Second Biennial Alumni Meeting
of the Healthy Cities Leadership Programme

1 September 2016
Wonju City, Korea
MEETING REPORT

SECOND BIENNIAL ALUMNI MEETING OF THE
HEALTHY CITIES LEADERSHIP PROGRAMME

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Wonju City, Republic of Korea
1 September 2016

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NOTE

The views expressed in this report are those of the participants of the Second Biennial Alumni Meeting of the Healthy Cities Leadership Programme and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Second Biennial Alumni Meeting of the Healthy Cities Leadership Programme in Wonju City, Republic of Korea on 1 September 2016.
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| Keywords: cities / health promotion / leadership / urban health |
SUMMARY

The Western Pacific Region has benefited greatly from rapid urbanization and economic growth. Many cities have built strong health-enabling infrastructure with water, sanitation, education and health services. Yet this rapid, uncontrolled growth of cities has had unintended consequences. Urban areas in many parts of the Region have grown faster than their capacity to provide infrastructure for services such as safe housing, water and sanitation, and to respond to problems of air pollution and transportation. These challenges are further complicated by climate change, disasters and migration.

The World Health Organization recognizes the need to shift from a reactive to proactive approach to urban health, so that countries can be better equipped to plan, anticipate and mitigate current and emerging urban health challenges. The foresight approach provides city leaders with tools to make that transition and a platform for engaging with multiple sectors and all levels of society in doing so. Foresight tools illuminate the unintended and unexpected consequences of action. They enable leaders and partners to consider possible, probable and preferred futures for their cities and to develop policy accordingly.

Leaders from Phnom Penh, Cambodia, Vientiane, Lao People’s Democratic Republic, Davao City, Philippines, Hue City, Vietnam, and Macao (China) attended this meeting which complemented the plenary session “Foresight approach towards healthy and resilient city” at the 7th Global Conference of the Alliance for Healthy Cities (Wonju City, Republic of Korea, 29 to 31 August 2016). The meeting offered the opportunity for these leaders working in health, social welfare, environment and planning to deepen their knowledge of and gain practical experience in the use of foresight tools to address urban health issues.

It is anticipated that participants will apply the knowledge and experience gained from the workshop in their current roles as city and health leaders, and use foresight as a platform for engaging other sectors to respond to priority urban health opportunities. Participants may consider action for furthering progress in their city on two selected priority urban health problems:

<table>
<thead>
<tr>
<th>City, Country</th>
<th>Urban Health Issue</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phnom Penh, Cambodia; Macao (China); Davao City, Philippines</td>
<td>Inadequate waste management</td>
<td>Utilize and share foresight tools and the Regional Framework for Urban Health with colleagues in local government units, to enable long-term healthy and resilient city planning.</td>
</tr>
<tr>
<td>Vientiane, Lao People’s Democratic Republic Hue City, Vietnam</td>
<td>Road traffic accidents</td>
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</tr>
</tbody>
</table>

In conclusion, the workshop successfully introduced participants to the foresight approach for urban health planning. It provided practical experience in the application of a cohesive set of tools to improve population health in cities and implement the Regional Framework for Urban Health.

It is recommended that Member States use foresight tools in long-term city planning to create healthy and resilient cities. Additionally, Member States can use the foresight approach as a platform for multisectoral engagement in addressing priority urban health issues.
1. INTRODUCTION

1.1 Meeting organization
The Second Biennial Alumni Meeting of the Healthy Cities Leadership Programme was held on 1 September 2016 in Wonju City, Republic of Korea, following the 7th Global Conference of the Alliance for Healthy Cities (29 to 31 August 2016). Participants who worked in health, social welfare, environment and planning at the city level came from Phnom Penh, Cambodia; Vientiane, Lao People’s Democratic Republic; Davao City, Philippines; Hue City, Viet Nam; and Macao SAR (China). The meeting focused on the use of foresight tools for urban health planning and built on the plenary session of the conference: “Foresight approach towards healthy and resilient city”. The meeting facilitators were Dr Hai-Rim Shin, Dr Tara Kessaram and Mr Michel Pedroso of the World Health Organization (WHO) Secretariat, and Dr Sally Fawkes, senior lecturer, La Trobe University, Melbourne, Australia.

1.2 Meeting objectives
The objectives of the meeting were:

1. to consider the role of long-term thinking in Healthy Cities leadership;
2. to introduce participants to the foresight approach and foresight tools; and
3. to enable participants to use these tools to strengthen the anticipatory dimension of planning and action for urban health

2. PROCEEDINGS

2.1 Opening remarks
Dr Hai-Rim Shin opened the meeting by welcoming participants and providing a summary of the main messages from the 7th Global Conference of the Alliance for Healthy Cities, including the keynote speech. Dr Shin highlighted the increasing urbanization of the Western Pacific Region and the consequent advantages and risks this presents to people’s health and well-being at national and local levels. The opening remarks also emphasized the shift from Millennium Development Goals to Sustainable Development Goals and the critical role of cities in achieving them.

2.2 Overview of meeting
Dr Tara Kessaram provided an overview of the meeting’s aims and structures, including the six main activities that would introduce participants to the foresight tools and provide practical experience of their application in the planning process to address priority urban health problems.

2.3 Healthy Cities progress
Dr Shin presented the achievements of the Healthy Cities initiative since the previous leadership meeting in 2014. One of these was the endorsement by Member States of the Regional Framework for Urban Health in the Western Pacific 2016–2020 at the sixty-sixth session of the WHO Regional Committee in October 2015. In March 2016, 16 Member States attended a meeting in Manila on implementation of the framework and identified priority urban health issues within their cities for further action. Common health issues identified for Cambodia, the Lao People’s Democratic Republic,
the Philippines and Viet Nam included traffic congestion, road injuries, waste management and food safety. Dr Shin presented the recommended actions for health agencies and local government in the five urban health domains of the regional framework: governance and coordination infrastructure; programme planning, management and quality improvement; information and surveillance systems; workforce and network capacities; system roles and functions.

2.4 Aspiration mapping and analysis

Dr Sally Fawkes described the foresight and futures thinking approaches. She highlighted that these tools enable leaders and partners to consider complexity and uncertainty of the present and future, to conceptualize the possible, probable and preferred futures of their cities, and to design policy accordingly. Foresight methods include tools that are creativity-based, interactive and evidence-based or focused on expertise. One foresight tool is aspiration mapping and analysis.

Working in two groups for the aspiration mapping and analysis activity, participants identified up to three bold goals for their cities. These included “everyone is healthy”, “no traffic congestion”, “smoke-free city”, “no air pollution”, “everyone has physical exercise”, “children enjoy eating less sugary/salty/fatty foods”, “equal gender participation at school”, and “clean green safe cities”. Participants then identified synergies between goals and rearranged them on this basis into “policy clusters”. Finally, the groups identified links between clusters. This tool provided participants with a way of conceptualizing the future of their cities and a means of making connections between issues in order to advance action.

2.5 Trend impact analysis

For the next exercise and the remainder of the activities, the two groups selected a priority urban health issue common to their cities: “inadequate waste management” and “road traffic accidents”.

<table>
<thead>
<tr>
<th>City, country or area</th>
<th>Urban health issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phnom Penh, Cambodia; Macao SAR (China); Davao City, Philippines</td>
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<tr>
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Dr Tara Kessaram introduced ELEVaTES-P as an environment scanning device designed to enable planners to identify positive, negative or neutral trends and megatrends at the global, national and local levels that would affect their priority urban health issue. Megatrends included globalization, climate change and urbanization. Participants identified “increasing commitment in the population to recycling” as an example of a positive ‘value’ trend affecting inadequate waste management. The changing pattern of alcohol consumption was a trend anticipated to affect the occurrence of road traffic accidents. By using this framework, participants were able to identify potential opportunities and challenges in addressing their urban health problem, and consider the need to design policies that are resilient to different future situations.

2.6 Cascade analysis / Futures wheel

This foresight tool enabled participants to examine the impact of their priority urban health issue on urban systems (health care, education, economy, transport and communications) and the medium-to long-term consequences of non-action. The waste management group identified diverse impacts on the water supply, agriculture, city infrastructure, transportation and health systems, and longer-term
consequences of an increase in both noncommunicable and infectious diseases. The road traffic accident group identified impacts on the police, justice, family, health-care and economic systems, and increasing economic and social inequality as an outcome of non-action. Two key lessons were learnt from this exercise: i) this foresight tool enables systematic exploration of the impact and consequences of action or non-action; and ii) even though exploring longer-term consequences is challenging because uncertainty increases with time, projecting into the longer-term future provides an understanding of possible scenarios to be considered in today’s decision-making and planning.

2.7 Presentations: Macao ProLead

In an effort to improve understanding through knowledge sharing, alumni of the Macao Health Promotion Leadership training programme were invited to present on their ProLead projects in Macao SAR (China). Mr Lam Keong presented on the “Macao Zero Injury” project, which was a joint initiative of the Public Security Police Force, the Health Bureau, the Labour Department, and Corps of Firefighters. This project aimed to reduce injuries – the leading cause of death among people aged 5–35 years olds in Macao SAR (China) – by collecting injury and suicide data, and by teaching primary and middle school students how to protect themselves from injury. Mr Lei Lai Fong presented on the “Exercise for 5 Minutes” project, which aimed to reduce the health consequences of prolonged sitting by encouraging office workers to incorporate exercise into their workday. The project involved a mass media campaign on exercise, including a 5-minute exercise video for use in the workplace setting. Challenges encountered when implementing these projects included gaining high-level and community support.

2.8 Rapid scenario development

In this foresight tool, participants used the outer circle of consequences of non-action on inadequate waste management and road traffic accidents to draw a picture of the worst-case scenario for the people of their cities. As the counterpoint to this exercise, participants then drew the best-case scenario resulting from action on their priority urban health issue. The best-case scenario was found by both groups to be easier to conceptualize than the worst-case scenario. Ceremoniously, both groups folded their worst-case scenario drawing, placed it in a cardboard “box of doom”, and removed these boxes from the venue. This action symbolized the meeting’s shift to a solutions-oriented focus. The rapid scenario development tool enabled participants to define alternative scenarios that would prompt investigation of a wider range of strategies to produce best-case scenarios.

2.9 Connecting the future to the present: Backcasting and other tools

The best-case scenarios were identified as the goals to be achieved by 2020 for waste management and road traffic accidents. Using the “backcasting” foresight tool, participants worked backwards from 2020 to 2016, identifying the milestones and actions needed in each year to get from the best-case scenario to the present-day situation. By starting in the preferred future and working backwards, participants were able to track the types of decisions, actions and milestones that generated the best-case scenario future and identify decisions that need to be taken today. Where there was disconnect between future and present, participants identified areas for innovation, particularly with regards to the potential of technology to improve both road safety and waste management. Also in this session, “roadmapping” was introduced as another foresight tool for collaborative planning and coordination across sectors. The roadmap produced at the end of the session identifies the shared goal, the steps and resources needed to achieve it, and the time frame for action.
2.10 City narratives of anticipation

To share what they had learnt during the day, participants worked in their groups to prepare for a mock television interview on the topic of using foresight tools to address urban health issues. A facilitator, posing as the television reporter, asked each group the following questions:

- What is one major urban health problem you think we will face in the future?
- What impact will it have in the longer term?
- What decisions do we need to make in the city today so that we can be confident that harm to our people and city will be minimized, and that we can build back better?

This activity prompted participants to reiterate the key messages of the meeting, and enabled them to construct a persuasive argument to advocate for action on waste management and road traffic accidents through use of foresight tools in urban health planning.

2.11 Closing remarks

Dr Hai-Rim Shin closed the meeting by thanking the participants for their engagement and active participation during the day. Participants were encouraged to use foresight and futures thinking with their colleagues from multiple sectors in city planning to address urban health issues. Reflecting on the day’s work, Dr Shin highlighted that by shifting from a reactive to proactive approach using foresight for city planning, cities can become healthy and resilient, and fulfil their potential for achieving the Sustainable Development Goals.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The meeting successfully introduced participants to foresight for urban health planning. It provided practical experience in application of a cohesive set of tools to improve population health in cities and implement the Regional Framework for Urban Health. It is anticipated that participants will apply the knowledge and experience gained from the workshop to their current roles as city and health leaders, and use foresight as a platform for engaging other sectors to respond to priority urban health opportunities.

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<td></td>
</tr>
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</table>

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to:

- use foresight tools in long-term city planning to create healthy and resilient cities;
- use foresight as a platform for multisectoral engagement in addressing priority urban health issues; and
- present on their experience of using foresight at the 8th Global Conference of the Alliance for Healthy Cities.

3.2.2 Recommendations for WHO

WHO is requested to:

- facilitate further training with city leaders on the foresight approach and foresight tools;
- consider training policy-makers and academics on foresight tools to enable local facilitation of future foresight workshops;
- work with the United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Development Programme (UNDP) and other agencies involved in futures thinking and foresight to support urban health planning;
- develop a publication of key foresight tools with examples of their application to a variety of urban health issues; and
- establish a Western Pacific Region network of foresight practitioners including academics and policy-makers.
### PROGRAMME OF ACTIVITIES

*How to use foresight tools to improve anticipation, planning and action for urban health?*

1 September 2016 (Thursday)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00-08:30</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>08:30-08:45</td>
<td>Opening remarks</td>
<td>Dr Hai-Rim Shin</td>
</tr>
<tr>
<td>08:45-09:00</td>
<td>Overview of workshop</td>
<td>Dr Tara Kessaram</td>
</tr>
<tr>
<td>09:00-09:30</td>
<td>Healthy Cities progress</td>
<td>Dr Hai-Rim Shin</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>Aspiration mapping and analysis</td>
<td>Dr Sally Fawkes</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Healthy break</td>
<td></td>
</tr>
<tr>
<td>10:30-11:15</td>
<td>Trend impact analysis: ELEVaTES-P</td>
<td>Dr Tara Kessaram</td>
</tr>
<tr>
<td>11:15-12:00</td>
<td>Cascade analysis/Futures wheel</td>
<td>Dr Sally Fawkes</td>
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<tr>
<td>12:00-13:00</td>
<td>Lunch</td>
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<tr>
<td>13:00-13:30</td>
<td>Presentation: Macao ProLEAD</td>
<td>Mr Lei Lai Fong/Mr Lam Keong</td>
</tr>
<tr>
<td>13:30-14:30</td>
<td>Rapid scenario development</td>
<td>Dr Sally Fawkes/Dr Tara Kessaram</td>
</tr>
<tr>
<td>14:30-15:30</td>
<td>Connecting the future to the present: Backcasting and other tools</td>
<td>Dr Sally Fawkes</td>
</tr>
<tr>
<td>15:30-15:45</td>
<td>Healthy break</td>
<td></td>
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<tr>
<td>15:45-16:15</td>
<td>City narratives of anticipation</td>
<td>Dr Sally Fawkes</td>
</tr>
<tr>
<td>16:15-16:45</td>
<td>Group presentations of &quot;city narratives of anticipation&quot;</td>
<td>Evaluation</td>
</tr>
<tr>
<td>16:45-17:00</td>
<td>Closing remarks</td>
<td>Dr Hai-Rim Shin</td>
</tr>
</tbody>
</table>
LIST OF PARTICIPANTS, TEMPORARY ADVISER AND SECRETARIAT

1. PARTICIPANTS

Ms CHAN Sokunthea, Director, Inter-Sectorial Division, Phnom Penh Capital, #69 Preah Monivong, Srah Chrok Commune, Daun Pen District, Phnom Penh, Cambodia, Tel. No.: +855 11 975033, Email: chansokunthea8@gmail.com

Dr Phonepaseuth OUNAPHOM, Director, Health Department, Vientiane Capital, Kouboulom Road, Sisaket Village, Chanthabouly District, Vientiane Capital, Lao People's Democratic Republic, Tel. No.: +856 21 217827; 020 55506352, Email: phonepaseuth14@gmail.com

Dr Khatthanaphone PHANDOUANGSY, Head, Health Promotion Division, National Tobacco Control Secretariat, Hygiene and Health Promotion Department, Ministry of Health, Simuang Road, Vientiane Capital, Lao People's Democratic Republic, Tel. No.: +856 21 214010, Fax No.: +856 21 214010, Email: tphandouangsy@yahoo.com

Dr CHAN Tan Mui, Head, Unit for Noncommunicable Disease Prevention and Health Promotion, Health Bureau Macao SAR, Macao, Tel. No.: +853 28533525, Email: tmchan@ssm.gov.mo

Mr LAM Keong, Superintendent, Public Relations Division, Public Security Police Force Headquarters, Praceta de 1 de Outubro, Macao, Tel. No.: +853 66699829, Fax No.: +853 87905459, Email: terrylam1104@gmail.com

Mr LEI Lai Fong, Technical Officer, Health Bureau, Alamde Dr. Carlas d’ Assumpção, nº 335-341, Ef. Hotline. 7 andar, Macao, Tel. No.: +853 85041498, Fax No.: +853 28533524, Email: razor@ssm.gov.mo

Dr Josephine J. VILLAFUERTE, City Social Welfare and Development Officer (City Government Department Head II), City Government of Davao, City Hall, Davao City, Philippines, Tel. No.: +63 82 2274749, Email: joyvil@yahoo.com

Mr TRAN Hoang Long, Planning Officer, Hue City Water Environment Improvement Project, 46 Tran Phu Street, Hue City, Viet Nam, Tel. No.: +84 0935 7599955, Email: thlong120784@gmail.com

Mr TRAN Song, Vice Chairman, City People’s Committee, 24 To Huu Street, Hue City, Viet Nam, Tel. No.: +84 0914 019955, Email: hoptacquethue@via.vn

2. OBSERVERS

Ms Rosemary Cosme CHAVEZ, Researcher, Healthy Cities Research Center, Yonsei Global Health Center, Yonsei University, Unit 415, Chang-jo Gwan, 1 Yonseidae-gil, Wonju City, Gangwon-do, 220-710, Republic of Korea, Email: rosemaryyij@gmail.com

Mr Seokjeon MOON, Researcher, Healthy Cities Research Center, Yonsei Global Health Center, Yonsei University, Unit 415, Chang-jo Gwan, 1 Yonseidae-gil, Wonju City, Gangwon-do, 220-710, Republic of Korea, Email: seokjoonmoon@naver.com
3. TEMPORARY ADVISER

Dr Sally FAWKES, Senior Lecturer, School of Public Health and Human Biosciences, La Trobe University, Bundoora, VIC 3086, Australia, Tel. No.: +61 3 94791135, Email: s.fawkes@latrobe.edu.au

4. SECRETARIAT

Dr Hai-Rim SHIN, Coordinator, Noncommunicable Diseases and Health Promotion, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific
United Nations Avenue, Ermita, Manila, Philippines, Tel. No.: +63 2 5289860, Fax No.: +63 2 5211036, Email: shinh@who.int

Dr Tara KESSARAM, Technical Officer, Noncommunicable Diseases and Health Promotion, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel. No.: +63 2 5289864,
Fax No.: +63 2 5211036, Email: kessaramt@who.int

Mr Jean-Michel PEDROSO, Assistant, Noncommunicable Diseases and Health Promotion, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel. No.: +63 2 5289887,
Fax No.: +63 2 5211036, Email: pedrosoj@who.int
EVALUATION

1. What was your **overall experience** of the foresight workshop? (Tick one)

   😊 😊 😐 😞 😞

2. What were your **expectations** of the workshop? (Tick all that apply)
   
   To learn how other cities have used a foresight approach
   
   To try using foresight tools
   
   To share my experience of using foresight tools
   
   To share my experiences of urban health planning with colleagues
   
   To network with colleagues from other cities
   
   Other: ________________________________

3. **How useful** were the workshop sessions for your work in urban health?

   Please score on a scale of 1 (not useful at all) to 5 (extremely useful).

<table>
<thead>
<tr>
<th>Session</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy cities progress</td>
<td></td>
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<tr>
<td>Healthy city visualization/ Identification of focusing issue for foresight work</td>
<td></td>
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<tr>
<td>Trend impact analysis: ELEVaTES-P</td>
<td></td>
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<tr>
<td>Group presentations of city narratives of anticipation</td>
<td></td>
</tr>
<tr>
<td>Whole package of foresight sessions</td>
<td></td>
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</tbody>
</table>
Annex 3

4. Do you want to gain more skills in using foresight tools?
   Yes
   No
   Unsure

5. Will you recommend your city uses foresight tools when you return to work?
   Comment:
   
   
   6. How can World Health Organization support you further with your work on urban health?

7. How could the workshop be improved?

THANK YOU!
Evaluation Results

Evaluation forms were distributed at the end of the workshop. Ten forms were returned out of a possible 11 total (participants and observers, combined).

Eight participants indicated an overall positive experience of the workshop (non-response = 2). The three most frequently cited expectations of the workshop were (1) to learn how other cities have used a foresight approach; (2) to try using foresight tools; and (3) to network with colleagues from other cities.

Participants were asked to assess the usefulness of each of the sessions for their work in urban health, using a score of 1 (not useful) to 5 (extremely useful). The average score for each session ranged from 4.4 (Cascade analysis/Futures wheel) to 4.8 (Trend impact analysis: ELEVaTES-P). The average score for the “whole package of foresight sessions” was 4.7, indicating a perceived high level of utility for participants’ work.

The evaluation revealed a high demand for further skills in foresight tools and the intention of all participants to recommend their city uses foresight. One response indicated the intention to integrate foresight into leadership and governance for the city.

Participants suggested several means by which WHO could provide further support for their work in urban health. These included further workshops, dissemination of materials and continued communication through email, and financial assistance.

To improve the workshop, participants recommended more interactive/dynamic content during presentations, and sharing of experiences from cities where the foresight tools have been used.