, use a control because no two communities are identical. To make sense of the controlled trial, two communities would need to be very near to identical. Even if such communities were found, it would not be possible to stop all initiatives in a community so that it remains as a control[27]. Also the measurement of the most community indicators will often not be precise enough to compare two similar communities and monitor change over the years.

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[27] See Nutbeam, D. C. Smith, et al. Managing evaluation designs in long-term community-based health promotion programmes: The Heartbeat Wales experience. *Epidemiology and Community Health*, Vol. 47 (1993), pp.127-133.

	Focus	
	What is the Healthy Cities Project?	
	What do we need to evaluate?	
	Who is the evaluation for?	

Re-assess		Formulate Questions
What will we do differently?		What are the key issues?
		What do we need to know?
		What types of questions do we ask?

Report		Design Strategy
What did we find?		What types of information will be collected?
Why did it happen?	**EVALUATION PLAN**	Who will we ask?
What lessons did we learn?		What will we observe?
		How will we integrate the results

Analyze		Coordinate plan
What patterns have emerged?		Who will manage the task?
What is the whole picture?		What is the timetable?
		What are the end products to be?

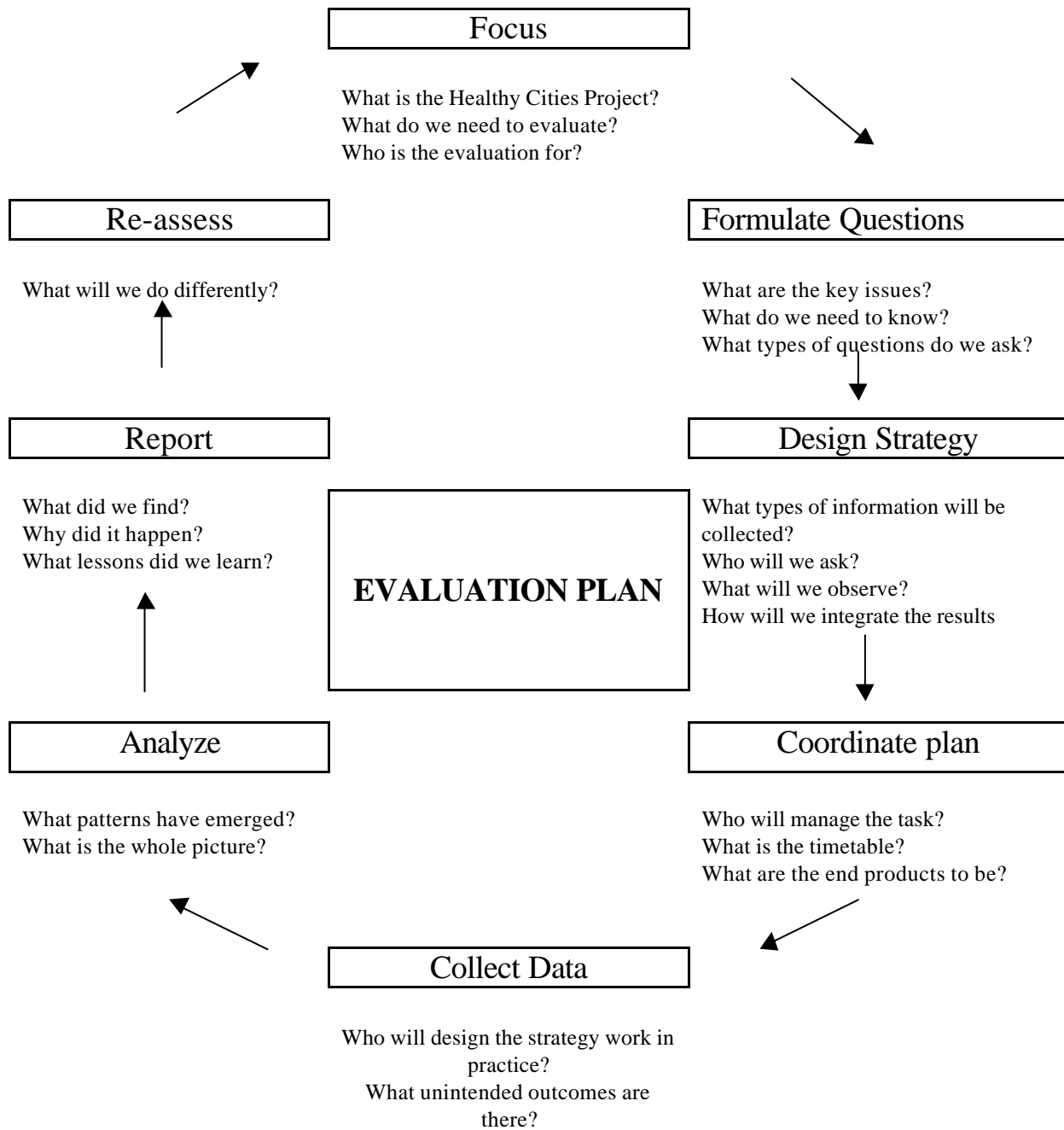|	Collect Data	
	Who will design the strategy work in practice?	
	What unintended outcomes are there?	

Figure 5.1: Process of evaluating a Healthy Cities project

Table 5.1 Key questions for process evaluation of a Healthy Cities project[28]

Planning and priorities

- How were the priorities for action arrived at?
- What information was collected to inform this process? Was it appropriate?
- Who were involved? Did all groups feel satisfied with the say they had? If not, why not? What would have enabled them to have more say?
- What process is there for reviewing and revising priorities?

Project management

The following questions should be considered regarding the management structure of the project:

- What sectors are represented on the management bodies? Which are not represented? Why aren't they represented?
- What form does the community representation take? Do the community representatives make a genuine contribution? What are the constraints to them doing this?
- Who holds most power in decision-making? Is this appropriate?
- What connection does the management group have to the key decision-makers in the city (usually the mayor and town clerk)?
- What is the strength of political support for the project?

Characteristics of the project activities

- Description of all initiatives which have been part of the Healthy Cities project, regardless of ng whether they were existing before the project and subsequently developed by the project or whether they were new initiatives under the Healthy Cities project.
- Details of the contribution each initiative of the Healthy Cities project has made (specifically, addressing inequalities in health status between different groups in the community; broadening the local decision-making process to include people from the community wherever possible; changing the way in which organizations respond to the problem; changing the social and physical environments; ensuring innovation in the form of practice; and involving a variety of sectors in the action).
- Documentation of the process of how change was achieved.
- Detailed accounts of problems encountered in implementing the project.
- Details of alternative ways to implement the project.
- Determining whether the initiative was worth the money.
- Status of innovation after the initial impetus.

How successful was the cross sector activity and collaboration in the project?

- Documentation of the extent of intersectoral collaboration in the project management and specific project activity.

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[28] Baum, F. and V. Brown. Healthy Cities (Australia): Issues of evaluation for the new public health. *Community Health Studies.* Vol. 13 (1989), No. 2, pp. 140-149.

The following questions need to be asked:
- Which sectors appear most supportive of the Healthy Cities initiative and why?
- Which sectors are not supportive of the initiative and why not?

Table 5.1 Key questions for process evaluation of a Healthy Cities project (continued)

- What are the most successful cross-sector initiatives? What factors appear to account for their success?
- Are there any cross-sector activities that have not been successful? Why does this appear to be the case?

What case can be made to support the success of the project in promoting human and environmental health?

- How are local organizations better suited to promote human and environmental health?
- Has community participation become structural? What are the indications?
- What successes have been achieved through specific projects?
- Have human health and environmental concerns become more prominent than before in decision making?
- What is different as a result of the Healthy Cities project?
- What is the pattern of mortality and morbidity?

The future of the project

- How is innovation being maintained after the initial impetus is over?
- Is political support for the project continuing? If not, how can it be revived?
- Are the project successes sustainable?
- Is the project continuing to generate new ideas?

Other factors in city

Healthy Cities initiative

TIME

Improved:
- health
- environment
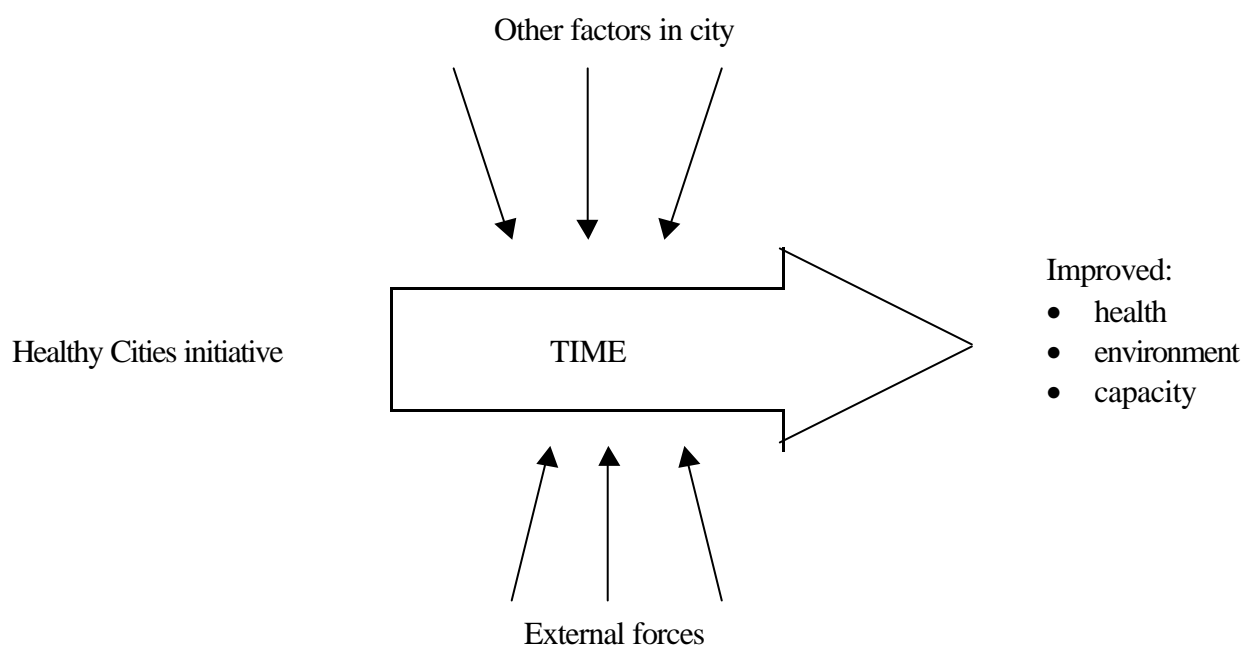- capacity

External forces

Figure 5.2: Healthy Cities Evaluation

Another issue in evaluating Healthy Cities initiatives is that the changes being sought are long-term ones. Some time, changes in health and environmental situations may be monitored only after the initiatives have happened. In addition, the patterns of causality within a Healthy Cities project will rarely be straightforward. Almost every health or environmental issue we might consider in a Healthy Cities project will have complex and multiple causes. Factors that cause the improvement or degradation of health and environmental situations may be outside the influence of the Healthy Cities project. Take, for example, the Onkaparinga river clean-up activity of the Noarlunga Healthy Citiy project. While the Healthy City project was very influential in bringing about the clean-up, the project also benefited from the fact that the environment was a significant issue in Australia in 1989/90. This meant that the community activists were more successful in their lobbying than they might have been at other times. By contrast, a few years after Kuching established its Healthy City project, the city experienced air pollution from forest fires, a phenomenon Kuching had no control over, and was not able to do much to contain the hazard. This is just one indication of the complexity of interventions in Healthy Cities projects that assigning a single cause cannot easily explain.

Most evaluations of Healthy Cities initiatives in the short- to medium-term examine whether processes have been established to establish the necessary pre-conditions for the improvement of health and environmental situations. It has been suggested that it should be possible to predict that a change in a pre-determined outcome indicator will occur following the application of a Healthy Cities intervention. If this is possible, then it may be possible to link interventions to observed changes. This assumption forms the basis of the framework presented in the following section.

5.3   Proposed framework for evaluation

There is currently no established procedure or framework to evaluate Healthy Cities projects in the Western Pacific Region, although there is no shortage of experiences. The development of a more effective evaluation framework for Healthy Cities project is, therefore, a priority. The most promising approach to develop a framework is based on a recently developed[29] model. The model suggests dividing the evaluation into three distinct stages:

Stage One: Short-term (or primary) impacts and implementation. This stage is concerned with describing the implementation of the Healthy Cities project and, in particular, with ensuring that the project has been implemented according to established guidelines and criteria. For example, using the guidelines in this document, a project that had brought about intersectoral action but had not sought to increase opportunities for community participation would not be judged to have been implemented properly.

Stage Two: Medium-term (or intermediate) health and well-being outcomes. This stage concerns the intermediate outcomes that could be shown (through other research or experience) to be

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[29] Goldstein, G. WHO Healthy Cities: A global programme. Paper presented at a consultation on the Healthy Cities Programme, Nairobi, Kenya, 15-19 November, 1999.

Nutbeam, D. Health promotion effectiveness - The questions to be answered. In: *The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe*. Brussels: European Commission, 1999.

Baum, F. The effectiveness of community-based health promotion in Healthy Cities programmes: Issues of measurement and evaluation. In: M. Asano, ed. *Healthy Cities and Urban Policy Research*. Tokyo: Tokyo Medical and Dental University, 2000 (forthcoming).

linked to long-term health and environmental outcomes. Implementations of public health/safety policy such as mandatory use of helmet by motor bike riders, improved water supply, and financial support for women's groups or youth groups are examples of these outcomes.

Medium-term indicators should address each type of activity undertaken by the Healthy Cities project. These indicators may be related to:

- **health literacy** (encompassing health-related knowledge, attitude, behavioural intentions, inter-personal skills),
- **social action and influence** (including community participation, community empowerment, social norms and public opinion),
- **healthy public policy and organizational practices** (including policy statements, legislation, regulation, resource allocation, organizational practices),
- **healthy lifestyles** (tobacco use, physical activity, food choices, etc),
- **healthy environments** (particularly a safe physical environment and supportive economic and social conditions), and
- **effective health services** (provision of preventive services, access to and appropriateness of health services).

Stage Three: Health and development outcomes. This stage underscores the specific individual, communal or environmental health outcomes. A decline in mortality or morbidity from particular diseases linked to an intermediate outcome, an improvement in river water quality or a higher than before level of perceived health status in a community are distinct examples of such outcomes.

In the early stages of a Healthy Cities project, the evaluation focus should be on Stage 1. As the project develops to Stage 2, the intermediate outcomes could be monitored. The individual, communal or environmental health outcomes of Stage 3 are likely to take decades rather than years to achieve.

In order to conform to the above model, the project personnel have to determine the outcomes they expect their intervention to generate. The accuracy of their predictions will form the evidence for attributing their interventions to the changes achieved.

The issue of attribution relies on the quality of argument, links between the observed changes in one stage to those in the next, and on the fact that a prediction was made about the likely outcome of the Healthy Cities intervention. Thus the evaluator will discuss the extent to which the Healthy Cities project (assuming it has been implemented properly) has led to the intermediate outcomes in Stage 2, and then the extent to which these can be related to the individual, communal and environmental health outcomes.

The framework needs to be further developed and field tested in the Region in the coming years.

Regional experiences in developing Healthy Cities

1.   Australia

In Australia the Healthy Cities idea was taken up with enthusiasm in the late 1980s. The Australian experience with Healthy Cities started off with a national project which included three pilot projects (Canberra, Illawarra, Noarlunga) and a national project officer funded by the Federal government. After two years the three pilot cities were joined by a remote Aboriginal community –the Nganampa Health Council- which had compiled an environmental health management plan. Significant achievements were made in each of these projects and have been documented in the external evaluations. Illawarra and Noarlunga continued their projects after the end of Federal funding until the present and have developed a range of initiatives each of which used the Healthy Cities approach.

After the period of pilot funding ended, Federal funding was available for a network phase which led to the spread of the Healthy Cities idea to other Australian cities. The evaluation conducted in 1992 found seventeen Healthy Cities project across Australia. Perhaps more importantly the idea of Healthy Cities took root in Australia and many other communities used a similar framework and approach without labelling their initiatives as Healthy Cities. Other communities used the Local Agenda 21 framework which has many similarities to Healthy Cities and many others use the healthy settings approach in schools, workplaces and hospitals. In 1999 there are still approximately 15 projects with the Healthy Cities label and in the state of Queensland there is a Healthy Cities and Shires network which coordinates the projects in that state. Two national Healthy Cities conferences have been held in Australia in 1989 and 1992. A further national conference is planned in March 2000 and is being organized and hosted by Healthy Cities Canberra.

Two projects which have achieved significant successes in the past decade or so have been Illawarra and Noarlunga, both of which were part of the original pilot programme. Both cities have managed to achieve significant action across sectors and community involvement in their projects. They have both used a formal planning process which started with the compilation of a vision of their healthy community. Both have produced reports and newsletter, and had regular contact with other Healthy Cities projects in Australia and overseas.

Illawarra: Healthy Cities Illawarra was originally started as a partnership between some seventy groups comprising the University of Wollongong, the state funded Illawarra Area Health Service, government and nongovernment organizations, local government, politicians, media, and community. Healthy Cities Illawarra has an intersectoral reference and management groups. It has developed a task group model with which to pursue areas of identified need such as the environment or older people. Since 1987 Healthy Cities Illawarra has worked on (1) projects which directly affect health services, (2) those that respond to the communities immediate need (e.g. breakfast programmes for children from low-income families), and (3) longer-term health promotion and disease prevention (e.g. environmental protection from chemical pollution from the local steel works, and efforts to improve public transport services and so reduce pollution from private car use).

Noalunga: Healthy Cities Noarlunga has achieved significant successes in 12 years since its initiation. These include supporting a community initiative which worked to coordinate a range of agencies responsible for the cleanliness of the local river, the Onkaparinga. This campaign resulted in the establishment of wetlands and a significant reduction in river water pollution. Healthy Cities Noarlunga also took the lead in establishing a local injury prevention programme, Noarlunga Towards a

Safe Community, and has worked with local and state urban planning bodies to improve the planning of new housing areas. Noarlunga Healthy Cities is an independently incorporated body which is committed to promoting the health of the community through the Healthy Cities approach.

Healthy Cities Noarlunga works through what the chairperson, Richard Hicks, calls "an advocacy mediation and initiative model". This includes identifying the issue, raising the issue on the community agenda, facilitating the establishment of an intersectoral, multi-agency and community-based forum, and supporting that forum to become established as the focal group for the particular issue. An example is the Noarlunga Community Action on Drugs. This initiative has been to establish a forum of those agencies who are currently involved in dealing with illegal drugs, that is the police, correctional services, health, education, schools, community members, community groups - which includes non-government agency representatives, to define the issue and develop strategies to address the issue.

2.   Cambodia

Cambodia has a Healthy Cities project in Phnom Penh, the nation's capital. Phnom Penh has one million inhabitants. The city administration is divided into 7 districts (4 inner districts and 3 suburbs). The Healthy Cities project started in 1997. The project started with three healthy settings projects: healthy marketplace, healthy school, and healthy hospital.

A steering committee was formed with a Vice Governor in charge of health, education and social welfare being the chairman. The vice chairman is the Director of Health and the members are from all departments of the Municipality, and the chiefs of districts.

A secretariat was formed and the office is located in the Health Department. Three working groups were also formed. They were (1) a working group for a healthy market (the chief of the market, the deputy chief, security representative of vendors, cleaners of the market, representatives from health, department representative from agriculture, environment and public works departments); (2) a working group for a healthy school (Director of the school, teachers, students, representatives from health, environment, water supply, public works, and environment departments); and (3) a working group for a healthy hospital (Director of the hospital, chiefs of all sections of the hospital).

A workshop was held for all members of the steering committee and working groups to gain their understanding of the concept and approach of Healthy Cities.

The Healthy Cities project in Phnom Penh receives funding from a variety of sources. These include the following: (1) DFIO (UK) supports an non-government organization, providing health services to the urban poor; (2) FAO supports efforts to improve food safety among street food sellers; (3) WHO has allocated funds for the improvement of a market and to renovate the sewerage system in the municipal hospital; (4) the World Bank is providing funds for health reform and an HIV/AIDs prevention campaigns; and (5) some private companies provide funding to the municipality for local street repair and gardens.

Political instability has hampered the progress of the project's implementation in 1997 with a change of the Governor of the Phnom Penh Municipality.

3.   China

The China Healthy Cities programme was started in 1994. Dongcheng District, Beijing and Jiading District, Shanghai participated in the programme. There are six WHO-supported Healthy

Cities projects as of 1998. In addition to these mentioned above, they include Yuzhong District in Chongqing, Haikou, Baoding and Dalian.

Dongcheng District has a population of about 650,000. The project "Urban Health in Dongcheng District" is managed by all functionary bureaus of the District Government and all governmental commissions and offices. The action plan focuses on 16 areas, such as health resources, health education, lowering the mortality rate of children, environmental protection, the greening of the urban environment and others. In each area, the indicators and their objectives for the year 2000 were set.

Jiading District has a population of about 500,000. The project "Healthy Urban China- Jiading District" focuses on six areas: environmental sanitation, environmental protection, health education, prevention of diseases, urban health services and health indicators. In each area, the targets for the year 2000 were set.

In parallel to the development of these projects, since 1989, the National Hygienic Cities programme has been implemented. This has taken place under the guidance of the National Patriotic Health Campaign Committee, with its own criteria. The number of National Hygienic Cities as of September 1999 is 34. In 1997, the Government of China decided to establish a national coordination role for both the Healthy Cities and Hygiene Cities projects with the National Patriotic Health Campaign Committee. Hygienic Cities projects that have adopted the Healthy Cities concept are considered to be equivalent to the Healthy Cities projects.

4.   Japan

There are more than one hundred cities in Japan developing Healthy Cities projects or their equivalent including, "Health Culture Cities", healthy town initiatives, welfare city initiatives, and others. Tokyo established the "Tokyo Citizens' Council for Health Promotion" in 1991 and has been developing a Healthy City project of a mega-city. The "Health Culture Cities" programme was launched by the Japanese Ministry of Health and Welfare which facilitates the development of a plan of action to create a city with comfortable living environments. Healthy town initiatives have been developed in some towns in Tokyo and other parts of the country. These are operated in smaller units of the city with a stronger link with community activities and an intention to create a community with supportive environments. Healthy Cities in Japan are characterized by the diversity of ways in which the cities are developing their projects. Considerations were given to local needs, structural development, linkage to city's comprehensive development plan, and monitoring and evaluation. The following examples show some key features of effective projects of three different kinds.

Minamata: The main concept of Minamata Healthy Cities is "rebirth to a healthy city" from a city of the Minamata disease, which was caused by organic mercury. The mayor of Minamata summed up the aims of the project: "To achieve our healthy city vision, this action plan aims to prepare the utmost situation for citizens to realize high quality of life by promoting a network of health, welfare and medical care services. This plan also aims to develop communities where people respect valuable nature and health by creating supportive environments for people to enjoy their precious healthy lives."

The Minamata Healthy Cities project started in 1995 with three general principles which are clearly stated in the plan. They were (1) health promotion activities based on the wider concept of health; (2) comprehensive welfare services in the aging society; and (3) high-quality natural environment and better living environments. Community participation and intersectoral collaboration were key strategies in the plan. The plan prioritized the following activities to be taken at the

community level: segregated garbage collection for recycling, cleaning of drainage of households, living environment with full of flowers and green, and environmental learning.

Fukuroi: The Fukuroi Healthy Cities project aims to strike a good balance between industrial development, agriculture, and health development. Fukuroi City declared itself as a "the Healthy City" on 3 November 1993, and has developed its own Healthy Cities project. Fukuroi City instituted "Promotion Committee for Healthy Cities Project" and "Secretary Committee". The mayor himself is doing a substantial work on coordinating the Healthy Cities project.

In March 1994, the Healthy City Fukuroi Action Plan was drawn up. This Action Plan has been integrated in a city development plan. Therefore, the Healthy Cities plan forms a part of the total plan. The first major activity of the Fukuroi Healthy Cities project was to encourage balanced development of agriculture, commerce and manufacturing industries that characterize a healthy city. The agriculture sector has been re-organized to seek value-added, high price products. Well-performing companies have been invited to set up their plants in the city. The second major activity was the encouragement of life-long learning. The city encouraged learning and cultural activities in individual communities by utilizing community centres; various types of community-based activities; and networking among schools, homes, and communities. The third major activity was to encourage disease prevention and health promotion activities. The city has been supporting health promotion activities at the community level with the leadership of community members, such as community health leaders and healthy nutrition promotion leaders.

Tokyo: Tokyo is the capital of Japan with 12 million population under the metropolitan government composed of 63 municipalities. To introduce the Healthy Cities approach to this mega-city, a Citizens' Council has been established. The Tokyo Citizens' Council for Health Promotion was established on 9 November 1991. It is to provide for the overall coordination of various sectors or actors in the society with its purpose clearly outlined in its rules. The governor of Tokyo is the chairman of this Council, which has a multisectoral membership of 520 individuals and organizations.

The First Action Plan was developed and adopted by the assembly of the Council in February 1993. Four Pillars of the Action Plan of the Tokyo Citizen' Council for Health Promotion are (1) health protection and promotion; (2) healthy settings; (3) health supportive physical environments; and (4) health care services.

Under these pillars, seven key strategies were identified: (1) to facilitate citizen participation and the formation of citizen networks; (2) to encourage administrators to cooperate better with private companies and non-governmental organizations; (3) to strengthen community-based health promotion systems in every municipality; (4) to encourage collaboration among bureaus of the metropolitan government to put the Plan into practice; (5) to initiate requests for arranging environmental regulation by the national government; (6) to promote citizen participation in research activities for health-promotion; and (7) to encourage the leadership of the Tokyo Citizens' Council for Health Promotion to further health promotion movements.

The Council's capacity for research and planning is such that it can support continuous development of activities and raise people's awareness of a wider view of health within the city. Building awareness on the basis of these research activities and findings, healthy town initiatives are being established in smaller units throughout the metropolis. Various activities are carried out in communities, involving of neighborhood associations, training community leaders for health promotion to act as catalysts of community activities, using mass media, conducting award programmes, holding exhibition to share experiences of community groups, and sharing information.

Two features were identified as important in developing a Healthy City in a mega-city: (1) establishment of an organizational structure, and (2) the usage of substantial data obtained from participatory research such as the "doing research together" activity with links between researchers and citizens.

5.   Lao People's Democratic Republic

The Healthy City Vientiane project was initiated in 1996, and has been implemented effectively ever since. The national Healthy Cities programme was established in 1998. A coordinator was appointed at the national level within the Department of Hygiene and Prevention, Ministry of Health.

In 1998, steering committees were established in four provinces (Laungprabang, Champassak, Savannakhet and Khoumouane), in addition to that established in Vientiane Municipality in 1996.

Steering committees will also be established at district and village levels. Different levels will have clear roles and responsibilities.

Meetings have been organized with other agencies, the private sector, and some non-governmental organizations to discuss the Healthy City programme.

Sample activities included in the local Healthy Cities projects are (1) healthy village initiatives in Vientiane with the training of village leaders in the Healthy Cities concept; (2) healthy hospitals in Vientiane and three provinces (1 provincial hospital and 5 district hospitals in total) to provide water supply, sanitation, solid waste disposal and hygiene promotion; (3) primary school sanitation to organize the training of teachers in schools and parents about hygiene education and promotion, provide supply and latrines, and develop guidelines for their use and maintenance; (4) organization of street clean-up activities by school children in Vientiane; (5) monitoring of water quality (e.g. pH, temperature, Ca, Mg, Fe) in some places; (6) healthy marketplace in Sisattanak, Vientiane initiated in 1998, and in Pakse, Champassak Province initiated August 1999 where a meeting was held with different agencies, the private sector and government officials, and an agreement and guidelines for the healthy marketplace project were established.

6.   Malaysia

The Healthy Cities programme was proposed and introduced to the Ministry of Health by WHO in 1994. Kuching and Johor Bahru were chosen as pilot projects. At the national level a steering and technical committee with the involvement of many Ministries was formed. A national plan of action was developed at the workshop in Johor Bahru in 1996 and it was disseminated to all states where a project was started with the vision, mission, objectives and strategies being developed.

In 1997 the Healthy Cities programme received a special allocation of RM 500,000 from the Government, and it now receives an annual budget to carry out this programme. Besides this, it also receives some allocation from WHO and state governments.

Healthy Cities projects in Malaysia have had problems and constraints such as shortage of manpower, funds, training etc. but have managed to overcome these and have been successfully implemented in a number of cities. The plan is to implement Healthy Cities project nationwide in 35 cities by 2005. Its success can be attributed to strong leadership, commitment, interagency coordination and cooperation, team work and community participation.

There are plans to develop National Healthy Cities Indicators and to develop the specific healthy settings like healthy hospital, healthy marketplaces, healthy workplaces, healthy islands, healthy school, healthy communities.

Some examples of Malaysian Healthy Cities projects are given below.

Johor Bahru: The Johor Bahru Healthy Cities project was developed in 1994 in 5 phases with the formation of a technical and steering committee and the involvement of a number of organizations. Its main focus was urban development with emphasis on the quality of environment and life. It developed its own vision, mission, strategies and indicators. It obtained its manpower and funds through government and non-governmental agencies. It has selected 7 areas of concern to focus on until the year 2005. They are intersectoral collaboration, healthy community connection, healthy community forum, community communication, community recreation, education and economic development.

Even though it had its constraints during the initial stage, like conflicts, local politics and not involving sufficiently the community in decision making, it attributes its success to effective leadership, education, networking, community involvement, adequate and appropriate resources.

Malacca: The Malacca Healthy Cities programme was developed in 1997 with the formation of the state steering committee with the Chief Minister as the adviser and the state secretary as the chairman. The programme was mainly project-based as many of the departments involved had already been implementing projects or activities, using an approach similar to Healthy Cities.

Workshops were held to draw up proposals, activities and action plans. This was followed by the official launching and an interagency conference with the presentation of project achievements. A number of health issues, activities and indicators were identified. Specific healthy settings, like health clinics, marketplaces, work places, playground and residential areas were chosen.

Resources were obtained from the Ministry of Health and state government. Though it faced many difficulties in the initial stage, such as lack of experience, non-commitment from the heads of departments in the initial stages, it now attributes its success to the commitment of the state department and its resources.

A number of lessons were learnt while implementing the project. These include giving top priority and financial support to the Healthy Cities programme and taking full responsibility by the state government.

Penang: The Healthy Cities concept was introduced in 1998 with the intention to minimize health hazards in urban areas through integration of health and environmental protection measures in urban planning and management process. It is being developed along with the Sustainable Penang Initiative which is a state project with similar objectives. It is based on 5 areas, namely ecological sustainability, economic productivity, social justice, cultural vibrancy and popular participation. It is spear-headed by Socio-Economic and Environmental Research Institute. (SERI). At present, the Penang Health Department is developing a smart partnership with SERI to implement the Healthy Cities Initiative.

Concurrently Penang is developing the following healthy settings projects: healthy hospital, healthy island, healthy industrial area, healthy schools and healthy tourist spots.

Kuala Lumpur: The City Hall Kuala Lumpur, along with the private sector, communities and

non-governmental agencies, have implemented a number of projects to improve urban problems, like housing, transport and community programmes for the hard core poor. Transportation was improved by a light rail system, commuter system, transit system, monorail and special bus and taxi lanes. A safe city pilot project was started in one of the housing areas where there was a 24-hour base, neighbourhood watch, regular monthly meetings of residents, police and City Hall officials. This programme has reduced the crime rate in Kuala Lumpur.

7.   Mongolia

The WHO invitation to Mongolia to join the Healthy Cities programme was addressed to the Department of Public Health, Ministry of Health and Social Welfare. The Healthy City programme was started in 1996. In Mongolia, a series of national health programmes , relevant to Healthy Cities, are being implemented. These include programmes on nutrition, water, occupational safety and health, health education and vaccination. In 1997, the national Healthy Cities team was organized in the Ministry of Health and Social Welfare. Healthy Cities Workshops were conducted in 3 *aimags* (provinces): Ulaanbaatar, Darkhan and Orhon.

The Mongolia Healthy City programme was started in Ulaanbaatar and Darkhan. Ulaanbaatar is the capital of Mongolia and has a population of about 660 000. The Healthy Cities project of Ulaanbaatar covers about 360 000 people in the city. The Healthy Cities Committee was organized in 1997 by the Office of Health Agency of Inspection for Hygiene and Epidemiology, and the Office of Nature and Environment. The action plan focuses on urban development and planning, air pollution, soil erosion and pollution, industrial wastewater disposal, waste disposal issues, water supply improvement, food safety, hygiene control and inspection system.

Darkhan has a population of about 70 000 and the Healthy Cities project covers almost 65% of the population. The Healthy Cities Committee was organized in 1997 by the local educational organization, the mayor's office, the central hospital, administrative organization of *Bags* (districts), and the Department of Hygiene and Epidemiology. The action plan focused on sanitation in the city, environmental issues, working conditions and healthy workplaces, water supply improvement and adequate waste disposal, and food safety. As a result, a new sewage treatment plant was constructed in 1997. Health-promoting school projects and health-promoting district (*Bag*) projects were developed, as sub-projects.

Typical activities being carried out by the projects are (1) establishment of a steering committee for planning, implementation and evaluation of Healthy Cities projects in each city; (2) establishment of a city development fund in Ulaanbaatar which is used for the implementation of Healthy Cities project and development of the city; (3) organization of a Healthy Cities-Healthy Citizen month (from 10 January to 10 February) in each year; (4) participation of some private organizations in the implementation of Healthy Cities project (for example, the Darkhan Buteeny Company implements solid waste management in the city).

Coordination problems have been identified at the central level, such as the need to establish priority issues for action; the need to establish an effective information and reporting system; and a lot of political changes and organizational restructuring in Mongolia in recent years.

Future developments that are planned include (1) development of country guidelines on Healthy Cities project and distribution of these to *aimags* (provinces); (2) demonstration of the effectiveness of Healthy Cities projects and disseminating information to the community so as to improve community participation; and (3) improvement of national intersectoral coordination related to the Healthy Cities programme.

8.   Republic of Korea

There is one Healthy Cities project in the Republic of Korea. This is in the city of Kwachon which has a population of 70,830. Healthy City Kwachon aims to promote health and improve living environments by encouraging the active participation of Kwachon City residents to establish an ideal healthy city. The project focuses on healthy behaviour and environmental modification, environmental protection, stimulation of strong community participation, and establishment of a health information system.

A feasibility study was conducted in 1997, and from that, smoking rate and hypertension were identified as dominant health problems. A preliminary plan was established and launched in 1998, and a short- and long-term Healthy Cities plan was prepared in 1999.

The main players in the project are the health centres in Kwachon City and the Institute of Health Promotion, Yonsei University.

The main areas of action include (1) issuance of a newsletter; (2) smoking-cessation and tobacco-use prevention programme; (3) nutrition programme; (4) maternal and women's health programme; (5) district health management information system; (6) hypertension prevention and control; and (7) physical activity and recreation programme.

The most important aim was to set up goals for the Healthy Cities project which reflected health goals from Yonsei University and organizational goal from the city government. These goals were (1) to improve citizens' health and reduce the cost of medication use; (2) to ensure the Healthy Cities project is sustainable and a priority for the city; and (3) to improve the citizens' health status and make the city a model city.

9.   Philippines

The Department of Health acts as a catalyst to encourage sectors and disciplines to work together on the mutual goals of improving the quality of life in rapidly urbanizing cities. Components include health, economic, social, political and spiritual aspects of an urban area. The settings approach on health promotion through Administration Order No. 341 was signed in 1997 by then President Fidel V. Ramos implementing "Philippine Health Promotion Programme through Healthy Places". This was a national multisectoral health promotion strategy using the healthy settings approach and aims to bring health messages to where people are and build supportive environment. These settings were represented by sectors, including health, education, local governments, private/business sectors, people's organizations, tourism, agriculture, economic development, environment, transportation, communication and non-government sectors.

In 1998, a Department of Health order creating the Healthy Cities Movement Task Force was issued, and the project was presented to local government executives of the metropolis. Three (3) cities – Marikina, Makati, Quezon City – agreed to be the pilot areas. Thus the local government executives of these areas became the prime movers, and leaders began orchestrating all efforts of various agencies in attaining quality of life through sustainable development in urban areas.

The devolved system of responsibility opens up opportunities for multisectoral cooperation for developing health promotion strategy and action at the provincial, municipal, city and barangay levels in cooperation with non-governmental and professional organizations. In 1999, the healthy Cities movement was expanded to include Valenzuela City in Metro Manila and San Fernando City in La

Union.

10.   <u>Viet Nam</u>

The Vietnam Healthy Cities programme was started in 1994, as the project on the intergration of health and environment, by the Department of Preventive Medicine of the Ministry of Health. The project has been successfully implemented in Haiphong and its scope was widened to develop a Healthy Cities project in 1996. Another Healthy Cities project in Hue commenced in 1997.

Many activities have been implemented in Haiphong and Hue, but clear action plans and coordination are not fully developed. To overcome this, the Ministry of Health established the National Steering Committee in 1998. This Committee is chaired by the Vice-Minister of Health and its members are from the Department of Preventive Medicine, the Centre for Health Education, and national and regional institutes in Viet Nam. Under this Committee, working groups are being organized for a number of settings such as healthy schools (education sector); healthy workplaces (labour, trade union, and trade offices), healthy markets (market managers, and agency responsible for safety and quality of food).

A national Healthy Cities programme is developed for 2000 - 2005. The main lessons learnt to date are that: (1) a national committee should be established and provide guidelines for cities; (2) the identification of priority activities is important as they could serve as entry points to the development of a Healthy Cities project; (3) the city coordinator is important in implementing, monitoring and evaluating the process; (4) communication and mass media are important mechanisms for information dissemination; and (5) training and education for communities need to be expanded.

Haiphong: Haiphong City has a population of about 1.6 million. The Healthy Cities project is managed by the Environmental Health Office, and organized by the Department of Science Technology and Environment, Department of Health, other departments, and non-government organizations. At first, the Haiphong study team on urban environment and health identified and reported the health and environment problems in Haiphong. Then, an action plan focusing on improving the public's awareness of health and environmental issues, food safety, water supply, and wastewater and solid waste disposal was developed. Among 13 districts, Ngo Quyen District was selected as a model district. In that district, several projects were initiated such as "Healthy and Clean District Project", "Market Cleaning Project", "School Upgrade Project", "Clean and Healthy Precinct Project", "Health Improvement Project for Small and Large Scale Enterprises" and "Clean and Healthy Hospital Project".

Hue: Hue City has a population of about 300,000. In 1996 a Healthy Cities Committee was established which is chaired by the city's Mayor. The Hue Healthy City project established an intersectoral committee with high level political support from the Mayor. It has also identified some significant health and environmental issues faced by the city. The Hue Healthy City project focused on housing, especially in slum areas, the drinking and living water supply, rivers, canals and water drainage, dredging and rubbish collection and treatment. Hue is in the process of developing a number of healthy settings projects, including healthy schools, healthy markets pilot project, healthy river, and healthy work places.

Suggested items for a city health profile
For developing a Healthy Cities project

Topic	Items

Demography and Epidemiology	Total population
	Age and sex breakdown
	Ethnic distribution
	Birth rate
	Fertility rate
	Death rate
	Morbidity rate
	    Communicable diseases
	    Non-communicable disease
	    Injuries/accidents
	    Crime
	    Disabilities
	    Suicide rates/occupational injury
	Perceptions of health and well-being
	Individual risk factors
	    Immunization rate
	    Nutrition
	    Alcohol and drugs
	    Smoking
	    Exercise
	    Screening rates (cancer)
	    Domestic violence

City background	History Culture Climate Topography

Physical Environment	Environmental quality
	    Air
	    Water
	    Noise
	    Soil
	Scenery
	Percentage green space/parks

Living Environment	Access to safe drinking water Adequacy of housing facility Amount of living space Rates of homelessness Food hygiene Insects and rodent control Sewage treatment Waste treatment Coverage of solid waste collection Recycling
Urban Infrastructure	Description of urban planning/zoning system

	Main mode of transport Availability of public transport Availability of communication and information technology Use of public media

Organizations and Services	Description of administrative structure of departments, districts and communities and local government.
	Description and assessment of the effectiveness of existing intersectoral coordinating mechanisms.
	Description of availability of:
	    Hospitals
	    Community health facilities (maternal/child, disability, aged care)
	    Schools
	    Community centres
	    Sporting facilities
	    Environmental health services
	    - food inspector
	    - standard of monitoring/enforcement

Economic	Assessment of impact of economy on health
	    - main industries/business
	    - health of economy
	    - level of development

Social	Sources of social stress
	Description of social support mechanisms/networks
	    - family/household
	    - community
	    - cultural
	    - gender relations

Legislation and regulations	Disease prevention and control Hospitals, schools, workplaces, markets, etc. Food hygiene, building, housing Drinking water, waste management Air, water, noise, soil, etc.

Framework for developing a network of Healthy Cities projects
in the Region

Roles of national government and WHO

A Healthy Cities project is successful and sustainable only when people and the local government make a commitment to the improvement of their health and quality of life and mobilize their own resources and apply their innovative ideas to develop and implement the project. It is, therefore, essential that the initiative of developing a Healthy Cities project must come from the city itself.

The national government also plays an important role in the development of Healthy Cities projects. Their role is to support the development and implementation of these projects by:

(1)   providing useful information, guidelines/guidance and technical advisory services (and to a limited extent, financial support in seed money) to cities interested in developing Healthy Cities projects;

(2)   helping the city to evaluate and monitor the progress and effectiveness of the project implementation;

(3)   facilitating the exchange of experiences (e.g. through national conferences) among the cities participating in the Healthy Cities programme in the country; and

(4)   liaising with WHO to implement various intercountry activities (e.g. regional workshops/seminars; study tours; technical consultancy services; etc.).

In order to provide these supporting functions, the national government should establish a national intersectoral coordination body (e.g. task force, committee, etc.), with its coordinator, for the Healthy Cities programme. Such a coordination body should involve relevant government agencies (e.g. agencies responsible for health, the environment, local governments, urban planning, education, labour, commerce, industry, etc.); non-government organizations; and academia. It should also develop a national action plan for the Healthy Cities programme, and secure budget to implement it.

WHO's role is to facilitate the development of Healthy Cities projects and implement intercountry activities in collaboration with interested parties (e.g. other international partner agencies, non-government organizations, WHO Collaborating Centres, etc.). WHO also supports Healthy City projects directly, or indirectly through the national government, by providing information, technical advisory services and limited seed money for applied studies on innovative approaches and local initiatives. In collaboration with countries in the Region, WHO develops a regional action plan to facilitate the networking of Healthy Cities projects.

Mechanism for networking and supporting Healthy Cities projects

The structure of networking and supporting Healthy Cities projects is shown in Figure A3.1. The national coordinator is usually located in a section of the Ministry of Health in the country. However, in some countries, there is no formally designated national coordinator, and communication is made directly from the local project coordinator to WHO. When more than one such project are implemented, it is desirable to have a designated national coordinator in the country. Also, the national

coordinator could be a government agency other than the Ministry of Health. A non-government organization could be a national coordinator. However, the mobilization of various resources for sustainable project implementation would be usually easier with a government agency than a non-government body, particularly in developing countries.

WHO Representatives and Country Liaison Officers in Member States also play an important role in the implementation of Healthy Cities activities. They provide direct advice to the national coordinator and project cities on general aspects of Healthy Cities projects, and serve as a key link for communication with, and support from, the WHO Regional Office for the Western Pacific.

In addition to these institutions already mentioned, Figure A3.1 depicts other organizations which could provide valuable functions for networking and supporting Healthy Cities projects. At the national level, they include relevant government agencies and non-government organizations. At the Regional level, WHO Collaborating Centres and universities actively involved in urban health issues provide their expertise. Programmes implemented by other international partner agencies and regional non-government organizations can cooperate with WHO in networking and supporting Healthy Cities projects. Such programmes and organizations include ESCAP; UNDP/UNCHS Urban Management Programme for Asia and Pacific; The Urban Governance Initiative (TUGI); CITYNET; UNEP International Environmental Technology Centre (IETC); Japan International Cooperation Agency; WHO Centre for Health Development (WCK); etc.

Regional database

A regional database on Healthy Cities projects has recently been created to facilitate in direct communication between active Healthy Cities projects. The database currently (at the time of writing this document) contains 87 cities in 7 countries in the Western Pacific Region. The information in the database is collected, using a Healthy City summary sheet, and contains:

- Contact details of the project/city coordinator;
- Health/environment/ development concerns and priorities;
- Municipal departments, community groups, non government organizations, etc. participating in the project;
- Summary of major ongoing and planned project activities; and
- Other remarks.

The database would be put on the WHO Western Pacific Regional Office website (http://www.who.org.ph) in early 2000.

The Healthy City summary sheet for a new database entry should be submitted to WHO through the national coordinators (See Annex 4 for their contact details). Where no national coordinator exists, it will be sent individually to WHO (See Annex 4 for the contact detail of the WHO Western Pacific Regional Office). In addition, all new submissions of the Healthy City summary sheets must show the evidence that all the principal elements (Refer to Table 3.1 in the text) of a Healthy Cities project are included in the project. Types of materials that need to be submitted with the Healthy City summary sheet are as follows:

- A written policy statement(s) (e.g. a resolution) of the city/local council or parliament that declares the city's commitment to establishing a Healthy Cities project to improve health and quality of life of all people in the city through a participatory process.

- A future vision/goal statement of the project that incorporates views and values of people in

various sectors of the society in the city. It must be developed through consensus among the various sectors of the society.

- An intersectoral committee or task force that facilitates the participation of all relevant stakeholders in planning and implementation, and steers the direction and activities of the project. A coordinator of the project must be designated and serves as the secretariat to the intersectoral committee/task force. The coordinator requires an office space and communication facilities (e.g. telephone, fax, etc.).

- Mechanisms or programmes to encourage community participation; solicit views of the general public for planning and implementation of project activities, and mobilize resources available in the community.

- A profile (or baseline data) of the city that characterizes the city's physical and social environments, health status and health supporting facilities. A set of information items that are typically included in a city profile is given in Annex 2.

- Priority health problems that are based on (a) the assessment of the relationships between living conditions and health status, as determined by epidemiological analysis and/or the assessment of public health professionals, and (b) the perceptions of the community on priority health and quality of life issues.

- A local action plan for resolving priority health problems that identifies actions/activities and the participating stakeholders who would implement actions/activities.

- A set of indicators and targets for the monitoring and evaluation of progress of action plan implementation. A mechanism for regular review and evaluation of action plan implementation (e.g. annual progress review meetings of the intersectoral committee) must be established.

- A system of information services (e.g. preparation of information/promotion materials; assignment of an information officer; availability of effective communication facilities, etc.) that is accessible by the general public as well as all the stakeholders in the project. Agreement and a means (e.g. submission of an annual report; publication of English newsletters; etc.) to share information on the project and its progress with other Healthy Cities projects in the Region must be included.

WHO is committed to maintaining only active Healthy Cities projects in the database. To institutionalize this, each Healthy Cities project must submit an annual report, through the national coordinators where applicable, to WHO. Annual reports should contain the information on the items in the summary sheet, the activities undertaken during the reporting year, major achievements and results of evaluation.
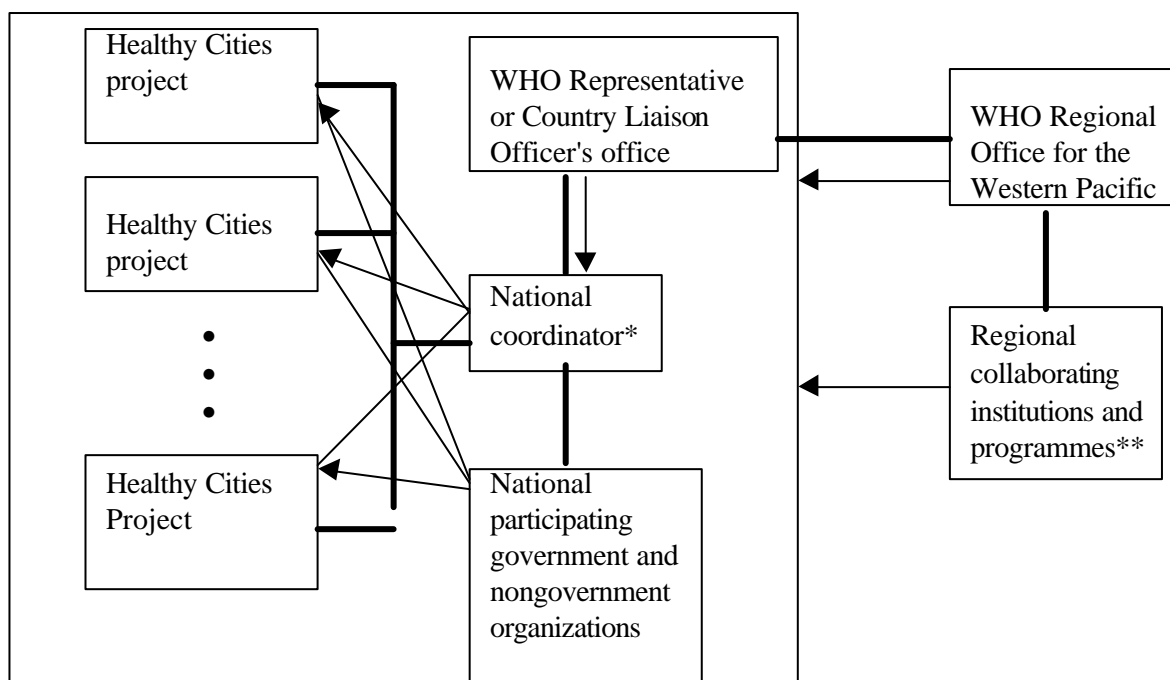
Legend:

—————————— : main channel of communication

————————▶ : main channel of support

Figure A3.1 Organizational Structure of Networking and Supporting Healthy Cities Projects
in the Western Pacific Region

Note:

* : In most countries, the national coordinator is a section in the Ministry of Health. The
      national coordinator, in cooperation with other relevant government agencies and non-
      government organizations, coordinates Healthy Cities activities in the country.

** : Regional collaborating institutions and programmes include WHO Collaborating Centres and
      universities active in urban health programmes in the Western Pacific Region, and
      programmes of other external support agencies and regional non-government organizations
      such as ESCAP; UNDP/UNCHS Urban Management Programme for Asia and Pacific;
      TUGI; CITYNET; UNEP/IETC; JICA; WHO Kobe Centre; etc.

Works cited, suggested reference materials and contact institutions

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Takano, T. *How To Analyze Your City's Health* WHO CC HCUPR Monograph No.5 Tokyo, WHO Collaborating Centre for Healthy Cities and Urban Policy Research, 1999.

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Regional Guidelines for the Development of Healthy Workplaces. Healthy Settings Series No. 1. Manila: WHO Regional Office for the Western Pacific, 1999.

2.   Contact institutions

World Health Organization

Regional Office	-	WHO Western Pacific Regional Office
		P.O. Box 2932 (United Nations Avenue)
		1000 Manila
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		Tel: (63-2)528-8001 Fax: (63-2)521-1036
		Email: postmaster@who.org.ph, or ogawah@who.org.ph
		Website: http://www.who.org.ph/
Headquarters	-	World Health Organization
		CH-1211 Geneva 27
		Switzerland

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Kobe Centre - WHO Centre for Health Development
I.H.D. Centre Building, 9th Floor
5-1, 1-chome, Wakinohama-Kaigandori
Chuo-ku, Kobe 651-0073
Japan
Tel: (81-78)230-3100   Fax: (81-78)230-3178
Email: wck@who.or.jp
Website: http://www.who.or.jp/

National coordinating institutions

Cambodia - National Centre for Health Promotion
Ministry of Health
151-153 Avenue Kampuchea Krom
Phnom Penh
Cambodia
Tel: (855-23)213608   Fax: (855-23)426841/366186

China - Office of National Patriotic Health Campaign Committee
Ministry of Health
No. 44, Hou Hai Bai Yan
Xicheng District
Beijing 100725
China
Tel: (86-10)6401-5617/8401-1342   Fax: (86-10)6401-5617

Lao People's - Department of Hygiene and disease Prevention
Democratic Ministry of Health
Republic Simuong Road, Sisattanak,
Vientiane
Lao People's Democratic Republic
Tel: (856-21)214010/218807   Fax: (856-21)214010

Malaysia Environmental Health Unit
Division of Disease Control
Ministry of Health
2nd Floor, Block E, Offices Complex
Jalan Dungun, Damansara Heights
50490 Kuala Lumpur
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Tel: (60-3)254-0088   Fax: (60-3)254-3366
Email: rozlan@dph.gov.my
Website: http://dph.gov.my/Division/dcd/ncd/cities/

Mongolia Agency of Inspection for Hygiene and Epidemiology
Ministry of Health and Social Welfare
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Viet Nam   Department of Preventive Medicine
Ministry of Health
138 A Giang Ve Street
Hanoi
Viet Nam
Tel: (84-4)8460347   Fax: (84-4)8460507

International partners/resource institutions in the Region

CITYNET   -   CityNet Secretariat
5F, International Organizations Centre
Pacifico Yokohama
1-1-1, Minato Mirai, Nishi-Ku
Yokohama 220-0012
Japan
Tel: (81-45)223-2161   Fax: (81-45)223-2162
Email: citynet@po.iijnet.or.jp
Website: http://www2.itjit.ne.jp/~citynet/

ESCAP   -   Urban Development Programme
Population and Rural and Urban Development Division (PRUDD)
ESCAP
United Nations Building
Rajdamnern Avenue
Bangkok 10200
Thailand
Tel: (66-2)288-1512   Fax: (66-2)288-1009
Email: huset.unescap@un.org
Website: http://www.unescap.org/huset/

TUGI   -   The Urban Governance Initiative (TUGI)
C/o United Nations Development Programme (UNDP)
Wisma UN, Kompleks Pejabat Damansara (Block C)
Jalan Dungun, Damansara Heights
50490 Kuala Lumpur
Malaysia
Tel: (60-3)255-9122   Fax: (60-3)253-2361

Email: tugi@undp.org
Website: http://www.tugi.apdip.net/

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UNEP/IETC   UNEP International Environmental Technology Centre
                           2-110 Ryokuchi koen
                           Tsurumi-ku
                           Osaka 538-0036
                           Japan
                           Tel: (81-6)6915-4580   Fax: (81-6)6915-0304
                           Email: ietc@unep.or.jp
                           Website: http://www.unep.or.jp/

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University   School of Medical
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                          Yushima 1-5-45, Bunkyo-ku
                          Tokyo 113-8519
                          Japan
                          Tel: (81-3)5803-5190   Fax: (81-3)3818-7176
                          Email: whocc.hlth@med.tmd.ac.jp
                          Website: http://www.tmd.ac.jp/med/hlth/whocc.html

Flinders -   Department of Public Health
University of   Flinders University of South Australia
South Australia   GPO Box 2100
                          Adelaide 5001
                          South Australia
                          Australia
                          Tel: (61-8)374-0230   Fax: (61-8)204-5983
                          Email: fran.baum@flinders.edu.au
                          (A short course on Healthy Cities and Communities offered)

INTAN   -   National Institute of Public Administration (INTAN)
                          Bukit Kiara, Jalan Damansara
                          50507 Kuala Lumpur
                          Malaysia
                          Tel: (603)250-6752   Fax: (60-3)256-1403
                          Email: zin@intanbk.intan.my
                          (An international course on the promotion of healthy environments in urban
                          areas: Healthy Cities programme is offered, jointly with JICA and WHO)

Other useful websites

Healthy Cities Kuching	-	http://sarawak.health.gov.my/hcity/
Healthy Cities Illawarra	-	http://www.healthycitiesill.org.au/
Healthy Cities Noarlunga	-	http://www.softcon.com.au/nhc
WHO/EURO Centre for Urban Health/Healthy Cities	-	http://www.who.dk/healthy-cities/
WHO Collaborating Centre for Research on Healthy Cities (Maastricht)	-	http://www.unimaas.nl/~who-city/www.html
International Healthy Cities Foundation	-	http://www.healthycities.org/
International Council for Local Environmental Initiatives	-	http://www.iclei.org/