HEALTHY CITIES
GOOD HEALTH IS GOOD POLITICS

Toolkit for local governments
to support healthy urban development
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Toolkit contains additional resources including a participant’s workbook, a self-assessment tool, and a list of useful resources. These documents can be accessed at http://www.wpro.who.int/health_promotion/about/urban_health/en/.
Message from the Regional Director

More than half of the 1.8 billion people in the Western Pacific Region already live in urban areas. Asia’s urban population, estimated at 1.9 billion in 2011, is projected to grow to 2.7 billion by 2030.

Indeed, cities are already an integral part of the landscape. They will continue to grow, both in size and significance, as more and more people move to cities in pursuit of better education, jobs and services.

With proper governance, cities can develop into hubs of productivity and innovation — places where people interact, ideas thrive and action happens. Without effective governance, however, cities will struggle to provide even basic infrastructure. They will become testaments to inequality, poverty and poor health.

Now the Healthy Cities vision is more relevant than ever, as we search for guidance during this critical time in our development.

Healthy Cities have many qualities that promote health and well-being.

Fundamentally, the city should be clean and safe, including access to food, water, shelter and health care. Developmentally, the economy should be diverse and innovative, providing work opportunities and promoting fair business practices. Socially, communities should be engaged and mutually supportive, with the city encouraging connections and enabling participation in public processes.

A Healthy City may be achieved through a range of actions. Before anything else, the political will and commitment to urban health should be established to mandate action. The needs of the people should be assessed to inform new initiatives, taking account of inequalities and policy impacts on health. Stakeholders should be mobilized through a participatory approach to implement integrated solutions. Delivery systems should be transparent and accountable. Finally, performance should be monitored and evaluated to ensure quality improvement down the road.

This toolkit has been produced by the WHO Regional Office for the Western Pacific to support and strengthen the efforts of local leaders in applying the Healthy Cities approach. We stand ready to assist you toward enhancing the state of your cities and the quality of life of your urban residents.

Shin Young-soo, MD, Ph.D.
WHO Regional Director for the Western Pacific
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### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>3Ps</td>
<td>public, private and people</td>
</tr>
<tr>
<td>AFHC</td>
<td>Alliance for Healthy Cities</td>
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<tr>
<td>APHA</td>
<td>American Public Health Association</td>
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<tr>
<td>ATSI</td>
<td>Aboriginal and Torres Strait Islander</td>
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<tr>
<td>CALD</td>
<td>culturally and linguistically diverse</td>
</tr>
<tr>
<td>CDHB</td>
<td>Canterbury District Health Board</td>
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<tr>
<td>HIA</td>
<td>Health Impact Assessment</td>
</tr>
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<td>HIAP</td>
<td>Health in All Policies</td>
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<tr>
<td>HPB</td>
<td>Health Promotion Board</td>
</tr>
<tr>
<td>NCDs</td>
<td>noncommunicable diseases</td>
</tr>
<tr>
<td>Precede</td>
<td>predisposing, reinforcing and enabling construct in ecosystem diagnosis and evaluation</td>
</tr>
<tr>
<td>Proceed</td>
<td>policy, regulating or resourcing and organizing for education and environment development</td>
</tr>
<tr>
<td>Rapid EFHIA</td>
<td>Rapid Equity-Focused Health Impact Assessment</td>
</tr>
<tr>
<td>SDH</td>
<td>social determinants of health</td>
</tr>
<tr>
<td>SEIFA</td>
<td>Socio-Economic Indexes for Areas</td>
</tr>
<tr>
<td>SHS</td>
<td>second-hand smoke</td>
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<tr>
<td>SPIRIT</td>
<td>Setting approach, Sustainability; Political commitment, Policy &amp; Community Participation; Information, Innovation; Resources, Research; Infrastructure, Intersectoral; Training</td>
</tr>
<tr>
<td>SWOT</td>
<td>strengths, weaknesses, opportunities and threats</td>
</tr>
<tr>
<td>UNFCCC</td>
<td>United Nations Framework Convention on Climate Change</td>
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<tr>
<td>Urban HEART</td>
<td>Urban Health Equity Assessment and Response Tool</td>
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<td>WHO</td>
<td>World Health Organization</td>
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You may have heard people say “the city looks so beautiful with flowers lining the roads,” “the city is so safe,” “I would like to live here because there is so much to do,” or “I wish there were more trees and parks,” “I wish the air was fresher and cleaner so I could enjoy the outdoors,” “I wish the traffic flowed better.”

We share many common needs and desires. We want many of the same things in a city even if we may have different ideas on how to achieve them. We have an innate desire to live a happy, healthy and purposeful life.

Globalization, urbanization, economic development and technological advancements have changed our environments, interactions, movements and lifestyles. More than ever before, people live in cities and continue to move to cities. This development is particularly visible in the Western Pacific Region of the World Health Organization (WHO).

Due to rapid urbanization, development and migration, cities face enormous challenges in urban planning and management. Local governments must strive to maintain liveability, provide good services to their communities, create opportunities and sustain growth. Without proper management and responsiveness to development, cities may see rising inequity and inequality (social, health, political and economic), social conflict and unrest, and mistrust of government. Such instability in turn hampers the growth and development of a city and its population.

Conversely, cities, if managed well, can present many benefits. With good infrastructure, people have increased access to health and social services, education and jobs. With foresight and planning, the city is able to minimize loss of lives when natural calamities occur. The city will also be able to manage threats, such as emerging infectious diseases, noncommunicable diseases, injuries and climate change. With good governance, the city will be inspiring and the population will be inspired. A well-managed city will meet people’s basic needs and make them
feel safe, included and respected. It will have supportive environments that enhance the quality and years of life, and enable people to fulfil their highest potential. And when people are healthy and thrive, the possibilities for the city are infinite – creativity, innovation, entrepreneurship, growth, vibrancy and peace.

A single policy can have widespread benefits. A city with a good public transportation system can see greater investments; enable more people to access health and social services, education and employment; reduce time spent in traffic and increase time with family; reduce the carbon footprint; and spark entrepreneurial ideas. A decision to increase the number of trees and parks can provide shade; lower surface and air temperatures; and increase opportunities for people to be physically active and social. The aesthetic pleasure of greenery can also trigger creativity.

What would you do in your city to enable people to be happy, healthy and inspired?

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

– Constitution of the World Health Organization, 1946
Why this toolkit?

To support healthy urban development, this toolkit for local governments was developed as an update to the WHO Regional Office for the Western Pacific’s Regional guidelines for developing a healthy city project (2000). It is also an implementation companion to the Regional framework for scaling up and expanding healthy cities in the Western Pacific 2011–2015. This toolkit contains resources from other organizations and includes practical experiences of Member States.

Why Healthy Cities?

Why does the Western Pacific Region need to pay attention to urbanization?

- More than half (54%) of the population in the Western Pacific Region lives in urban areas (1).
- In Asia, approximately 880,000 new urban dwellers are added every week (2).
- The average annual growth rate of Asia’s urban population is the highest of any region between 2010 and 2015 at 1.5%. Asia’s urban population is expected to increase from 2.06 billion in 2014 to 3.31 billion in 2050 (3).
- The fastest-growing urban agglomerations are medium-sized cities and cities with less than one million inhabitants located in Asia and Africa (3).
- The Western Pacific Region is now home to nine megacities with populations over 10 million (3).a
- Urban population growth in this Region can be linked to spatial and environmental characteristics. This shows that cities in Asia are located in areas exposed to natural hazards (such as fault lines and climate zones). For example, Tokyo, Japan and Manila, Philippines are frequently hit by cyclones, floods and earthquakes (4).

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a The nine megacities in the Western Pacific Region and their population: Tokyo, Japan (37.8 million); Shanghai, China (23 million); Osaka, Japan (20.1 million); Beijing, China (19.5 million); Chongqing, China (13 million); Manila, Philippines (12.8 million); Guangzhou, China (11.8 million); Tianjin, China (10.9 million); and Shenzhen, China (10.7 million).
Urbanization can and should benefit the health of the population \( (5) \). The convergence of people in cities increases access to services, proximity, interactions and connections, and stimulates new ideas and innovations \( (6, 7) \). However, whether or not the city and country benefit from urbanization is dependent on governance. Good urban governance creates health-enabling and people-centred policies and environments. Poor urban governance, on the other hand, can have an adverse impact on health, due to social and environmental determinants not being addressed. Within developing countries, good urban governance has contributed to a life expectancy of 75 years or more whilst poor urban governance has coincided with life expectancies as low as 35 years \( (5) \).

The increase in urban areas enables better access to: (i) safe water and good sanitation, and (ii) services (education, health, welfare and public transportation). This has led to improved health outcomes as seen in the Western Pacific Region between 1990 and 2011:

- life expectancy at birth increased from 70 years to 76;
- neonatal mortality rate reduced from 21 to 9 per 1000 live births;
- infant mortality rate reduced from 37 to 13 per 1000 live births;
- under-5 mortality rate reduced from 48 to 16 per 1000 live births;
- populations using improved drinking water sources increased from 70% to 92%; and
- populations using improved sanitation increased from 36% to 70% \( (1) \).

Good urban governance ensures timely and proportionate responses to manage infectious disease outbreaks, and effective management of risks and fears. This enhances social cohesion, economic performance and political legitimacy \( (8) \).
Conversely, urbanization and rapid urban population growth, beyond what local governments can manage, can be detrimental to health and sustainable development. When people live, grow, work and age in different conditions, we see economic and social inequalities, which result in health inequities \(^9,10\). Urban slums, for example, have grown with increased urbanization \(^9\). Slums are linked to health risks such as low-birth-weight, respiratory problems, injuries, infectious diseases and mental health problems. These result from overcrowded conditions, poor access to health services, employment, and safe and healthy food \(^9\). Urban population growth and economic development have also brought about an increase in the number of vehicles and transportation systems. In the absence of proper planning, regulations and enforcement, road traffic injuries and deaths will increase. The Western Pacific Region reports the highest number of fatal road traffic injuries of any WHO region. In the Region, 95% of deaths from road traffic injuries occur in low- and middle-income countries; and the risk of dying is more than 2.5 times greater compared to high-income countries \(^11\). If cities do not address the social determinants of health, as well as the economic, social and health inequities, development will stagnate \(^10\).

Thus, WHO sees Healthy Cities as the platform for building consensus around a shared vision for urban health. The objectives would be to: strengthen urban governance; ensure policy coherence for health; reduce health inequities; and promote continuous innovations for health \(^5\).

**Who will use this toolkit?**

This toolkit is meant as a resource for the Mayor’s Office to further the Healthy Cities approach. It aims to convey the value of the approach, and inform leaders on how to institutionalize and embed it into existing processes, programmes and systems \(^12\).

**How to use this toolkit**

Aristotle argued for seeing “the difference between a good political arrangement and a bad one” in terms of its successes and failures in facilitating people’s ability to lead “flourishing lives”. Human Development Report 1990 \(^13\).

Real world policy planning and implementation does not follow a clear linear process. Rather it is composed of incremental, iterative steps that may be constantly re-negotiated depending on the changing political, social and economic conditions.
This toolkit aims to highlight key considerations in applying the Healthy Cities approach and using it as a platform to achieve healthy urban development. It emphasizes key actions a city can take to protect and promote health. Each city should consider its local context and needs, and adopt what it thinks is best for the city. And throughout the implementation, the city should continuously strive to align actions to the core principles of Healthy Cities (see Chapter 1). This toolkit is not a guideline for addressing health challenges in a city and meeting specific standards. The resources and case studies are intended to serve as examples and are not gold standards for application.

The toolkit is divided into the following sections:

- Chapter 1 is about the vision and core principles of the Healthy Cities approach.
- Chapter 2 details the strategic objectives of Healthy Cities.
- Chapter 3 is about the drivers of Healthy Cities that will raise awareness, advocate and steer the application of the approach. These include focal points, multisectoral task force, steering committee and secretariat.
- Chapter 4 provides the tools and resources for mobilizing partners and building an evidence base for action.
- Chapter 5 is about developing multisectoral action plans for achieving the targets set in the strategic plan, and including a monitoring and evaluation component in these activities.
- Chapter 6 provides information on what the national government can do to support Healthy Cities.

Additional resources include a participant’s workbook, a self-assessment tool, list of city health profile indicators, draft reference criteria for national accreditation systems, list of resource centres, glossary and useful resources. These can be accessed at http://www.wpro.who.int/health_promotion/about/urban_health/en/.

Start by first reviewing the self-assessment tool. The tool is not a system for ranking but is meant to help you assess the infrastructure for institutionalizing the Healthy Cities approach. It is used to identify areas a city thinks it needs to improve. The Participant’s workbook contains exercises to facilitate discussions within Healthy City teams. It can help them clarify their vision, goals and actions as they work toward addressing a priority issue that impacts health.
Chapter 1
What is “Healthy Cities”? 
Healthy Cities is a framework for a participatory process initiated by WHO to respond to health issues that have emerged due to urbanization.

The report of the WHO Commission on Social Determinants of Health highlights the importance of urbanization and urban settings on our physical and psychological well-being. The Commission highlights the need to “place health and health equity at the heart of urban governance and planning” (14).

A Healthy City cares for people’s physical, mental and social well-being and aims to be an equitable and inclusive society. Any city can become a Healthy City. The process starts with the commitment to put people and health at the centre of the urban development agenda. And this requires a multidisciplinary approach that includes urban planning, economic development, social sciences and public health (15).

**Vision of Healthy Cities in the Western Pacific Region** (16)

- Building cities and communities of peace
- Where all citizens live in harmony
- Committed to sustainable development, respectful of diversity
- Reaching for the highest possible quality of life and equitable distribution of health
- By promoting and protecting health in all settings.

This toolkit aims to promote health and human development in urban settings. It highlights the core principles of the Healthy Cities approach (17) below. These are also espoused in the Health in All Policies (HiAP) (18) and social determinants of health (SDH) approaches (19).

**Core principles of the Healthy Cities, HiAP and SDH approaches**

- good governance for health and development;
- strong political commitment to optimal health and human development;
- health equity and human development at the centre of government policies and actions;
- multisectoral collaboration;
- community participation in policy-making and implementation;
- monitoring and evaluation;
- transparency, rule of law and accountability;
- national and international networking, global governance and collaboration;
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. (20)

WHO uses the Healthy Cities definition of Hancock and Duhl that focuses on the “process that creates the possibility of health in people” instead of an end state. They felt that a Healthy City could not be described by tables of data but had to be experienced (20). Hancock and Duhl came up with 11 characteristics of a Healthy City.

**Characteristics of a Healthy City** (20)

1. A clean, safe physical environment of high-quality (including housing quality);
2. An ecosystem that is stable now and sustainable in the long term;
3. A strong, mutually supportive and non-exploitative community;
4. A high degree of public participation in and control by the public over the decisions affecting their lives, health, and well-being;
5. The meeting of basic needs (food, water, shelter, income, safety and work) for all the city’s people;
6. Access to a wide variety of experiences and resources, with the possibility of multiple contacts, interactions, and communication;
7. A diverse, vital and innovative city economy;
8. Encouragement of connectedness with the past, with the cultural and biological heritage, and with other groups and individuals;
9. A city form that is compatible with and enhances the above parameters and behaviours;
10. An optimum level of appropriate public health and sick-care services accessible to all;
11. High health status (both high positive health status and low disease status).
HEALTHY CITIES: GOOD HEALTH IS GOOD POLITICS
The beginnings of Healthy City (21)

**HONG KONG SAR (CHINA)** – It is a city that can overload the senses – the smell, the noise, the lights and the intensity. The population enjoys a high standard of living. But like many other cities in the Region, Hong Kong has its challenges – rising costs, overcrowding, traffic congestion, air pollution and widening inequities. The city makes up for its limitations in urban form with its commitment to promoting the health of its citizens.

Hong Kong first embraced the Healthy Cities approach in 1997. Sai Kung District took it forward the following year by inviting one of the pioneers of the Healthy Cities movement, Professor John Ashton, to conduct seminars and workshops. The district then established the Tseung Kwan O Healthy City Steering Committee in May 1999 and signed a declaration in 2000 to mark the local government’s commitment to health. This also served to mobilize the community to take the initiative forward. Tseung Kwan O Healthy City established a mentoring relationship with Glasgow Healthy City in this early phase to learn from their experience in institutionalizing the Healthy Cities approach. In 2002, it was incorporated as the seventh subcommittee under the Sai Kung District Council and renamed the Healthy City Promotion Committee. To sustain partnerships with local departments and organizations, it was renamed the Healthy and Safe City Committee in 2006.

Sai Kung District conducted community surveys in 2000, 2006 and 2009 to better understand the needs of residents. Capitalizing on its public transportation system and any available space, the Healthy and Safe City Committee of Sai Kung District organized a variety of programmes. This was to equip the community with life skills and to provide barrier-free access to religious sites, markets, playgrounds and parks. This created opportunities for the residents to interact, engage in physical activity and stay connected to the community.

In 2004, Sai Kung District joined the Alliance for Healthy Cities (AFHC) as one of the founding members. And in 2007, Hong Kong established a National Chapter of the Alliance for Healthy Cities, which Sai Kung chairs. The Chapter remains active in sharing its experience and hosted the 7th Global Conference of the Alliance for Healthy Cities in 2014.

Green spaces, like this park in Hong Kong SAR (China), promote mental health and physical activity, resulting in better health outcomes. ©Rob Elliott/AFP 2000
The spirit of Healthy City (22)

KUCHING CITY SOUTH, MALAYSIA – Kuching City initiated the Healthy Cities project in 1994. Today, the city remains committed and continues to enhance the environment for optimal health and quality of life.

The Kuching City South Council recognized the need to:
- enhance physical and social infrastructure to deter and reduce crime and provide residents with a sense of security;
- provide good amenities, utilities and public infrastructure to create a liveable environment that promotes growth;
- introduce green and blue spaces to enhance quality of life;
- provide modern sanitation and upgrade sewerage infrastructure to improve hygiene standards and cope with rising housing, commercial and industrial demands;
- provide adequate housing and community development for residents to strengthen community spirit and connectedness; and
- provide affordable and quality housing for all to maintain social and racial cohesion.

A fresh food market in Malaysia promotes local produce making fresh food accessible and affordable. ©Tondini Domenico / HEMIS.FR / AFPForum 2009.
To achieve healthy urban development, local governments are called on to strive for:
- good urban governance;
- policy coherence – HiAP;
- reduced inequities; and
- innovation.

Good urban governance is fundamental. It helps mobilize the whole of government to establish policies that address the social determinants of health and reduce economic, social and health inequities. It also encourages innovations for progress and growth that benefit the population. The Healthy Cities approach can build consensus around a shared vision for urban health, and encourage participation of different stakeholders in planning and implementation. The approach can trigger the shift from working individually to one that engages different partners and identifies co-benefits and win–win strategies for health and development. It is key that the government leads the way through its actions to rally the public and private sectors to follow suit.

2.1 Good urban governance

“Good”, or in our case, “healthy” urban governance is concerned with the equitable distribution of power and resources, and with ensuring an appropriate balance among the competing demands of the various stakeholders in the city for the health of all.

– Global Research Network on Urban Health Equity (23)

Good urban governance is key to realizing organizational and societal goals and to achieving optimal and equitable social, economic and health benefits for all (23). The WHO Commission on Social Determinants of Health highlighted the importance of good governance in “redressing imbalances in power, money and resources and for improving daily living conditions, thereby reducing health inequities” (23).
Governance extends beyond the government and includes primary and secondary stakeholders. Primary stakeholders are those ultimately affected by the policy, decision or action, while secondary stakeholders are the intermediaries of the project. According to the United Nations Economic and Social Commission for Asia and the Pacific, good governance is “participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive and follows the rule of law” (24). The Global Research Network on Urban Health Equity advocates, “participation, partnerships, and community empowerment are critical elements of good governance for addressing the social and environmental determinants of urban health inequities” (15, 23).

This booklet highlights the actions cities can take to improve governance for urban health, which include:

- setting a high-level mandate and demonstrating political will and commitment to health;
- understanding and being responsive to the needs of the community;
- being able to recognize inequities and their impact on health;
- applying a participatory approach to planning and implementation;
- setting up a delivery system that is transparent and accountable;
- mobilizing partners to implement integrated solutions; and
- monitoring and evaluating performance to ensure continual quality improvement.

Urban governance is the sum of the many ways individuals and institutions, public and private, plan and manage the common affairs of the city. It is a continuing process through which conflicting or diverse interests may be accommodated and cooperative action can be taken. It includes formal institutions as well as informal arrangements and the social capital of citizens.

– United Nations Human Settlements Programme (25)

**Recommended actions for the Mayor’s Office for good urban governance**

- Initiate conversation within your government and set the mandate for improved governance.
- Collectively identify areas for improvement and prioritize goals.
- Discuss and agree on how to move forward with changes to improve governance.

**2.2 Policy coherence – HiAP**

The health in all policies approach systematically considers the health and health systems implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity (27).

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Health is a key enabler for a person to achieve his/her full potential and for society to attain its goals (27). The causes of health and well-being lie beyond the health sector and are influenced by social, economic, political and cultural factors. Different sectors need to ensure coherence across policies, avoid conflicting interests, and work together to implement win–win strategies. WHO advocates for HiAP as it “contributes to strengthening the accountability of policy-makers for health impacts at all levels of policy-making; emphasizes the consequences of public policies on health systems, determinants of health and well-being; and also contributes to sustainable development” (28).

Institutionalizing the HiAP approach to achieve desired goals will require:
- recognizing and capitalizing on opportunities to change mindsets and cultures;
- a strong political will;
- sustained advocacy and engagement with stakeholders;
- a clear mandate for joined-up government; and
- a commitment to improved governance (18).

Drivers for achieving HiAP include (18):
- creating strong alliances and partnerships that recognize mutual interests and shared targets;
- building a whole-of-government commitment by engaging the head of government, cabinet and/or parliament, as well as the administrative leadership;
- developing strong high-level policy processes;
- embedding responsibilities into government’s overall strategies, goals and targets;
- ensuring joint decision-making and accountability for outcomes;
- enabling openness and full consultative approaches to encourage stakeholder endorsement and advocacy; and
- providing feedback mechanisms so that progress is evaluated and monitored at the highest level.

Tools and instruments that have been useful in facilitating HiAP include (18):
- interministerial and interdepartmental committees;
- community consultations;
- partnership platforms;
- integrated budgets and accounting;
- Health Lens Analysis (29);
- impact assessments; and
- legislative frameworks.

Recommended actions for the Mayor’s Office to achieve policy coherence (28)
- Establish the need and priorities for HiAP
  - Begin strategic planning and prioritization.
  - Assess health, equity and health systems-related implications of policies.
  - Understand the country context.
  - Outline immediate, medium-term and long-term priorities.
  - Assess policy and political contexts.
  - Map regulatory, oversight and implementation capacity.

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The social determinants of health (SDH) are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. For more information, please see http://www.who.int/social_determinants/sdh_definition/en/index.html, accessed 23 December 2014.
Frame planned action (see Chapter 5)
- Identify the context in which HiAP will be applied and determine which implementation strategies are currently feasible.
- Identify the data, analysis and evidence needed to plan, monitor and evaluate.
- Identify the structure and processes required to support HiAP implementation.
- Consider the human resources, funding and accountability implications.

Identify supportive structures and processes (see Chapter 3)
- Identify the lead agent to manage.
- Consider opportunities for establishing top-down, bottom-up and horizontal structural support for HiAP.
- Refer to existing agendas and normative frameworks.
- Build on accountability mechanisms.

Facilitate assessment and engagement (see Chapter 4)
- Assess the health impacts of policies.
- Identify key groups or communities likely to be impacted by existing or proposed policies and consult them.
- Identify individuals who can contribute to the decision-making or policy implementation and engage them in a dialogue.
- Explore available mechanisms for scrutiny within the legislative process.

Ensure monitoring, evaluation, and reporting (see Chapter 5)
- Start monitoring and evaluation planning early.
- Identify potential opportunities for collaboration with key partners in and out of government.
- Identify specific focus areas.
- Carry out agreed monitoring and evaluation activities.
- Disseminate lessons learned.

Build capacity
- Train or support health professionals in acquiring the requisite knowledge and skills.
- Build institutional capacity.
- Build research capacity.
- Strengthen teaching and research collaboration across sectors.
- Build capacity in other ministries.
- Build community capacity.
2.3 Reduce inequities

Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduced by the right mix of government policies.

– World Health Organization (10)

Inequality in access to opportunities, income, consumption, services, information and technology is a concern for many countries (38). People may have unequal access to higher education, and to decent employment and opportunities because of differences in where they live, work, grow and play. This perpetuates the poverty cycle and widens the gap between the “haves” and the “have-nots”. Social and economic inequalities then lead to health inequities. And this widening inequality and inequity gap can pose threats to social cohesion, political stability, and consequently to sustainable growth and development (38).

There is growing consensus in the international community that equity needs to be integrated into the development agenda. The Economist, the International Monetary Fund and the Organization for Economic Co-operation and Development have all expressed the view that inequality is bad for sustainable growth. The Asian Development Bank claims that if income distribution had not worsened in emerging cities in the region, millions could have been lifted out of poverty (38).

The recent social movements of 2011 and 2012 – Cairo’s Tahrir Square, Madrid’s Puerta del Sol, London’s St Paul’s cathedral, New York’s Zuccotti Park, Stockholm suburbs, Gezi Park in Istanbul – were driven by the desire for more equality and inclusion. They highlighted the risks of growth and development policies that do not safeguard prosperity for all (39). The role of social networks such as Twitter and Facebook in events like the Arab Spring have also shown how technological innovation has opened up “new possibilities for citizens to demand change and public accountability” (40). When ideas spread in a place where people congregate, such as in a city, and reach a critical mass, social change occurs.

To achieve optimal health and human development as well as sustainable growth, cities need to reduce social and economic inequalities and health inequities. This requires good urban governance and policy coherence. Thus, WHO promotes Healthy Cities as the platform for healthy urban development and supports local governments in achieving the strategic objectives (described in this chapter).

Recommended actions for the Mayor’s Office to reduce inequities

- Take action to improve urban governance and achieve policy coherence through applying the HiAP approach.
- Assess health inequities and identify social determinants using the tools described in Chapter 4 – such as the Urban Health Equity Assessment and Response Tool (Urban HEART), Health Lens Analysis, Health Impact Assessment (HIA) or Rapid Equity-Focused Health Impact Assessment (Rapid EFHIA).
- Engage other sectors and build partnerships to address the social determinants of health and reduce health inequities.
- Monitor processes and evaluate the impact of interventions to continuously improve efficiency and effectiveness.
2.4 Innovations

Old ways of doing business are no longer sufficient to address the challenges and exploit the opportunities of today. The importance of having access to quickly available knowledge and expertise, no matter where it is located, is critical. Agile and adaptive approaches are needed to build on existing development solutions and to make them available and usable in other places. Addressing new and complex problems and overcoming barriers will require local and global action to harness the energy, creativity and knowledge of citizens, researchers and entrepreneurs in mutual learning processes. Capacities required to meet today’s and tomorrow’s challenges will increasingly focus on collaborative practices which cut across various sectors, constituencies, institutions and geographical boundaries.

– United Nations Development Programme (42)

As the United Nations Development Programme states, we need to adapt to the changing world and capitalize on emerging technologies. We need to harness the potential that is in the cities where people, ideas, energy and knowledge are concentrated. And we need to identify new ways of arriving at novel solutions that are scalable. This is necessary to address the persistent problems we face such as poverty, widening income gaps, climate change and NCDs. Thus, the fourth strategic objective of Healthy Cities is to create an environment that is supportive of innovations and to instil an innovative culture. A city that is able to experiment, reinvent or innovate and where people can express their creative potential will be a Healthy City. The city will experience continued growth and development, and the people will lead fulfilling lives.

Recommended actions for the Mayor’s Office to encourage innovations

- Be a leader who is willing to take risks and try new ways of doing business.
- Formulate a research agenda and strategy to address knowledge gaps.
- Create an environment conducive to innovation.
- Identify and engage new partners (such as communities) in coming up with solutions.
- Facilitate knowledge-sharing.
- Encourage prototyping initiatives to facilitate adaptation and innovation.
- Promote collaborations between practitioners, academics and professional associations to discover innovative solutions to urban health challenges.
Singapore – “Singapore is at a turning point … We have achieved in Singapore growth with equity and spread the fruits of growth… But today, maintaining equity has become harder, because income distributions have widened… So, the Government must intervene more to keep ours a fair and a just society.” – Prime Minister Lee Hsien Loong, National Day Rally 2013 speech.

In his speech, the Prime Minister touched upon the concerns of the population of Singapore. It has competition from emerging economies, as well as from globalization and technological advances. With global competition, people may have to work harder, and yet not earn a lot more and have less job security. The Government is aware of the growing inequities and widening income gaps, and the need to address them to maintain social cohesion and protect the population’s well-being.

Singapore has tried to ensure social equity through its education and housing policies. This is done through a variety of measures, such as:

- maintaining quality and standards in the public school system;
- ensuring an ethnic mix in every public housing block;
- developing the neighbourhoods and providing recreational spaces accessible to all; and
- offering grants to low-income groups so that the vast majority of citizens can own homes.

The Prime Minister outlined the Government’s strategy to ensure citizens’ well-being and the city-state’s global competitiveness. A government that is attentive, responsive and accountable to its constituents is necessary to begin addressing social, economic and health inequities. Addressing inequities is vital for Singapore’s continued growth and development, and to maintaining public trust and confidence for political stability.
South Australian HiAP Initiative (30)

The South Australian HiAP initiative was “adopted as an approach to working across government to better achieve public policy outcomes and simultaneously improve population health and well-being through joined-up policy development.” The initiative was established in 2007 with a high-level mandate and direction from the central government. The Department of the Premier and Cabinet and the Department for Health and Ageing jointly oversee the initiative. The South Australian HiAP model is specific to the Government’s organizational structure. It is composed of a horizontal governance structure as well as a traditional vertical decision-making structure for project approval processes.

The HiAP initiative is linked to the Government’s two guiding frameworks – South Australia’s Strategic Plan and the Seven Strategic Priorities (31). This ensures that the Government is responsive to connections between economic development, productivity, as well as health and well-being. South Australia also uses the ‘Health Lens Analysis’ to identify the interactions and synergies between government policy and strategy, and the health and well-being of the population (29). The South Australian HiAP initiative has enabled shared ownership across agencies and ensured that health is a core consideration in their respective agendas. This is done by:

- linking health with development strategies and plans, and
- starting not from a health policy focus but from acting on the policies of other sectors that impact the social determinants of health.

Health Lens Analysis project evaluation is also built into the model and undertaken by the Southgate Institute, Flinders University of South Australia.

In putting in place the drivers and utilizing the tool(s) for facilitating HiAP, the South Australian Health in All Policies Initiative has demonstrated its value as an approach to collaborative policy development”. The reference document (i.e. case study) also provides examples that demonstrate how the HiAP approach was put into action. This would be useful for countries or cities aiming to achieve policy coherence.
Climate change – Multisectoral action is needed

The environmental hazards to human health include climate change, increased levels of ozone and other hazardous air pollutants, land degradation, urbanization and freshwater contamination. Climate change contributes to flooding, heat waves, landslides, water shortage or droughts, reduced food yields, as well as altered infectious disease risks. And these lead to food security risks, conflict over scarce resources, and pose a threat to our health and well-being (32).

The evidence on the scale and nature of health risks from climate change has been well-documented by the Intergovernmental Panel on Climate Change. The Panel concluded that “climate change will act mainly, at least until the middle of this century, by exacerbating health problems that already exist, and the largest risks will apply in populations that are currently most affected by climate-related diseases” (33). This will likely worsen existing social inequities and urban health inequities, with cities in low- and middle-income countries particularly vulnerable (34).

Two global treaties aimed at taking action against climate change are: (i) the United Nations Framework Convention on Climate Change (UNFCCC); and (ii) the Kyoto Protocol. Both have legally binding emissions targets, and envisage health as a core consideration of environmental policies. Studies on the impact of climate change on health have been commissioned under their auspices.

Climate change is a complex problem. Although environmental in nature, it has an impact on social, economic and health inequities, sustainable development and resource management (35). Thus, policy coherence across sectors is critical. The environmental sector needs to establish partnerships (such as with the transport, urban planning and agriculture sectors), to identify win–win options for the environment, development and health, and to avoid harmful impacts.

**Japan** – At the local level, the Ministry of Environment and the Ministry of Land, Infrastructure, Transport and Tourism in Japan have been working together on sustainable transport initiatives. This is to help reduce the adverse impact on the environment to support the well-being of communities. The ministries together have promoted: (i) public transportation (such as community buses, local railroads, light rail); (ii) non-motorization of vehicles (by creating bicycle lanes to encourage bicycle use); and (iii) low-carbon communities (by building amenities within walking distance, ensuring wind paths and green spaces) (36).
Cities tend to focus on economic development and growth, which means green spaces in cities are often not a priority. It takes a visionary and strong leader to make difficult decisions that put the environment first. The restoration of the Cheonggyecheon stream that runs through the heart of Seoul is an example of a new way of doing business.

The Cheonggyecheon stream was the centrepiece of Seoul during the Chosun Dynasty. After the Korean War, the stream was covered with concrete. In the 1990s, the highway and roads covering the stream started to deteriorate. Air quality and traffic jams were also getting worse. This prompted discussions to demolish the highway and restore the waterway.

The restoration project encountered challenges and criticisms over costs and inconvenience to nearby businesses. The restoration was also challenging because several factors had to be considered such as the capacity to deal with floods, the stream’s water supply, sewage treatment and protection of historical values.

Despite these obstacles, the successful restoration of Cheonggyecheon stream is now considered visionary and recognized internationally because of its environmental benefits and urban revitalization impact. Data showed that the removal of the elevated highway cut air pollution from cars, reduced air temperatures, and increased the number of fish, bird and insect species. The stream is now a vibrant venue, visited by tens of thousands of visitors every day to exercise, relax or attend cultural events.
Harnessing the creative potential of communities

“Hackathons” or “make-a-thons” are making their way into public service. These are aimed at harnessing the creativity of people with different backgrounds to develop innovative solutions for societal problems. These events bring together people with different skills such as designers, engineers, architects and social scientists. These multidisciplinary groups are provided with the right amount of direction and space for exploration to come up with prototypes (46). The agencies that commission such events have demonstrated willingness to explore new ways of working. They have instilled a culture that values creativity and innovation, and created an environment conducive to continued growth.

Philippines – In the Philippines, the Government organized a two-day government budget data hackathon in November 2013 called #KabantarayNgBayan. Programmers and designers participated in the hackathon. The goal was to
create innovative mobile or web-based applications utilizing government data in support of strengthening budget transparency practices (47).

**Singapore** – Around the same time in Singapore, the National Environment Agency organized a Clean & Green Hackathon. This brought together participants of different backgrounds to create solutions for environmental conservation and protection. The four main themes were: (i) air quality, (ii) dengue prevention, (iii) public cleanliness, and (iv) recycling (48).

People from different backgrounds with diverse skills can provide alternative insights and contribute innovative solutions to prevailing challenges. ©XiXinXing / Shutterstock
Removing barriers to access (41)

**LOGAN CITY, AUSTRALIA** – Logan City initiated two community-based programmes – Active Logan and Healthy Logan. Both aimed to promote health and reduce inequities particularly for those at a social and economic disadvantage. The city government secured funding to subsidize the cost of participation and sought regular feedback to refine the delivery of activities.

The Active Logan programme started with 13 regular sessions of four activities. It has since expanded to 40 weekly sessions offering 19 activities to meet community demand. The activities include aerobics, boxing, fitball, gentle fitness workout, playtime, pilates, spin cycle, tai chi, yoga, zumba and more. It is funded by the Logan City Council and has an annual budget of A$ 100 000. Each session costs A$ 3 and is accessible to all city residents. From 3450 participants in 2008–2009, the programme registered 21 120 participants in 2011–2012. This means that one in 13 Logan residents is accessing Active Logan activities.

The Healthy Logan programme organizes activities such as walking groups and cycle training for all ages and abilities. It also delivers a 10-week exercise and health programme twice a week at low or no cost. The programme is funded by the Australian Government with a budget of A$ 703 000 over three years. To provide equitable access and encourage physical activity, Healthy Logan activities are delivered in the suburbs with a lower Socio-Economic Indexes for Areas (SEIFA). The SEIFA is derived from variables such as income, educational attainment, unemployment, jobs in relatively unskilled occupations and others (e.g. indigenous and separated/divorced).

The Healthy Logan programme targets:
- the long-term unemployed;
- part-time or casual employees;
- Aboriginal and Torres Strait Islander (ATSI) people;
- culturally and linguistically diverse (CALD) populations;
- new wave migrants; and
- people at risk of weight-related chronic disease.

Thus partnerships with community organizations that work and interact closely with these groups are important. These partnerships enable the Council to identify needs, establish effective communication channels to design appropriate and innovative activities, and promote participation. From January 2012 to June 2012, there have been 742 participants across different activities under the Healthy Logan programme.

**The use of interministerial committees to facilitate HiAP (37)**

**SINGAPORE** – The city-state established an Interministerial Committee on Sustainable Development to “develop a national framework and key strategies for Singapore’s sustainable development” in 2008. The Committee consulted officials from different ministries, members of the public, leaders from nongovernmental organizations, community-based organizations, businesses, grassroots organizations, academia and media in the development of a Blueprint. The document contains findings, recommendations and goals for creating cleaner and greener environments for the population while delivering cost benefits to businesses and households. In Chapter 5 on Commute – Cleaner, Greener and More Convenient Travel, the strategy provides interventions that have co-benefits for both health and development. The three key interventions are to: (i) enhance the public transport system, (ii) improve resource efficiency, and (iii) achieve cleaner transport.

**Urban design for health**

**Active design guidelines (45)**

Further to a city being thoughtfully designed to be sustainable, smart and liveable, a city needs to design environments for health. New York City’s *Active Design Guidelines: promoting physical activity and health in design* highlights the role of architects and urban designers in addressing a public health problem. It was based on the latest academic research and best practices in the field. The guidelines provide strategies for designers to create spaces and opportunities for active living. For example, by making stairs more visible and providing inviting streetscapes for pedestrians and cyclists. These guidelines were introduced to countries in the WHO Western Pacific Region in 2011; Singapore has taken it further and introduced it to their architects and urban planners.e

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e Information from technical writer.
Chapter 3
Who will drive Healthy Cities?

From my five years of experience, being a mayor and a planner for the city is not an easy task. It needs both persuasion and decision skills to administer a city. Therefore, on my part, a mayor must have certain inherent abilities such as foresight, management and leadership skills, good communication and listening skills, and also be able to make tough decisions. These qualities are vital to the success and effectiveness of a city administrator and would allow the mayor to help and understand the community that he is leading. He/She must provide direction to the community and be able to sell his/her vision to others by convincing others above and under him/her to move in a better and brighter direction. Furthermore, he/she should not be afraid to tackle issues affecting the community regardless of how difficult and how unpopular these issues may be.

Dato James Chan Khay Syn
Mayor of Kuching City South (22)

3.1 Healthy City focal point

The Health City focal point is expected to successfully put the public interest (i.e. people’s health and well-being) at the centre of the urban development agenda and process. The mission of public service is to serve and protect the interests of the people. This means that all sectors will consciously design policies, programmes and products with the ultimate goal of attaining equitable and optimum health and human development. To achieve that objective, the city focal point will develop and execute the city’s strategic plan. The plan will help to advocate, integrate and institutionalize the Healthy Cities approach. Being a Healthy City means the work is continuous and that sustained leadership is needed.
Profile: Healthy City programmes tend to be most sustainable and effective, with widespread acceptance and support, when the Healthy City focal point is from the Mayor’s Office. It is recommended that the city focal point has adequate seniority and influence within the government. It is also recommended that the city focal point has some public health background, supports the Healthy Cities approach and is committed to the core principles.

**Recommended actions for the city focal point**
The city focal point should refer to this booklet to mobilize partners, gather evidence for action, develop a strategic plan, and institutionalize the Healthy Cities approach (see Chapter 4).

To be effective, the city focal point and his/her team should seek to (18):

- understand the political agendas and imperatives of other sectors (related to Chapter 4);
- build the knowledge and evidence base of policy options and strategies (related to Chapter 4);
- build capacity through better mechanisms, resources, agency support and skilled and dedicated staff (see Chapter 3 – Secretariat);
- assess the comparative health consequences of options within the policy and programme development process (related to Chapter 4);
- create regular platforms for dialogue and problem solving with other sectors (related to Chapter 4);
- work with other arms of government to achieve their goals and in so doing advance health and well-being (see Chapter 4); and
- evaluate the effectiveness of multisectoral work and integrated policy-making (related to Chapter 5).

**WHO Regional Office for the Western Pacific support:** The city focal point may contact the Noncommunicable Diseases and Health Promotion Unit at nhp@wpro.who.int through or with a copy to the national focal point and the WHO Country Office counterpart to discuss the following support:

- City-to-city learning: to enable city leaders to experience what a Healthy City is and to inspire and motivate them towards creating their own Healthy City.
- Healthy Cities leadership courses: to introduce the Healthy Cities approach, principles and key related concepts; and to initiate identification of priority goals and targets.
- Technical support: to prepare resource materials; review policies and plans; link to experts and resource centres; link to networks; provide information on networking or knowledge sharing events; conduct capacity building activities; and develop sustainable funding mechanisms.
- WHO Recognition of Best Practices and seed funding.

### 3.2 Healthy City core group

It is recommended that a core group composed of representatives from different sectors be established. It is the role of this group to gain widespread support for the Healthy City and to integrate the Healthy Cities approach into the city’s development agenda and process, the policy-making process and programme implementation. (Note: This is distinct from the multisectoral Steering Committee and the Secretariat described in the next section.) The Healthy City must gain traction within the local government and the community. For this, the core group should comprise people who share the values of the Healthy Cities approach and are committed to it.
Prior to the core group taking actions to further the Healthy City initiative, it is important for the city focal point to:

- orient the members to the values and principles of the Healthy Cities approach; and
- develop a joint action plan on their shared goal and the timeline for achieving it.

Composition: It would be ideal to have representation from the following sectors at this initial stage:

- city government representatives from the following sectors: health, urban planning, transport, environment, social development, family welfare, education, housing, public security, youth affairs, aged care, commerce, industries, economic development, agriculture, tourism, etc.;
- community leaders and organizations (civil society);
- academia.

Recommended actions for the Healthy City core group

- Raise awareness among key decision-makers, local government leaders (such as councilors and politicians), and advocate for support to institutionalize the Healthy Cities approach
  - Develop an advocacy plan to secure support.
  - Refer to Chapter 4.1.

- Establish a multisectoral Steering Committee
  - Pass a resolution or establish a legal framework for the Healthy City programme.
  - Designate members of the Steering Committee tasked with leading the work.
  - Conduct an official launch of the Healthy City programme and the Steering Committee.

- Prepare a plan for full development of the Healthy City programme
  - Establish objectives and define actions needed to achieve these.
  - Develop a timeline for establishing the Healthy City programme.
  - Assign roles and responsibilities.

- Mobilize and establish sustainable funding for the Healthy City programme
  - Discuss what activities to fund and the potential budget requirement.
  - Identify source(s) of funding (e.g. tobacco or alcohol tax revenue, health promotion foundation grants, city government’s budget, individual agency’s existing budget, national government, donor funds, loans).
  - Secure long-term funding.

WHO Regional Office for the Western Pacific support: The city focal point may contact the Noncommunicable Diseases and Health Promotion Unit at nhp@wpro.who.int through or with a copy to the national focal point and the WHO Country Office counterpart to discuss the following support:

- technical support: Link to other cities, resource centres and networks; develop sustainable financing mechanism; review plans; and
- seed funding.

3.3 Multisectoral Steering Committee

Effective implementation of the Healthy Cities approach requires the establishment of a high-level structure, typically called a Steering Committee and supported by a Secretariat.
The structure may vary between cities, but it is important that the structure is active, influential and substantial. The Steering Committee members should be committed to upholding people’s health and well-being. Members should not be engaged in or associated with activities that may result in a conflict of interest, such as participating in meetings with the tobacco industry.

**Composition:** Similar to the Healthy City Core Group, it is essential to have high-level representation (i.e. Secretary or Deputy Secretary levels/Governor/Vice-governor to chair) as follows:
- city focal point;
- high-level city government representatives from the following sectors: health, urban planning, transport, environment, social development, family welfare, education, housing, public security, youth affairs, aged care, commerce, industries, economic development, agriculture, tourism, etc.;
- community leaders, community organizations (civil society) and well-regarded members of the public;
- private sector leaders; and
- academia.

**Policy domains:** The stewardship of the Steering Committee is important in institutionalizing the Healthy Cities approach away from the programmatic approach. Some of the policy domains to consider are:
- environment and physical infrastructure;
- social and human development;
- economics and employment; and
- governance and people’s participation.

**Policy thrusts:** The Steering Committee is instrumental and key in directing the city’s implementation of the Healthy Cities approach. It should be guided by the strategic objectives described in Chapter 2.
- good governance;
- policy coherence (HiAP);
- reduced inequities; and
- innovations.

**Recommended actions for the Steering Committee and its Secretariat**
- Develop an operational system for the Healthy City programme
  - Define the vision, mission, organizational structure, programme delivery infrastructure, information management and sharing strategy, human resources, financial management system, national and local government support.
- Communicate and act according to the legal mandate
  - Ensure that the mandate of the Steering Committee and the Healthy City programme is clear to all stakeholders (public, private sector, government agencies). This will clarify authority and lend credence to actions.
  - Define the guiding principles and emphasize the policy thrusts.
- Provide strategic and operational direction and leadership
  - Emphasize the strategic objectives or policy thrusts.
  - Provide clear guidance and make decisions in accordance with the Healthy Cities mandate, guiding principles and strategic objectives.
- Identify and bring together the interests of all primary and secondary stakeholders
  - Organize consultations and engage with the main stakeholders to understand their interests and needs.
  - Review emerging trends and developments to gain insights into interests.
  - Converge and summarize interests of all the main stakeholders.

- Conduct a situation analysis (see Chapter 4.2)
  - Collate and assess whether the current national and city development strategies as well as strategic and action plans aim to address the social and environmental determinants of health.
  - Carry out a general situation analysis or assessment of the city using any or a combination of the tools and techniques described in Chapter 4.2.
  - Assess risks, hazards and assets.
  - Conduct a SWOT analysis (i.e. strengths, weaknesses, opportunities and threats) of the citywide situation.
  - Analyse the resources, capacities and key stakeholders in the city.
  - Prepare a draft report and convene all stakeholders to validate the findings.
  - Finalize the report.

- Develop a Healthy City strategic plan that will guide subsequent action plans
  - After conducting a detailed situation analysis of the city, decide on the priority goals and targets.
  - Then develop a Healthy City strategic plan delineating the vision, mission, guiding principles, priority areas, long-term (10 years) and short-term (3 years) goals and targets (see also Chapter 4.3).
  - Convene key stakeholders to discuss and validate the draft strategic plan.
  - Finalize the strategic plan.

- Mobilize resources (public, private, international)
  - Identify relevant forums, entry points, alliances and partnerships at the local, regional, national and international levels to mobilize additional resources that can fund the projects.
  - Work with WHO to identify and reach out to other development and donor agencies to mobilize additional resources.

- Monitor and evaluate progress
  - Establish a monitoring mechanism to track progress, and where necessary, make recommendations and provide support to achieve targets.
  - Include process and outcome evaluation.
  - Encourage and support research to assess the efficiency and effectiveness of Healthy City projects and interventions.

### 3.4 Secretariat

The Secretariat to the Healthy City Steering Committee is responsible for running the programme. The Secretariat may be led by the city focal point and supported by the health sector serving as the technical agency. Some key areas of work of the Secretariat are:

- 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;
- disseminating the work of the Steering Committee.
The Secretariat needs a well-considered operational framework. This is to carry out the activities of the Healthy Cities programme, facilitate collaboration and implement integrated solutions effectively. Such a framework would include: a vision/mission, organizational structure, programme delivery infrastructure, an intelligence, information and evidence base, human resources, a financial management system, national government support and local government support.

Vision and mission

Two elements that can help leaders rally supporters and actions are a "vision" and a "mission" for the organization. The vision provides a picture of what the organization wants to achieve. The mission defines the purpose of the organization and what it does to achieve the vision. Members of the Steering Committee need to be clear about their vision and mission. This builds trust and indicates strong leadership. This will set the tone for the Secretariat and for stakeholders when the Healthy Cities approach is implemented at the organizational, programmatic and individual levels (50).

Organizational structure

The organizational structure of the Secretariat defines how tasks are divided, grouped and coordinated; and illustrates the interrelationships and accountabilities of each position. It would be necessary to consider:

- work specialization – how tasks are divided into separate jobs;
- departmentalization – how tasks/jobs are grouped together, for example by topics or functions;
- chain of command – to clarify who reports to whom;
- span of control – the number of team members a manager can efficiently and effectively direct; and
- centralization/decentralization – the degree to which decision-making is concentrated at a single point or pushed down to lower-levels.

To define the organizational structure, the city focal point is advised to review the mandate of the Steering Committee and the activities the Secretariat is expected to support.

Programme delivery infrastructure

The programme delivery infrastructure is about how the Healthy City initiatives are going to be planned, managed and implemented.

Questions to consider in defining the programme delivery infrastructure are the following.

- Who will develop, manage and execute the interventions to address the identified priority health issues? Would another subcommittee be formed? Would the head ministry lead?
- Who will monitor progress? Would the Steering Committee, the Secretariat or a subcommittee monitor the progress of the interventions?
- Where will funds come from for the interventions? Would the Steering Committee have a separate allocation for the Healthy City? Or would the different ministries jointly fund the interventions?
Intelligence, information and evidence base

The quality of information as well as the level and effectiveness of information flow reflect how transparent and accountable the institution is. Both are key elements of good governance. Sound and reliable data enables evidence-based decision-making. This forms the foundation for policy development and implementation, regulation, service delivery and financing, as well as research and development (51).

To ensure Healthy City interventions are informed by evidence and are continually improved upon, Healthy Cities need to have data on:

- health determinants and the contextual environment (socioeconomic, environmental);
- availability and accessibility to social and health services;
- health outcomes;
- health inequities;
- evidence-informed policy and strategy options; and
- efficiency and effectiveness of programme delivery.

The Steering Committee will need to define the institution’s information gathering, management, utilization and sharing strategies. It also needs to define how intelligence, information and evidence will flow among all stakeholders. The Steering Committee will have to consider how the institution will:

- collect, organize, manage and audit data;
- integrate, apply, translate and transfer knowledge;
- publish and disseminate information;
- develop partnerships for sharing;
- monitor the process and evaluate impact; and
- develop capacity for intelligence gathering, information collection, and monitoring and evaluation.

Human resources

The Steering Committee will determine the type and competencies of staff needed for the Secretariat based on its mandate and organizational structure. Some of the competencies needed are:

- research, monitoring and evaluation;
- health impact assessments and environmental impact assessments;
- policy-making;
- communication and negotiation;
- resource mobilization;
- social mobilization;
- writing; and
- knowledge of the city, governance, public health and urban health development.

The Steering Committee will have to consider the following:

- Who are the core staff members for the Secretariat?
- Who or which organization can be recruited as consultants to perform specialized tasks?
- How will these staff members provide support for implementation of the Healthy City?
  That is, will they be deployed to work with the subcommittees or will they provide technical support as and when requested by the programme during implementation?
- How can such a workforce be built?
There are a limited number of people with the required competencies. Thus, the Steering Committee is advised to build a pool of skilled staff that can execute and sustain the Healthy City initiative. This can be achieved by establishing a workforce development programme and a course at the local university.

**Financial management system**

A sound financial management system is necessary for the responsible use of public resources. This is key to support efficient allocation, effective decision-making, and the continued delivery of quality services and infrastructure that the community needs. The budgeting and reporting frameworks should be consistent with financial management principles.

Depending on your city, it is recommended that the Healthy City programme has its own separate budget allocation. This enables the Secretariat to have autonomy and the ability to support initiatives aimed at achieving Healthy City strategic objectives.

To manage this budget allocation according to financial management principles, the Steering Committee and the Secretariat are expected to (53):

- set budget, administrative and financial policies;
- allocate responsibility for budget development and financial functions;
- document budget processes and disseminate guidelines;
- have and utilize an efficient accounting system;
- establish budget timetables and milestones;
- align internal budgets to the external budget;
- monitor and report against internal budgets; and
- review, revise and improve internal budget processes.

**National government support**

A national government committed to the Healthy Cities approach will strengthen implementation at the city level. The national government would need to be equipped and able to provide substantive technical, political and financial support. This entails creating national technical networks, developing national policies, mobilizing financial resources and establishing an accreditation system for Healthy Cities. Examples of where there is strong national government support would be China’s Hygienic Cities and the Republic of Korea’s Healthy Cities initiatives.

**Local government support**

The WHO Regional Office for the Western Pacific recommends that the Steering Committee be composed of influential high-level representatives in the city. This would facilitate strong support from within the local government. Strong local government support will ensure that health is integrated within the city’s development agenda and policy-making processes. It will also help to secure sustainable financing and commitment for the programme.
An example of a Healthy City Steering Committee and Secretariat (49)

**Christchurch, New Zealand** – Healthy Christchurch is a multisectoral partnership led by the Canterbury District Health Board (CDHB) based on the WHO Healthy Cities approach. The partnership is guided by a Charter, which unites the signatories towards a common vision. The signatories “agree to work together to promote, protect and improve the health and well-being of the people of Christchurch.” There is a Support Team based at the CDHB that makes things happen. The CDHB also has an Advisory Group consisting of representatives from the health, social service and local government sectors. The role of the Advisory Group is as follows:

- to contribute to and support the development of the three-year strategic plan underpinning all Healthy Christchurch activities;
- to act as influencers for an HiAP approach within their own organizations;
- to bring diverse backgrounds and perspectives to the table;
- to support collaborative approaches both within the Advisory Group and among signatories.
Examples of vision and mission

- Kiama Municipal Council, Australia: to have a healthy, vibrant lifestyle; beautiful environment; and a harmonious, connected and resilient community.
- Macao SAR (China): to improve the well-being and quality of life of Macao citizens and create a healthy environment and society for the generations to come.
- Kashiwa City, Japan: all components of the city such as “city government”, the “local community” and “business entities” will cooperate and collaborate to create a society in which citizens can enjoy health throughout their lives.
- Dangjin City, Republic of Korea: to create a health-oriented city that is vibrant, citizen-centred, and future-oriented.
- Kuching City North, Malaysia: to have a well-planned, vibrant, landscaped garden city that is literate, cultured, safe and secure.
- Sainshand City, Dornogobi Province, Mongolia: to support community development in all sectors; to improve the quality of life for people of our city; to provide Sainshand community members with education and equip them with life skills and knowledge for better health and employment; to provide a sustainable economy; to create a healthy living environment; and in the future to have our city serve as a developed city for other Gobi communities to use as a resource.
- Tagaytay City, Philippines: to achieve “Tagaytay city: The Resort, Retirement, and Character City by 2022”, which means that our city is envisioned to be a retirement haven and a resort, has a right-minded government that aims for excellence, and a disciplined, honest, God-centred, healthy and united community.
- Singapore: a lively and liveable city.
- Hue City, Viet Nam: to strengthen the mission of preventing the outbreak of disease; ensure food hygiene and safety; continue to build a green, clear, beautiful environment; and to be a smoke-free city.
Who will drive Healthy Cities?

Happy children at break-time. Creating health-promoting environments in school and at home lets children grow up healthy, happy and fulfilled. ©WHO 2012
Financing a Healthy City with tobacco tax (54)

**Wonju, Republic of Korea** – The Mayor of Wonju City announced the intention to establish Healthy City Wonju and joined the Alliance for Healthy Cities (AFHC) in October 2004. The municipal government then appointed a Steering Committee, developed the City health profile, and identified priority areas for action based on citizens’ views. The mayor declared Healthy City Wonju on 7 April 2005 and promised to carry out the project in accordance to the people’s will and AFHC guidelines.

In the Republic of Korea, Healthy City initiatives are generally implemented by public health centres and financed through national health promotion funds from the central government. Local governments will typically have to find alternative sources to finance their Healthy City programmes. In Wonju City, the Healthy City programme comes under the City Hall Planning and Control Department. Because of this, the government has been able to mobilize additional funding, and place health at the core of policy- and decision-making. This has also enabled the department to oversee all health-related programmes, prevent unnecessary duplication and effectively distribute limited resources.

As the Healthy City Wonju programme requires funding, the city proposed to the Mayor to use revenue from tobacco consumption tax. In 2005, tobacco consumption tax was the second largest of all local taxes in the city, making up 19.6% of the total tax revenue. The mayor agreed to the suggestion and submitted a proposal to the City Council. The City Council passed the bill in October 2005 and budgeted 15 billion Korean won for the Healthy City programme in 2006. Wonju City attributed the stable development of Healthy City Wonju to its sustainable financing mechanism.

Example of Australia’s financial management principles for councils (52)

The Australian Local Government Act (section 136) provides four principles of sound financial management for councils. The principles require the councils to:

- manage financial risks prudently, having regard to economic circumstances;
- pursue spending and rating policies that are consistent with a reasonable degree of stability in the level of the rate burden;
- ensure that decisions and actions consider the financial effects on future generations; and
- ensure full, accurate and timely disclosure of financial information relating to the council.

Gathering intelligence about the tobacco industry

**Tobacco Control** – The WHO Framework Convention on Tobacco Control and the guidelines for different Articles of the Convention provide guidance on the type of information to share and with whom. These documents can serve as a starting point for establishing information management and sharing strategies for a Healthy City.

For example, in the guidelines for Article 5.3, governments are recommended to “require the tobacco industry and those working to further its interests to periodically submit information on tobacco production, manufacture, market share, marketing expenditures, revenues and any other activity, including lobbying, philanthropy, political contributions and all other activities not prohibited or not yet prohibited under Article 13 of the Convention.”

In the guidelines for Articles 9 and 10, it is recommended that tobacco manufacturers and importers disclose information on the contents and emissions of tobacco products, and their toxicity and addictiveness. The information has to be disclosed to governmental authorities and also made public. The objective is to inform the public of the risks posed by tobacco consumption and exposure to second-hand smoke, and to design appropriate policies, regulations and programmes.
EALTHY CITY
1. Sidewalks: sidewalks can be powerful for stimulating neighbourhoods and should be a place for people to congregate and interact. Well-paved expanded sidewalks with green plants and trees make it attractive and safe to walk, and promote physical activity. Sidewalks with art, food or music events make street environments more appealing, engage walkers and encourage social interactions.

2. Benches: seating lining the sidewalks welcome people to take a breather, enjoy refreshment in the sunshine, and allow elderly people to rest their legs.

3. Trees and flowers: trees cool the temperature in the air and on the road, and help reconnect people to nature within the concrete jungle.

4. Street closures: street closures implemented on regular days and times create a safe space for adults and children to play, dine and hang out with friends.

5. Bicycle lanes: dedicated bike lanes make it safer and more appealing for people to cycle, either for exercise or as a mode of transport. When we cycle, we get exercise and reduce our carbon footprint compared to driving a car.

6. Public transport: a well-connected network of safe and clean public buses and trains will decrease commute time and enable access to services and employment. This reduces the need to own a motor vehicle and contributes to a lower carbon footprint. Public transport that is wheelchair-accessible enables people with a disability to move around the city easily, and makes them feel socially connected and included.

7. Traffic lights, speed bumps and raised pedestrian crossings: these aim to reduce vehicle speeds, enhance visibility and make it safer for pedestrians.

8. Pedestrian islands: pedestrian islands constructed in the road median, especially on wide roads, provide a safe rest stop for pedestrians who need more time to cross the street.

9. Street lighting: street lighting enhances the visibility of pedestrians and cyclists and works to reduce crime in the neighbourhood.

10. Signage: street signs should be purposefully designed and placed where they can be seen and read when traveling at a certain speed.

11. Waste management: providing an adequate number of bins along sidewalks and conducting regular waste collection ensures proper disposal of waste and cleaner streets. Clean streets make walking more appealing, energize the neighbourhood, and prevent waste from clogging drains, which may result in flooding.

12. Smoke-free indoor and outdoor environments: smoke-free indoor and outdoor environments are the most visible indication of a city's commitment to health. A place where people can smoke and are exposed to second-hand smoke is particularly unfriendly to families and children. Banning smoking indoors and outdoors reflects concern for health and well-being.

13. Shops or stands selling fresh food, fruit and vegetables: increasing access to fresh food options creates a health-enabling food environment, and inspires people to choose fresh over preserved food. The display of colourful fresh fruits and vegetables also stimulates our senses and makes a neighbourhood come to life.

14. Community health centres: clinics in the neighbourhood enable mothers to obtain vaccinations for their children, and help people manage their health without needing to travel long distances. It also prevents unnecessary trips to tertiary hospitals.

15. Community centres and spaces: areas for physical activity and social gatherings enable people to interact and bond, and support their emotional, mental and physical well-being. There should be spaces allocated where residents can participate in group exercises, tours and health screenings and karaoke sessions, for example.
Chapter 4
How to mobilize partners and gather an evidence base for action

This chapter deals with advocacy and partnership considerations to mobilize and engage partners for effective Healthy City implementation. The Healthy Cities approach is political in nature because its principles need to be integrated into the city’s development agenda and processes. Thus it is critical that the Healthy City programme be driven by the Mayor’s Office under his/her strong leadership and mandate (see Chapter 3). The Steering Committee and Secretariat will then advocate the Healthy City to the different agencies, political leaders, the community and partners to consolidate and institutionalize the programme. Advocacy will need to be continuous and ongoing as people move and as political, social and economic conditions change.

4.1 How to mobilize partners

Advocacy

According to the American Public Health Association (APHA) (55), advocacy is to act in support of a particular issue or cause. An advocate is a person who argues for a cause as a supporter or defender and acts to engage and influence the way the public and policy-makers think and act on specific issues and/or policies.

The following sections are informed by a toolkit developed by the Public Health Advocacy Institute of Western Australia (56).

Recommended actions for the Healthy City Steering Committee and its Secretariat

- Define your advocacy goals, outcomes and target audience.
- Map your advocacy strategies and identify correct timing.
- Identify partners who can support you.
- Be alert on opportunities to raise awareness about Healthy Cities.
- Respond in a timely manner to issues or events that may send misleading messages about health.

Advocacy strategies: Below is a non-exhaustive list of advocacy strategies that can be utilized. A goal of an advocacy strategy would be to promote urban health governance, urban health equity or social determinants of health, for example. For each advocacy goal, a variety of strategies is typically applied. For explanations, templates and tips, you may refer to the Public health advocacy toolkit (56).
letters to the government taking stand on issues;
- initiating policy dialogues;
- meetings with policy-makers and decision-makers;
- press releases;
- media campaigns; and
- interviews.

Advocacy considerations: These factors should be considered when planning and executing your advocacy strategic plan to maximize the probability of success and to sustain momentum.
- Check facts, collect data and verify information.
- Plan for and promote small wins.
- Be vigilant and alert to windows of opportunity to capitalize on an event or issue related to the Healthy City’s objectives.
- Make issues local and relevant.
- Frame your messages to create a recognizable brand/movement.
- Create champions (i.e. celebrities or well-regarded community leaders) to inspire and motivate others.

Evaluation of advocacy: Evaluation is often neglected in advocacy. However, it is vital to demonstrate outcomes to funding bodies and partners, and to learn from experience. It would be best to determine “how you will evaluate the success of your advocacy” and “recruit evaluation experts who can help you” during the planning stage. You can use a combination of qualitative methods (e.g. case studies, interviews, stories) and quantitative methods (polls, surveys, etc.). Please refer to the Public Health Advocacy Institute of Western Australia’s toolkit for ways of measuring progress and outcomes (56).

Engagement with key stakeholders

Key stakeholders need to be aware and on board with the Healthy City programme. Stakeholders should also be included from the beginning at the conceptualization and planning phase, to ensure collective ownership and successful implementation.

Recommended actions for the Healthy City Steering Committee and its Secretariat
- Understand the political agendas, imperatives and priorities of stakeholders in other sectors.
- Define why you think there is a need for collaboration and the co-benefits.
- Consider support from the national government in engaging with different agencies and sectors.
- Raise awareness among and gain support from the chief executive of the lead agency and programme implementers within the lead agency about the Healthy Cities approach and the co-benefits.
- Define roles, responsibilities and the communication structure once the lead agency and partners have committed to collaborating. Subsequently, you may utilize the Victorian Health Promotion Foundation’s Partnerships analysis tool to identify any gaps as well as to assess, monitor and maximize the effectiveness of the partnership (57).
- Conduct situation analysis with the lead agency and partners to identify determinants of health for the priority target, win–win strategies and co-benefits (see Chapter 4.2).

Engagement considerations: These factors should be considered in the partnership to achieve the vision of a Healthy City.
- Ensure that partners have shared values, ideologies and approaches, and are committed to the health and well-being of the population.
- Ensure that organizational policies and code(s) of conduct are upheld to the highest professional and ethical standards.
- Address any potential conflict of interest.
- Ensure transparency and accountability.
- Have an understanding of the bureaucratic structures and systems within which they are operating.

**WHO Regional Office for the Western Pacific support:** The city focal point may contact the Noncommunicable Diseases and Health Promotion Unit at nhp@wpro.who.int through or with a copy to the national focal point and the WHO Country Office counterpart to discuss support from WHO in advocating the Healthy Cities approach, identifying co-benefits and engaging with the chief executive of the lead agency and relevant partners.

### 4.2 Conduct participatory situation analysis

A comprehensive analysis of the current situation in the city and the issues of major public health importance is necessary to decide on the focus of action. Relevant stakeholders from different sectors need to be consulted as issues impacting health and equity go beyond the health sector. They should be included in this first phase of conducting a situation analysis to acknowledge them as key players. This should then secure their participation at a later stage in designing appropriate interventions. There are different tools that can be used to conduct a situation analysis, depending on the time, resources and expertise available. Results from the analysis can be used to identify health determinants and optimal interventions, and inform the development of the Healthy City strategic plan.

**Recommended actions for the Steering Committee and its Secretariat**

- Engage all stakeholders in conducting a participatory situation analysis, explain its importance, and secure their support and participation.
- Review all relevant strategies and plans, assess whether they address the social and environmental determinants of health, and identify any gaps.
  - National and city development strategies and plans.
  - National and city issue-specific strategies and plans (e.g. NCD strategic plan and NCD action plan).
- If there are no city-level strategies and plans, it is recommended that the city conduct an in-depth participatory situation analysis using the tools listed in this section.
- Finalize the situation analysis and obtain endorsement by the local government.
- Continuously build a knowledge base by regularly extracting, translating and disseminating information. The tools in this section can be used.
- Facilitate widespread dissemination of information to all sectors and stakeholders.

Some available tools for participatory situation analysis:

**City health profile**

- Provides baseline data for the Healthy City initiative.
- Enables mapping of existing assets, resources, capacities, policies, plans and programmes. When used periodically, it can serve as a monitoring tool to measure progress.
- Is a user-friendly communication tool that facilitates information sharing.
- Should be sufficiently comprehensive to reflect the complex interrelationship between the environment and health.

*(A sample list of indicators to include in a city health profile and reference materials from the WHO Regional Office for Europe can be found in this toolkit’s Additional Resources.)*
Urban Health Equity Assessment and Response Tool (HEART)
WHO developed Urban HEART to help national and local officials assess and respond to health inequities in urban areas.

- It is a participatory process that enables dialogue between the stakeholders and is implemented within the existing institutional structure.
- The data help facilitate an understanding of health inequities and its determinants so as to identify appropriate strategies and multisectoral actions to reduce them (63).


Rapid assessment techniques

- Windshield survey: this involves making observations by walking through an area to assess general community needs and examine its physical, social or economic character. This gives a quick overview and “feel” for the community.
- Interpreting maps: maps can provide insights into the health of people living in different areas (e.g. the wealthy may live higher on a hill or near the beach while the poor may live near swamps), indicate where the zones of activity (e.g. industry, education, government) are, and highlight opportunities for safe and green spaces.
- Expert group discussion: engages experts to discuss causes (or causal chains) and effects, the acceptability of intervention measures to counter causes and effects, and support mechanisms that the society and communities could mobilize.
- Community consultations or focus groups: consultations with communities provides insight into the concerns and issues affecting them.

Urban health index

- The WHO Centre for Health Development, Kobe, Japan, together with the School of Public Health, Georgia State University, Atlanta, USA, developed a flexible Urban Health Index for measuring small-area disparities. This tool can be used for local evaluation, decision-making and area comparison (65).

4.3 Develop a Healthy City strategic plan

The next phase would be to define the strategic goals and targets to develop the Healthy City strategic plan. Once the priorities have been identified, the Healthy City focal point and a health sector representative can engage with the lead agency responsible for each priority target. The Healthy City team together with the lead agency will conduct further analysis of the priority issue. They can also review the health impact of a policy or programme intervention. They can then jointly come up with integrated solutions that have co-benefits for health and development.

Strategic plan: The Healthy City strategic plan contains the vision, mission, guiding principles, priority areas, long-term (5–8 years) and/or short-term (1–3 years) goals and targets. It will serve as a guiding document or master plan for the different sectors when they develop multisectoral action plans for each priority health issue (see Chapter 5.1).

Recommended actions for the Steering Committee and its Secretariat

The Steering Committee consists of high-level representatives from different sectors and agencies. Its work is guided by the respective strategic and action plans for addressing specific issues and areas of development. Thus, it is recommended that the Steering Committee discuss and agree on the priority health issues, priority goals and targets, and put together a Healthy City strategic plan. Subsequently, the Steering Committee should conduct consultations with stakeholders on the proposed plan.
- Review and reference the information collected from the situation analysis. Then propose and agree on priority goals and targets to be included in the Healthy City strategic plan.
  - Identify criteria for prioritization of goals that may include assessing the burden of the problem on health status and equity, feasibility and political interest.
  - Choose targets that stakeholders agree to work together to achieve shared aspirations. The targets need to be specific, measurable, achievable, realistic and time-bound.

- Conduct consultations with stakeholders (i.e. national level agencies, stakeholders in the public and private sector, civil society, communities) on the draft Healthy City strategic plan including the priority goals and targets, and make revisions accordingly.
  - Meaningful consultation connects the government, the agencies and the people. It offers an opportunity for the stakeholders to voice their aspirations and concerns about the city’s development. Stakeholders can define the goals and targets for the well-being of the city and its population as well. This enables shared ownership, and aligns actions towards common goals.
  - Resources on participatory planning and community-based initiatives describe the principles of a good consultation. This includes being clear about the purpose; being inclusive; and providing adequate easy-to-understand information. The resources also include information on different consultation techniques, such as community forums, focus groups and e-consultations, and provide guidance on the planning process.

- Finalize the Healthy City strategic plan and obtain local government endorsement.

- Disseminate the Healthy City strategic plan to all key stakeholders.

**WHO Regional Office for the Western Pacific Support:** The city focal point may contact the Noncommunicable Diseases and Health Promotion Unit at nhp@wpro.who.int through or with a copy to the National Focal Point and the WHO Country Office counterpart to discuss support in organizing a Healthy Cities leadership course and strategic planning workshop.

### 4.4 Assess the health impact of a policy or programme intervention

Once priority goals and targets for the Healthy City have been identified, it is recommended that the city focal point and a representative from the health sector engage with the lead agency for each priority target to discuss on collaboration and joint implementation.

For each priority target, the city focal point, health sector, lead agency and partners should have a common understanding of the current situation. They need to recognize the issues of major public health importance, and the impact of current and planned policies, programmes and development on health and well-being. This understanding of the health determinants is needed to rectify previous actions, as well as to plan ahead and design interventions that promote and protect health.

To conduct further analysis on the priority targets, cities may need to establish a multisectoral subcommittee/task force to facilitate collaboration among different sectors, coordinate actions and monitor progress.
Recommended actions for the subcommittee or task force for the priority targets

- Put together a subcommittee for each priority health issue target. The subcommittee will comprise senior-level representatives from relevant agencies who will provide strategic and operational directions to programme managers.
- Conduct a partnership mapping exercise with the lead agency to identify key partners. You may refer to the Victorian Health Promotion Foundation's Partnerships analysis tool (57).
- Together with partners, conduct further analysis on the priority targets and the health impacts of existing or planned actions and inactions. The tools listed in this chapter may be utilized.
- Build a knowledge and evidence base of policy options and strategies.
- Finalize the report on the priority targets and the health impacts of existing or planned actions and inactions and obtain endorsement by key stakeholders.
- Utilize the report for developing a multisectoral action plan (see chapter 5.1).

Tools for assessing the health impact of existing or planned actions and inactions:

Health impact assessment (HIA) or rapid equity-focused health impact assessment (EFHIA)

- Health impact assessment is a practical approach used to assess the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques.
- Recommendations are used to inform policy- and decision-makers with the aim of maximizing the proposal's positive health effects and minimizing the negative ones (67).
- Healthy Cities are recommended to promote and institutionalize the use of HIA to assess potential health impacts of policy, programme or project proposals.

Precede–Proceed model (68)

- The Precede (predisposing, reinforcing and enabling construct in ecosystem diagnosis and evaluation)-Proceed (policy, regulating or resourcing and organizing for education and environment development) model illustrates the ecosystem within which we engage to identify the causes of health issues and plan the strategies to address these causes.
- It includes conducting social, epidemiological, educational, ecological, administrative and policy assessments. This is to identify the state of our health and well-being as well as the predisposing, reinforcing and enabling factors (i.e. genetics, behaviour, environment, policies, programmes). With this information, we can identify an appropriate set of interventions.

Other resources

- Health Lens Analysis: this is a key feature of the HiAP approach and is used by the South Australian Government to translate the HiAP concept into action.\(^g\)
- Healthy urban development checklist: guide for health services when commenting on development policies, plans and proposals. Australia: New South Wales Department of Health, 2009.\(^h\)

\(^f\) Precede is “predisposing, reinforcing and enabling construct in ecosystem diagnosis and evaluation”. Proceed is “policy, regulating or resourcing and organizing for education and environment development”.

\(^g\) For more information, please visit http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+polices/health+lens+analysis+projects

Second Canada–China policy dialogue on health (58)

SHANGHAI, CHINA – In 2010, Canada and China organized a policy dialogue on health, hosted by the Chinese Ministry of Health in Shanghai, China. This followed an initial dialogue held in 2009 in Ottawa, Canada. During the Shanghai dialogue, senior officials from both countries discussed issues and strategies to address NCDs, emerging infectious diseases, health research and hospital financing. This type of dialogue helps raise the profile of issues and serve as an opportunity for countries to enhance the understanding of their respective priorities, expand communication and strengthen collaboration.
Example of a city health profile (62)

**Christchurch, New Zealand** – A good city health profile collects information on the determinants of health and well-being specific to the city’s context. It is important to not only know the prevalence of diseases but also what needs to change to enable optimal health and well-being. A profile when developed as part of the city’s urban development strategic plan, assures the community that health and its determinants are considered in the development agenda.

Healthy Christchurch developed a city health profile focusing on the determinants of health and well-being in Christchurch. The determinants included the number of elderly people living in single-person housing, housing affordability, employment and migrant social support. Data were obtained from different official sources, signatories’ views and community consultations. In the profile report, Christchurch highlighted that the city health profile should be developed as part of the existing Greater Christchurch Urban Development Strategy. Most of the community consultations had been conducted before the 2011 earthquake. However, it was still valuable because it illuminated what the community loved about the city and what would make it better. This served as a useful reference when Christchurch was rebuilding the city after the earthquake. It helped decision-makers and policy-makers when planning for the health and well-being of its residents.

Stakeholder engagement (60)

**Cambodia** – Cambodia recently took the important step of enacting the Law on Tobacco Control. It was passed by the National Assembly on 8 April 2015 and by the Plenary Session of the Senate on 30 April 2015. All political parties approved the law unanimously (61). The process to this point was challenging but the tobacco control team succeeded because of a multipronged stakeholder engagement and advocacy strategy.

The tobacco industry interfered continuously through the legislation development process. However, the tobacco control team was vigilant about the tactics of the tobacco industry and its attempts to manipulate the process. The team debunked myths with evidence-based research and advice from WHO and partners. It also developed policy briefs, lobbied policy-makers, the National Assembly and the Senate, and networked with tobacco control champions at the Economic, Social and Cultural Council, the Council of Jurists of the Council of Ministers and key ministries. At the same time it mobilized nongovernmental organizations, youth groups and religious leaders. The team also engaged the media and provided training on the WHO Framework Convention on Tobacco Control and anti-tobacco measures – advertising bans, taxes, smoke-free policies, and pictorial health warnings on tobacco product packaging. Tobacco control issues received media publicity on radio talk shows, in television documentaries, radio and television spots and in the print media.

Now the law has passed, key stakeholders in various sectors need to support enforcement. The tobacco control team will need to engage city governments and local entities (e.g. districts, schools, markets, restaurants, etc.) to secure their support. Prior to passing the law, Phnom Penh and Siem Reap were already embarking on efforts to become smoke-free cities. The Angkor temples in Siem Reap, for example, were declared a smoke-free World Heritage Site. This was possible because of the support of the Authority for the Protection and Management of Angkor and the Region of Siem Reap (APSARA) and the Ministry of Tourism.
Impact evaluation of a campaign (59)

**Australia** – “Beyondblue” is an initiative aimed at raising awareness, building networks and motivating action for the prevention of depression. It was funded initially from 2000 to 2005, and in a second phase from 2005 to 2010. The five priority action areas were: (i) community awareness and destigmatization; (ii) consumer and carer participation; (iii) prevention and early intervention; (iv) primary care; and (v) targeted research. The first programme evaluation took place in 2004 and the second one in 2009, assessing the extent to which the project achieved its intended goals of bringing about structural and community change.

The first priority was to raise awareness and destigmatize depression. Activities included mass media and community initiatives targeting the larger community, rural communities, youth, older people and men. The evaluation found an increase in the quantity of information available on depression. This included coverage in print and broadcast media, distribution of materials, website usage and community awareness-raising activities. The increase of quality information has translated into improved “depression literacy” in the community. However, there is insufficient evidence to determine if the project has led to or directly contributed to a decrease in actual stigma and discrimination. Surveys have indicated an increased awareness of discrimination experienced by people with depression, but there are still signs that discrimination remains a problem. Such evaluations give insights into the programme, its successes and shortfalls, and the gaps to fill. They also provide information forming the basis for the design of new interventions.
Measuring and responding to urban health inequities (64)

WHO CENTRE FOR HEALTH DEVELOPMENT – WHO collaborated with 17 cities in 10 countries to pilot-test Urban HEART, a tool to facilitate the process of addressing urban health inequities, in 2008-2009. Urban HEART is a user-friendly guide for local and national officials to identify health inequities and plan actions to reduce them. It is based on evidence from the WHO Commission on Social Determinants of Health and encourages policy-makers to adopt a holistic approach to tackling urban health inequities. Implementing Urban HEART involves six key steps as follows: (i) build an inclusive team; (ii) define your local indicator set and benchmark; (iii) assemble relevant and valid data; (iv) generate evidence; (v) assess and prioritize health equity gaps and gradients; and (vi) identify the best response.

The tool proved to be practical and useful for presenting health status and inequities among city communities to local leaders. Evaluation reports for pilot countries including Mongolia, the Philippines and Viet Nam are available for download at http://www.who.int/kobe_centre/measuring/urbanheart/implementation/en/. These reports show how pilot cities have utilized the tool and detail their experience with implementation. The key lessons learnt were that it is important for all stakeholders: (i) to have a common understanding of health in the broader sense, and (ii) to recognize the role they each play in addressing the social, economic and environmental determinants of health. It is also critical to engage with national and local government officials as well as other sectors as equal partners. This is necessary to promote ownership and secure their full commitment and participation from the planning stage through to prioritization of interventions. For sustainability, it is recommended that indicators be included in regular data collection and management.
A strategic plan (66)

South Australia – South Australia developed a strategic plan based on widespread consultation in 2004. The plan serves as the blueprint for the state’s future. It reflects the people’s aspirations about how they can best grow and prosper. It also reflects on how they can improve their well-being to create further growth and opportunities. The strategic plan serves as a platform for strengthening the relationship between the state government and communities. It encourages civic engagement and promotes community ownership in sustaining the well-being and prosperity of the state. The plan also provides direction for both the state government as well as business and community organizations to align their actions towards the larger societal vision.

“South Australia’s Strategic Plan creates a future shaped by choice, not chance. Keeping our communities strong and vibrant, protecting our rich environment and pursuing shared economic prosperity will provide a better future for South Australians. By investing together in our health, education and innovative ideas we can secure our top priority: the wellbeing of all South Australians. Our plan expresses our values; its targets reflect our priorities.”

Since its launch, the strategic plan has driven the state’s growth, as well as fostered creativity and innovation. It has moved the state towards a sustainable future, and contributed to improved health and well-being in the community. The strategic plan contains 14 vision statements, 56 goals and 100 targets. It has facilitated partnerships and aligned the actions of different stakeholders towards achieving the state’s goal of building a prosperous, sustainable and exciting future for its communities and families.

Using HIA to maximize the health benefits of a development plan (69)

Gwang Myeong City, Republic of Korea – After screening project proposals, the city decided to conduct a health impact assessment of the Aegi-Neung Waterside Park master plan. Researchers from the Korea Institute for Health and Social Affairs first met with staff from the Community Health Center and the Department of Parks and Greenspace to introduce them to HIA and to obtain data needed for the assessment. In the second meeting, the steering committee, consisting of participants from the initial meeting, got together to discuss further details. They considered the preliminary positive and negative health impacts of the plan, the assessment methodology and data needed, the profiles of participants and their role in the participatory workshop. The researchers used a comprehensive checklist to assess the positive and negative health impacts. This enabled all participants to understand and recognize the outputs of the HIA. During the appraisal phase, different stakeholders came together in a participatory workshop to review the literature and available evidence on health impacts. This then led to recommendations to maximize the positive health benefits and minimize the negative impacts.

Some of the recommendations following the HIA include: (i) installing handrails around the reservoir to minimize the risk of drowning accidents; (ii) designating the park as a non-smoking area to minimize the risk of forest fires; and (iii) installing surveillance cameras to minimize the risk of criminal activities.
Chapter 5
How to effectively address priority issues of the city

This chapter discusses the development of action plans and frameworks for monitoring and evaluation. The Healthy Cities approach is inherently multisectoral requiring the cooperation of diverse stakeholders. An action plan identifies specific priorities and anticipates possible obstacles or bottlenecks while providing an overview of available resources and partners. A framework for monitoring and evaluation guides project monitoring and ensures that lessons learnt – both wins and losses – are properly documented.

5.1 Develop multisectoral action plans

The action plan is more detailed than the strategic plan and may be a formal public document or an internal document. The subcommittee or task force members may wish to designate programme managers from their respective agencies to participate in a joint participatory planning exercise to develop the action plan.

Recommended actions for the subcommittee or task force to develop a multisectoral action plan for the priority targets

- Review the information received from the situation analysis and the in-depth topic-specific analysis.

- Discuss and prioritize problem areas (importance, feasibility, political interest), as there may be limited resources (financial and human) available.
  - Prioritization may be conducted by assessing the importance of resolving the problem (e.g. high burden, wide inequities and social unrest if not addressed), the feasibility, and if critical, the political interest or acceptability of interventions to address the identified problem. (Workbook exercise 6.1).

- Identify and prioritize root causes of problems (i.e. causes of causes).
  - For each identified problem that is contributing to a health issue, there are underlying root causes. For example, risks such as infectious diseases, chemical hazards and injuries may be posed by flooding which may be brought about by clogged drains. The root causes of clogged drains may include improper waste disposal, inadequate monitoring and clearing of debris in drains as well as inadequate drainage channels. Identify the root cause of the problem to address the priority health issue and achieve our target goals for the city (a flood-free healthy city). (Workbook exercises 6.2 and 6.3).
  - As there may be limitations on resources, the subcommittee will need to prioritize the root causes to be addressed.
Review policy and intervention options.
- Based on the root causes identified, review available policy and intervention options. Then implement a mix that includes policy and infrastructure changes as well as educational programmes. For example, to reduce the number of clogged drains, you may need to address waste disposal issues. To address waste disposal, you may need to educate people to properly dispose of their garbage. You may also need to impose fines, install new technology that detects when a drain is clogged, or review the design of drains. If there are innovative proposals for addressing the problem, you may wish to consider a pilot project.

Set planning goals, targets and progress indicators.
- Select reasonable and attainable goals and objectives, in relation to the problem, and benchmark against available evidence. These goals and targets should be specific, measurable, achievable, realistic and time-bound.
- The team should also establish indicators to monitor their progress towards achieving their target goals. (Workbook exercise 6.4)

Consider barriers, needs and opportunities (Workbook exercise 6.4).
- As with any project, there may be barriers, needs and opportunities that facilitate or block your path to success. A good project manager is able to increase the chances of success during the planning phase by:
  » charting the course;
  » anticipating risks and taking action to minimize or prevent these risks;
  » recognizing opportunities so as to capitalize on them; and
  » recognizing gaps in capacity that need to be addressed to ensure smooth implementation.

Map and mobilize partners (Workbook exercises 4.1 and 4.2).
- To address the issues of a city, multiple sectors and stakeholders have to work together. For example, clogged drains may require the water utility, waste management agency, urban development authority and local town councils to work together. The water utility may be responsible for improving the drainage infrastructure and technology. The waste management agency may be responsible for proper collection and disposal of garbage. The urban development authority may need to manage business establishments and their waste disposal practices. The local town councils may manage housing estates and the disposal behaviour of residents.
- Map and mobilize key stakeholders, and clearly state the roles and responsibilities within their jurisdiction and sphere of influence.
- There may also be individual partners the team can mobilize to support these interventions. These partners may be community members, service providers, private enterprises, media, educational institutions or faith-based organizations.

Map resources (Workbook exercise 6.5).
- After mapping the interventions and partners, the team would need to align the extent of implementation and the resource requirements with the resources available (e.g. human resources and funding).

Leverage healthy settings.
- Elemental settings such as schools, workplaces, marketplaces and hospitals with well-defined stakeholders and management structures should be
considered as entry points for integrating health promotion efforts. For example, the subcommittee may see schools or workplaces as a setting for disseminating dengue prevention messages or for inculcating healthy eating habits from an early age.

- Develop an action plan.
  - After a session where the above steps are taken and the various factors considered, the information can be used to put together the multisectoral action plan. Some proposed elements of such an action plan include: priority areas for action to address priority health issues; target populations; current status; strengths, weaknesses, opportunities, threats; available resources and capacities; key partners; planned activities; timeline and specific goals.
  - Components of an action plan:
    - Vision of the city
    - Mission of the Steering Committee and Healthy City values and principles
    - Mission of the subcommittee
    - Characteristics of the city, such as: topography and climate; history, culture, and heritage; administrative structure; demographics;
    - Epidemiological, social, ecological, administrative and policy situation related to stated health issue
    - Strategies for addressing health issues
    - Priority problems and root causes
    - Planning goals and targets
    - Interventions (policies and activities) to resolve priority problems and implementation mechanisms
    - List of partners and individual groups and their roles in implementing the above actions/activities
    - Resources required and available for implementing the actions/activities
    - Progress indicator(s) as well as monitoring and evaluation mechanisms
    - Appendices
  - Further information sources on urban design, planning and measurement are listed in the toolkit’s Additional Resources: General Resources. These will support cities and agencies in developing interventions for addressing the determinants of health.

- Conduct community consultation.
  - Meaningful community consultation connects government and the people. It offers an opportunity for communities to voice their aspirations and concerns. It also encourages citizens to participate in the design, planning and implementation of interventions. This enriches the development of planned policies, programmes or activities, promotes citizenship and ownership, and builds community spirit.
  - The resources on participatory planning and community-based initiatives in the toolkit’s Additional Resources: General Resources share the principles of a good consultation. They include being clear about the purpose, being inclusive, and providing adequate easy-to-understand information. Also included is information on different consultation techniques, such as community forums, focus groups and e-consultations, and on the planning process.
WHO Regional Office for the Western Pacific support: The city focal point may contact the Noncommunicable Diseases and Health Promotion Unit at nhp@wpro.who.int through or with a copy to the National Focal Point and the WHO Country Office counterpart to discuss the following support.
- Review of the action plan and seed funding.
- Healthy City action planning workshop.

5.2 Monitor and evaluate

As highlighted in the regional framework, each subcommittee and its implementation team are advised to assess their performance by evaluating:
- **Impact:** refers to the coverage, acceptability and progress towards achieving target goals.
- **Efficiency:** refers to maximizing resources by investing in high-return interventions, eliminating duplication and building synergy across sectors.\(^1\)
- **Equity:** assesses if the interventions have been able to reach the poor, marginalized and vulnerable populations, thereby achieving more equitable health outcomes.
- **Quality:** assesses if clinical quality improvement has been applied to continually improve the interventions.
- **Sustainability:** refers to Healthy Cities progressing towards a system-wide, institutional approach and moving away from a programmatic approach.

Thus, the implementation team is recommended to conduct: (i) project monitoring to determine the status of implementation; (ii) process evaluation to assess efficiency, quality and sustainability; and (iii) outcome evaluation or programme monitoring to assess the impact and equity of the interventions.

5.2.1 Project monitoring

Project monitoring is an essential component of project management. It is the process of assessing the status of project implementation in relation to the timeline, work plan and budget. This is the responsibility of the designated project manager who oversees implementation of the action plan.

**Recommended actions for the project manager**
- Monitor the implementation of the proposed activities, outputs and achievement of desired outcomes as specified in the action plan.
- Make adjustments where necessary.
- Validate requests for additional funding.
- Develop progress reports and communicate regularly with stakeholders, partners, the Steering Committee and the Secretariat.

5.2.2 Process evaluation

Process evaluation reviews how programme activities were delivered. It helps determine the degree to which an intervention was implemented as planned and the extent to which it reached the target population. It provides us with the tools to monitor quality and information to improve effectiveness (74). Process evaluation is important because it (75):

\(^{\text{i}}\) Although efficient use of resources by investing in tested interventions is important, investing in untested ideas may produce exponential benefits if researchers are able to design innovative solutions to current problems.
monitors the progress of the project;
- demonstrates the effectiveness of a Healthy Cities project, including its cost effectiveness;
- provides feedback to individuals involved in the project;
- 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.

**Recommended actions for the subcommittee**

- Engage stakeholders to obtain feedback.
- Engage an external team to conduct a process evaluation.
- Utilize the process evaluation report to improve the quality and effectiveness of implementation.

**5.2.3 Outcome evaluation or programme monitoring**

To determine the impact of a Healthy Cities intervention is complex, as it is not easy to make inferences on causality. In epidemiology, a randomized controlled trial would be needed to determine whether an intervention directly caused a change in health status or the environment. However, as no two communities are identical, such studies are rarely conducted. Nonetheless, it is important to measure progress towards the target goals.

The health status of a city may be monitored over time using different tools. One such example would be the city health profile with a list of indicators. The health status may also be monitored using Urban HEART to assess progress in reducing health inequities in the city (refer to Chapter 4.2). National accreditation systems or use of an urban health index (in development through the WHO Centre for Health Development) are advanced forms of monitoring.

Some countries have established or are working towards establishing standards for a Healthy City and the criteria for evaluating and accrediting a city. Accreditation is important to promote consistency and high standards and to ensure “adherence” to the Healthy Cities value system (e.g. sustainability, political commitment, equity, community participation, empowerment). Accreditation is in line with recommended actions for Member States as outlined in the regional framework. Cities cannot act alone and need national government support. When Healthy Cities is scaled up into a national policy, it can: (i) help overcome political and budgetary instabilities; and (ii) contribute to reaching the goals on urban settlements and healthy urban governance. This is in accordance with terms laid out in the report of the *WHO Commission on Social Determinants of Health*.

**Recommended actions for the subcommittee**

- Engage academic and research partners to document experiences and evaluate the impact of interventions.
- Disseminate results from research studies.
Recommended actions for the Steering Committee and its Secretariat

- Utilize existing tools to monitor the health status of the city.
- Develop tools in collaboration with academic partners to monitor the progress of the Healthy Cities programme.

**WHO Regional Office for the Western Pacific support:** For further information on the evaluation criteria of China and the Republic of Korea, the national focal point may contact the Noncommunicable Diseases and Health Promotion Unit at nhp@wpro.who.int through or with a copy to the WHO Country Office counterpart.

*(Refer to the toolkit’s Additional Resources for the draft set of recommendations for national accreditation systems and for resources on monitoring and evaluation.)*
Promoting health in schools

**WHO Western Pacific Region** – Many countries in the Region aim to change unhealthy eating habits and promote healthy ones by targeting children from an early age. To achieve this goal, countries implement the Health Promoting Schools approach to create health-enabling physical and policy environments and strengthen life skills.

For example, Cambodia has conducted healthy food fairs where the whole school community (families, students, vendors, teachers) participated in an “edutaining” event about food safety and nutrition. In the Lao People’s Democratic Republic, both the community and WHO supported the development of school gardens. Schools planned to integrate garden-based learning into the curriculum to teach about nutrition. This would also encourage eating of fresh food, and inculcate in students the importance of teamwork (71).

In Hong Kong SAR (China), the EatSmart@school.hk campaign aims to cultivate healthy eating habits by motivating and assisting schools in the formulation and implementation of health-enabling policies. The Education Bureau and the Department of Health jointly organize the accreditation scheme. It encourages voluntary participation of schools and its communities to make the school an “EatSmart school”. This comes with a list of actions to take and outcomes to achieve (72). In Singapore, the Health Promoting School Canteen Programme works to bring healthy set meals to primary and secondary students. This follows the Healthy Eating in School Programme, which introduced 10 food service guidelines in school canteens. The Healthy Set Meals have been proportioned based on Singapore’s Dietary guidelines for children and adolescents to ensure they receive the right nutrients for their growing needs. Canteen vendors receive culinary training and consult with nutritionists to ensure that the initiative is effectively carried out (73).
Identifying root causes (70)

**Jeju Province, Republic of Korea** – Jeju Province wants to achieve a breastfeeding rate of 80% among babies at six months of age up from 44.2% in 2005. To identify appropriate interventions to improve the breastfeeding rate, Jeju Province analysed the possible causes of its low breastfeeding rate. Studies found it to be attributed to a combination of factors. These include misconceptions around breastfeeding, structural gaps in the health and medical system, promotion and advertisement of alternatives to the mother’s milk, and lack of support in workplaces for working mothers to breastfeed their babies. Jeju then took steps to address these barriers.

The team increased the number of health centres and trained professionals to conduct classes for expecting and nursing mothers. The classes covered breastfeeding, nutrition during pregnancy and lactation, care of neonatal infants, baby food and more. A contest was also held to select exemplary nursing mothers and their breastfed babies to tell their personal stories. Personal stories are powerful because they are engaging and people can relate to them. These activities helped clarify the misconceptions around breastfeeding, stimulated interest and inspired breastfeeding practices.

Furthermore, Jeju took steps to improve the physical environment and make it conducive for breastfeeding. Upon review of available data and recognition of the effect of rooming-in systems at hospitals (i.e. the practice of keeping the baby in the room with the mother) and dedicated rooms at workplaces for breastfeeding, the Government committed itself to improving these settings. As of 2006, 13 medical facilities operate rooming-in systems; and as of 2014, 18 organizations have allocated a room for breastfeeding, up from six in 2006. The breastfeeding rate has increased to 56%.
Chapter 6
How can national agencies support healthy cities?

The roles of the national government and city focal points are key to addressing risks to health. Risks are becoming more global, with causes often beyond the scope of local governments. A whole-of-government-systems approach is needed to promote and protect health. Many cities in this Region look to policies and actions at the national level. Thus, national governments need to set a high-level mandate and take on a strong stewardship role. This is the strategy proposed in the regional framework – “to promote, expand and upscale Healthy Cities through national government support…” WHO also encourages mentoring and/or twinning to facilitate learning between cities and sharing of experiences. Networks and awards are avenues for sharing these best practices with an even wider audience.

6.1 National focal point

The WHO Regional Committee for the Western Pacific resolution WPR/RC61.R6 on healthy settings called for Member States to designate national focal points. This is to facilitate communication with WHO and other international partners. In addition to facilitating communication between the government and WHO, the national focal point takes the lead in scaling up and expanding Healthy Cities in their country.

Recommended actions for the national focal point

The regional framework lists key actions to be undertaken by national governments, coordinated by the national Healthy Cities focal point. The regional framework is anchored on five strategic approaches, as listed below. The actions under each strategic approach reflect those proposed in the resolution on healthy settings.

- Strengthening institutional arrangements
- Building capacity for action
- Strengthening the evidence base
- Advancing national policy and action
- Supporting city-to-city learning and networking

WHO Regional Office for the Western Pacific support: national focal points are encouraged to contact the Noncommunicable Diseases and Health Promotion Unit at nhp@wpro.who.int through or with a copy to the WHO Country Office counterpart to discuss the following support:

- obtaining further information on the examples found in this booklet;
- sharing of information on your country’s activities;
6.2 Mentoring and/or twinning

Mentoring is a relationship between two individuals with the goal of professional and personal development. The mentor, who is usually the more experienced party, shares his/her experience, knowledge and advice with the less experienced party, the mentee. Mentors are akin to advisors and role models. Mentoring can be mutually beneficial. The mentor can use this opportunity to develop his/her leadership skills. The mentor can hone the ability to motivate, improve communication skills, and be exposed to different viewpoints. He/she can be challenged to consider new ways of communicating a message and approaching a situation. The mentee can benefit by gaining valuable insights from someone who has been on the path before, and by using the mentor as a “sounding board” for ideas. The mentee can also improve communication skills, gain new perspectives and build a network.

Twinning is an arrangement between two cities with the goal of enhancing collaboration and sharing experiences. Twinning covers a range of experiences, such as exchanges, projects and initiatives to benefit populations in both cities.

Recommended actions for the national focal point

- Identify potential mentors and mentees and match them.
- Identify cities that will benefit from a twinning arrangement.
- Identify cities with outstanding practices and that can share their experience with others.

WHO Regional Office for the Western Pacific support: The city focal point may contact the Noncommunicable Diseases and Health Promotion Unit at nhp@wpro.who.int through or with a copy to the national focal point and the WHO Country Office counterpart to discuss possible support.

6.3 Networking

Networking is about making connections and building mutually beneficial relationships. Networks facilitate information sharing, mutual learning and strengthen capacity to handle challenges. Cities are encouraged to participate in existing networks or create new ones.
Recommended actions for national and city focal points

- Cities interested in joining the AFHC can find more information at http://www.alliance-healthycities.com/.
- Cities can find their relevant AFHC National Chapter at http://www.alliance-healthycities.com/htmls/chapters/index_chapters.html. If there is no National Chapter in the country, consider initiating one.
- Support the participation of political leaders and technical staff in regional and global activities on urban health promotion. Some examples are as follows:
  - Global Conference of the Alliance for Healthy Cities: This conference is held every two years. Please check the AFHC website for announcements.
  - For other cities-related movements and initiatives that are platforms for knowledge sharing and networking, please refer to the toolkit’s Additional Resources: General Resources.

Some examples of networks are the following:

**AFHC**
The WHO Regional Office for the Western Pacific established the AFHC (79) in 2003. The Alliance is an international network of municipal governments, national governments, nongovernmental and private sector organizations, academic institutions and international agencies that support the Healthy Cities approach.

To improve the quality of life of communities and spur better ways of addressing health challenges, the objectives of the Alliance are:

- to strengthen the Healthy Cities initiatives and encourage innovations;
- to facilitate sharing of experiences amongst members;
- to recognize and promote outstanding practices and innovations within Healthy Cities;
- to mobilize and optimize the use of available resources to promote and support the adoption of the Healthy Cities approach;
- to develop new knowledge and technology in collaboration with universities and centres of learning; and
- to package technical resources for the improvement of planning, implementation and evaluation of Healthy Cities.

**National chapters of Healthy Cities**
AFHC chapters are organized at the country, subcountry, or intercountry level. These chapters support the AFHC in achieving its goal and objectives by:

- advancing information sharing among members;
- promoting membership expansion;
- disseminating information on Healthy Cities;
- advocating for advancement of Healthy Cities; and
- encouraging international partnership (80).

**6.4 Recognition and awards**
Public recognition and awards for cities can act as incentives to secure sustained political commitment. These awards and recognitions can be for innovations and for demonstrating effective and efficient ways of promoting and protecting their population’s health. Recognition drives cities to continue their efforts. It motivates other leaders, policy- and decision-makers and community members to support and be part of the initiative. The WHO Regional Office for the Western Pacific encourages all cities (especially cities that need an advocacy tool) in the Region to apply for the awards listed below. This would help them gain further support for the Healthy Cities initiative.
WHO recognition

The WHO Regional Office for the Western Pacific recognizes and supports good practices and innovative projects of Healthy Cities in the Region. This is done through a regular award mechanism “to encourage cities to continue to innovate and demonstrate effective and efficient ways of promoting and protecting the health of urban populations”.

WHO recognition is given in two categories:

- **Best Practice** – an ornamental plaque is given for innovative approaches to specific health issues.
- **Regional Director’s Recognition** – an honorary recognition is awarded to a national government or a city that has a long track record of applying the Healthy Cities approach in a way that has led to progressive improvement in the health and well-being of its citizens.

WHO issues a call for applications between March and May every two years, most recently in 2014. Cities to be recognized for their achievements and proposals are announced at the Global Conference of the Alliance for Healthy Cities in October.


**AFHC awards**

The AFHC also has its own Healthy Cities award system to recognize and promote outstanding practices and innovations. The alliance evaluates submissions using the SPIRIT approach (Setting approach, Sustainability; Political commitment, Policy & Community Participation; Information, Innovation; Resources, Research; Infrastructure, Intersectoral; Training). The SPIRIT checklist may be downloaded from http://www.alliance-healthycities.com/docs/AFHCAward2012/SPIRITS_CHECKLIST_2012.doc.

AFHC awards are in three categories:

- **AFHC Award for Creative Developments in Healthy Cities**.
- **AFHC Award for Progress of Healthy Cities**.
- **AFHC Award for Pioneers of Healthy Cities**.

The Alliance issues a call for applications at the same time as WHO (between March and May every two years). Cities that receive an award are also announced at the Global Conference of the Alliance for Healthy Cities.

Members of the AFHC may find out more about the awards at http://www.alliance-healthycities.com or at http://www.alliance-healthycities.com/htmls/awards/index_awards.html.
Examples of twinning arrangements:

- (2012) The International Support Program of the AFHC facilitates international cooperation among Healthy Cities and local communities. The programme includes study visits by participants from multiple cities, a city-to-city learning programme, and sharing of experience of community activities.

- (2009) Twinning between seven designated international safe communities in Hong Kong SAR (China) and seven designated international safe communities of Chaoyang District, Beijing, China. The agreement involved organizing seminars, visits and sharing of experience to enhance the exchange of ideas to create healthy and safe communities (77).

- (2005) Twinning arrangement between Marikina City, Philippines and Ichikawa City, Japan. The two cities worked together to promote healthy diet and physical activity through urban planning. WHO provided support for a one-week study visit of Marikina City officers to Ichikawa and another week-long visit by Ichikawa City officers to Marikina. The study visits offered both parties opportunities to share their vision and reflect on the challenges of urban health (78).
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