



CITY LEADERSHIP FOR HEALTH AND SUSTAINABLE DEVELOPMENT

Critical issues for successful
Healthy Cities projects

By
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Contents

Abstract

The booklet provides an overview of the content, principles, goals and critical factors for the success of Healthy Cities projects in the 21st century. The Healthy Cities movement was launched at the peak of the new public health movement in the 1980s. It was highly attractive to local political leaders; inspiring a wide range of new actors, it spread quickly, eventually becoming a thriving global movement that caught the imagination of thousands of city leaders and professionals concerned with urban health and sustainable development. Today, Healthy Cities is more relevant than ever. Most global public health, social and environmental challenges—as well as the implementation of new sustainable development goals for the planet—require local action and strong local leadership. This concise publication is aimed at decision-makers and professionals. It contains essential facts as well as advice on initiating, leading and implementing Healthy Cities projects.

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Introduction

Healthy Cities is a political, value-based project. It involves mobilising the power and influence of city governments to promote health and well-being. Effective local leadership on public health is crucial for achieving the maximum impact Healthy Cities can deliver. Healthy Cities acknowledges the power of local action.

This publication aims to provide a strategic overview of the main aspects of Healthy Cities in action; to describe key concepts and approaches which are essential to the project's success; to present and discuss ways of strengthening local leadership; and to highlight issues that are critical for successful Healthy Cities projects. This publication draws on the international experience of almost thirty years of Healthy Cities projects in Europe and beyond. It is written mainly for local politicians, decision-makers, professionals and activists, but also for officials and experts who work at the national level across government sectors.

Healthy Cities has great potential to make a true difference in peoples' lives. It offers the political legitimacy and know-how to apply modern ideas and concepts that address the determinants of health and equity. It is fully aligned with and mutually reinforces the local implementation of the UN's Sustainable Development Goals (SDGs) agenda, and it offers exciting possibilities to connect with the thriving global Healthy Cities movement.

It would be a lost opportunity to limit Healthy Cities to trivial activities and short-lived, low-impact initiatives.

The publication should be read in conjunction with technical and operational guidelines that have been developed in the region.

Agis D. Tsouros

Open Letter to Mayors and Governors

Dear Mayor, Dear Governor,

You have the power and the means to make a tremendous difference in the health and well-being of your people. Health also goes hand-in-hand with the social, economic and sustainable development of your city or province. Did you know that all sectors can contribute to the creation of health and equity if you make the right political choices?

You want your city or province to be smart, modern, open-minded, inclusive, healthy, active, prosperous, caring, green, clean, safe, attractive and sustainable. You want your city or province to be a place for all, where individuals, men and women, families and the entire population can have access to good living and working conditions, and to high quality services. You want all children to have a healthy start in their lives, regardless of their families' social status. You want communities to feel they are listened to and empowered. You want to be well-prepared to deal with public health emergencies, such as those relating to climate change. You want the neighbourhoods, streets and public spaces of your city or province to be child-friendly and older-people-friendly.

You now possess a unique opportunity to fulfil your aspirations using 21st century thinking and methodology. Healthy Cities—a value-based, political project that has become a global movement—can help you put health, equity and well-being at the heart of your policies and strategies. It offers you legitimacy as well as a framework and platform for working with different sectors and society as a whole on solutions that work. It also offers you the possibility to develop strategic synergies with the local implementation of the Sustainable Development Goals (SDGs) agenda, an imperative for national and local governments across the globe.

Your visionary local leadership is essential, as are your advocacy and diplomacy at national and international levels. Commitment to Healthy Cities should be wholehearted and comprehensive in order to fully benefit from its potential.

Let us welcome you as an active member of the cities of the world which are strongly committed to health, equity and well-being.



HEALTHY CITIES – THE VISION, VALUES AND GOALS OF A PROJECT THAT BECAME A GLOBAL MOVEMENT



Healthy Cities was launched with the aim of placing health high on the social and political agenda of cities by promoting health, equity and sustainable development through innovation and change. Its creation was based on the recognition of the importance of action at the local urban level, and on the key role of local governments.

'The Mayor of the city has much more power over his area than the Prime Minister has over the country; a city administration can much more easily instruct different sectors to work together in health; and ... community participation is not a theoretical issue; it is daily at the finger-tips of the whole city administration'. (Jo Asvall, Regional Director at the WHO Regional Office for Europe, who first launched Healthy Cities as a WHO project in 1988)²

Following a decade of questioning and re-thinking health and medicine, and setting the values and principles of a new public health era, the late 1970s and 1980s provided the political legitimacy and the strategic means to advance an agenda of health for all, based on powerful concepts and ideas and engaging a wide range of new actors. Most notably, the Alma-Ata Declaration³, the strategy Health for All⁴ and the Ottawa Charter for Health Promotion⁵ inspired new types

¹ Tsouros, A. D. (2015) Twenty-seven years of the WHO European Healthy Cities movement: A sustainable movement for change and innovation at the local level. *Health Promotion International*, 30 (S1): i3-i7

² Asvall, J.E. (1988). Copenhagen – a Healthy City, Opening Statement at a Meeting to celebrate Copenhagen joining the World Health Organization project, 14 June 1988 (unpublished original speech from Healthy Cities archives at WHO Regional Office for Europe)

³ http://www.who.int/publications/almaata_declaration_en.pdf

⁴ WHO Regional Office for Europe (1984). Health for All Targets. Copenhagen, WHO Regional Office for Europe

⁵ WHO (1986). Ottawa Charter for Health Promotion. First International Conference on Health Promotion, Ottawa, 17-21 (http://www.euro.who.int/__data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf?ua=1)

of leadership and partnerships for health that transcended traditional sectoral and professional boundaries.

The Healthy Cities project was created in 1988, as the WHO Regional Office's for Europe's strategic vehicle to bring Health for All (HFA) to the local level, and was the result of several initiatives and developments in the early 1980s both at the local level and at WHO^{6,7}. Healthy Cities quickly caught the imagination of European politicians, and soon one after another the WHO Regions launched their own WHO programmes. Since the 1970s, the importance of working at local and community levels was reflected in many WHO resolutions, but this understanding was not generally regarded as a green light for WHO to engage with local political leaders. Today, three decades later, engaging with local governments is accepted as a key element in the successful implementation of most global and regional public health strategies, while Healthy Cities is recognized as an important vehicle for mobilising local action and commitment⁸.

A Healthy City is not one that has achieved a particular health status. Rather, a Healthy City is conscious of health and striving to improve it. It continually creates and improves its physical and social environments and expands community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential.

Healthy Cities is often regarded as one of the health promotion-healthy settings projects, like healthy workplaces, health-promoting schools or health-promoting hospitals. However, Healthy Cities was launched first and foremost as a political, cross-cutting project with the aim of engaging local government and working directly with local leaders and stakeholders.

From its inception, Healthy Cities has been rooted in a firm set of values: namely the right to health and well-being; equity and social justice; gender equality; solidarity; social inclusion; and sustainable development. The Healthy Cities approach is based on the principles of intersectoral collaboration, community participation and empowerment.

These values and principles are more relevant than ever⁹, although over the years, their meaning, content and evidence base have evolved significantly. For instance, evidence for the underlying causes of health inequalities has vastly increased in the last 30 years. Similarly, terms such as 'intersectoral action for health' and 'community empowerment' have evolved conceptually in both scope and depth, although the goal of effectively reaching out to other sectors and engaging society remains as challenging as ever.

A Healthy City is described in terms of 11 qualities (Table 1):

The Eleven qualities of a healthy city¹⁰

1. A clean, safe, high-quality environment, including affordable housing;
2. A stable ecosystem;
3. A strong, mutually supportive, and non-exploitative community;
4. Substantial public participation in and control over decisions affecting life, health, and well-being;
5. The provision of basic needs (food, water, shelter, income, safety, and work) for all people;
6. Access to a wide range of experiences and resources with the possibility of multiple contacts, interactions, and communications;
7. A diverse, vital, and innovative economy;
8. Encouragement of connections with the past, with varied cultural and biological heritage, and with other groups and individuals;
9. A city form (design) that is compatible with and enhances the preceding characteristics;
10. An optimum level of appropriate public health and care services accessible to all; and
11. A high health status (both a high positive health status and low disease status)

⁶ WHO Regional Office for Europe (1991). WHO Healthy Cities project: A project becomes a movement: a review of progress 1987 to 1990. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0016/101446/WA_380.pdf?ua=1)

⁷ Tsouros, A. D. (2015) Twenty-seven years of the WHO European Healthy Cities movement: A sustainable movement for change and innovation at the local level. *Health Promotion International*, 30 (S1): i3-i7

⁸ WHO Regional Office for Europe (2013). Health 2020: the European policy for health and well-being. Copenhagen, WHO Regional Office for (<http://www.euro.who.int/health2020>)

⁹ Wilkinson RG, Pickett K. The spirit level: why more equal societies almost always do better. London: Penguin Books; 2010

¹⁰ WHO Regional Office for Europe (1991). WHO Healthy Cities project: A project becomes a movement



In translating the mission and qualities of Healthy Cities to a 21st century context, the main goals can be articulated as follows:

1. Promoting health and equity in all local policies and fully aligning with the Sustainable Development Goals (SDGs) agenda;
2. Addressing inequalities in health through a Social Determinants of Health (SDH) approach;
3. Creating environments that support healthy lifestyles, including active living;
4. Providing universal health coverage, and social services that are accessible and sensitive to the needs of all citizens;
5. Investing in health promotion and health literacy;
6. Investing in a healthy start in life for children, and providing support to disadvantaged groups such as migrants, the unemployed, and people living in poverty;
7. Strengthening disease prevention programmes, with special focus on obesity, smoking, unhealthy nutrition and physical inactivity;
8. Promoting healthy urban planning and design¹¹;
9. Investing in green, clean, child-friendly and elder-friendly city environments;
10. Supporting community empowerment, participation, and resilience, and promoting social inclusion and community-based initiatives; and
11. Strengthening the city's capacity to respond to public health emergencies.

These goals have been shaped by the most up-to-date knowledge about health and how it is created, and formulated to address the urban challenges that most significantly affect the health, wellbeing and living conditions of city residents.

Effectively addressing the public health challenges of the 21st century requires the full engagement of local governments.

To achieve these goals, Healthy Cities is active in six domains (Table 2) —from the political to the community level—that address the needs and expectations of all people, as well as their living and working conditions and services for care and support.

¹¹ Barton, H. et al (2017), Planning for health and wellbeing, Routledge

Table 2: Healthy Cities Action Domains		
Political and governance	Policies, regulations, planning processes and city development strategies	People and their needs; whole populations; different social groups; families; individuals
Community level	Services and Programmes	Social, built and physical environment

Healthy Cities can exert their influence on health and equity with a wide range of mechanisms and processes, including: **Regulation** (For example, cities are well-positioned to influence land use, building standards and water and sanitation systems, and to enact and enforce occupational health and safety regulations and restrictions on tobacco use); **Integration** (Local governments can develop and implement integrated policies and strategies for health promotion, social and sustainable development); **Intersectoral governance** (Cities' democratic mandates convey authority and the power to convene partnerships and encourage contributions from many sectors and stakeholders from the private and voluntary domains); **Community engagement** (Local governments have everyday contact with citizens and are closest to their concerns and priorities. They present unique opportunities for partnering with civic society and citizens' groups); **Equity focus** (Local governments can mobilize local resources and deploy them to create more opportunities for poor and vulnerable population groups, and to protect and promote the rights of all urban residents).

To maintain its relevance, Healthy Cities was designed as a dynamic and open framework that would continuously evolve and reinvent itself, integrating knowledge from practice and new evidence, as well as grounding itself in local concerns and perspectives. Moreover, Healthy Cities was created as a project to generate knowledge for all urban communities to learn from, not an esoteric movement to benefit only its member cities. Evaluation of Healthy Cities' activities is therefore an integral part of this project's approach.





WHAT APPROACHES HEALTHY CITIES NEED TO IMPLEMENT TO BE SUCCESSFUL

Healthy Cities has tremendous potential to make a difference in peoples' lives and well-being, because it is based on an action model that employs the best available scientific evidence and modern approaches to revolutionize the way cities understand and deal with health.

The use of traditional methods to address the complex urban health priorities of our era would have limited effect. Furthermore, it would be a waste of the prestigious Healthy Cities brand to exert energy on trivial or low-impact projects, or to spend a disproportionate amount of time organising health education events and celebrating the various world health days.

In other words, how you position Healthy Cities in your city or province really matters. What activities you put under its umbrella, the methods and approaches you use, and the way you balance various types of activities across the action domains of the Healthy Cities project.

This chapter briefly discusses the concepts and approaches that are most essential to implementing a comprehensive Healthy Cities programme. Chapter 1 outlined the key Healthy Cities goals, and becoming aligned with those goals is an important step in the right direction. However, ultimately what matters is not *what* priorities a city wishes to address, but *how* that city plans to address those priorities. This is where the value-based approaches of Healthy Cities come into play:

Healthy Cities recognize the importance of the right to health: The WHO Constitution stresses that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being'. Healthy Cities are conscious and committed to actions that promote the highest attainable level of health for all people, regardless of ethnicity, gender, age, social status or ability to pay. Upholding the values of Healthy Cities and applying a 'values-lens' when designing and introducing local policies will send a strong signal that a city truly cares for its residents and environment.

Healthy Cities focus on both health and well-being: One of the major obstacles to fully implementing the Healthy Cities approach has been the understanding of health. Some cities have joined the Healthy Cities movement assuming that this was a 'health sector' project, with limited awareness that health means more than the absence of disease, encompassing physical, social, and mental well-being; and with limited appreciation of the determinants of health. The explicit use of the term *well-being* is intrinsically attractive to a wide range of stakeholders, and legitimizes the use of subjective measures of perceived health and wellness.

Healthy Cities and the Ottawa Charter: Healthy Cities has always been a helpful framework for bringing the full health promotion agenda to the local level. The Ottawa Charter mottos—*Creating supportive environments for health for all* and *Making the healthy choices the easy choices*—perfectly capture the essence of the Healthy Cities approach, and are particularly appealing to politicians, professionals and the media. Investing in and supporting health-promoting settings in the city, such as schools, workplaces, hospitals, universities, neighbourhoods, and airports, can significantly increase a city's health capital. In fact, Healthy Cities truly thrive when they open up to and engage with community and professional groups in domains of everyday life, unleashing their creative energies.

The importance of understanding and addressing determinants of health and health inequalities^{12,13,14}: Traditional approaches to public health have by and large been based on addressing risk factors and individual behaviours, with little attention to or understanding of the context in which people live. Traditional public health interventions were mostly 'down-stream' (focusing on proximal causes) rather than addressing the root causes of ill-health and unhealthy behaviours. With health perceived as the almost exclusive domain of the health sector, patients and communities were disempowered by mostly authoritarian medical care models, and often blamed for having poor health. Statisticians and epidemiologists focused on death and disease, with limited attention paid to living conditions or to the unequal distribution of health amongst the population. For chronic diseases, this has meant focusing on lifestyle factors. The SDH approach emphasises that lifestyle causes of poor health reside in the social environment. Healthy Cities stresses the importance of considering the root causes of ill-health, health inequalities, unhealthy behaviours and exposure to various risks—and acting on these causes. This is what is commonly referred to as 'upstream' action approach (focusing on distal causes).

¹² Wilkinson, R and Marmot, M (2003). Social Determinants of health The Solid Facts, Second Edition. Copenhagen, WHO Regional Office for Europe. (<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2003/social-determinants-of-health.-the-solid-facts.-second-edition>)

¹³ WHO Regional Office for Europe (2014). Review of social determinants and the health divide in the WHO European Region. Final report. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf)

¹⁴ http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

Today, we have a better understanding of health determinants, meaning the factors that contribute to a person's health. The scientific community generally recognises five determinants of a population's health: Biological, behavioural, social environment, physical environment and health services. The social and physical environment and peoples' behaviours account for more than 65% of the

health of individuals, while health services account for less than 15%^{15,16}. Increasingly, we have come to appreciate the importance of a number of contextual factors—namely, the cultural, commercial and political determinants of health.

There exists a substantial body of scientific research on the social determinants of health; that is, the conditions in which people are born, live, work, and age that affect their health. These conditions are in turn influenced by structural drivers: distribution of money, power and resources, gender equity, and social frameworks and values, all of which are also influenced by policy choices¹⁷.

The social determinants of health affect factors related to health outcomes. These include: early childhood development, education, unemployment and job security, employment and working conditions, food security, addiction, access to health services, transportation, housing status, income and income distribution, gender, race, discrimination, social exclusion, and social support. The SDH approach provides a framework for establishing policies and programmes to reduce health inequalities.

Action recommendations to comprehensively address health inequalities can be structured around four themes: life-course stages, the wider society, the macro-level broader context, and systems. Figure 1 and Table 3 provide an overview of the four themes and the the main areas of intervention¹⁸.

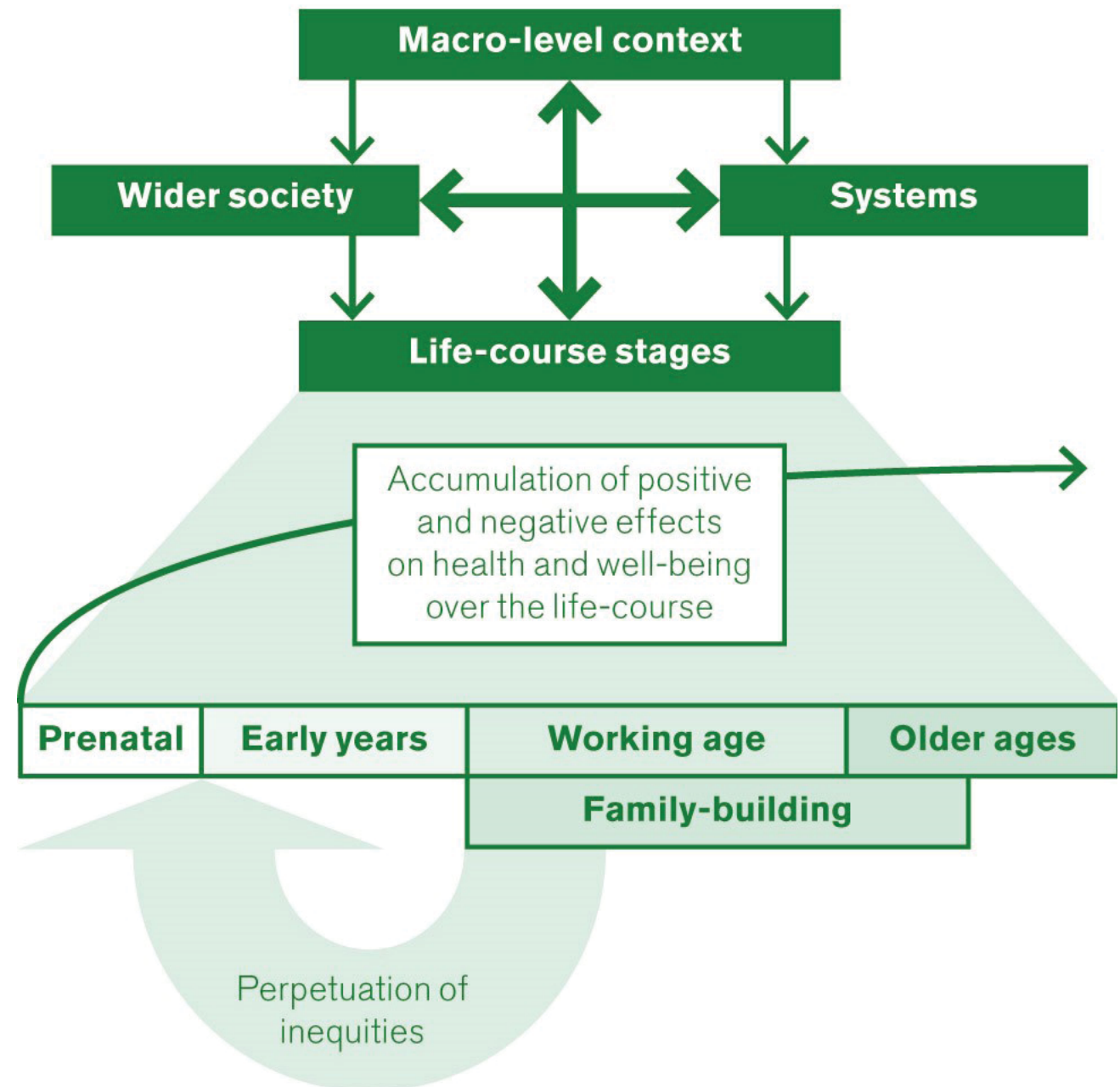
¹⁵ Tarlov, A.R., Public Policy Frameworks for Improving Population Health. Annals of the New York Academy of Sciences, 1999.

¹⁶ University of Wisconsin Public Health Institute (2010) <http://www.countyhealthrankings.org/ranking-methods>

¹⁷ Wilkinson, R and Marmot, M (2003). Social Determinants of Health: The Solid Facts, Second Edition. Copenhagen, WHO Regional Office for Europe. (<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2003/social-determinants-of-health.-the-solid-facts.-second-edition>)

¹⁸ WHO Regional Office for Europe (2014). Review of social determinants and the health divide in the WHO European Region. Final report. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf)

Figure 1: Broad themes



Source: “Review of social determinants and the health divide in the WHO European Region. Executive summary (2013)” http://www.euro.who.int/__data/assets/pdf_file/0007/215197/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-executive-summary-Eng-rev.pdf?ua=1.

Table 3: Priority areas of intervention

Life course	Wider society	Macro-level context	Systems
Childhood development Employment, working conditions and health inequities Older people	Social protection policies, income and health inequities Local communities Social exclusion, vulnerability and disadvantage	Social expenditure Sustainable development and health	Governance Priorities for public health, ill health prevention and treatment Measurement and targets

Central to the SDH approach¹⁹ is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives identified in the review of health in inequalities in England²⁰ and to the highest priority being given to the first objective:

1. Giving every child the best start in life
2. Enabling all children, young people and adults to maximize their capabilities and control over their lives
3. Creating fair employment and good work for all
4. Ensuring a healthy standard of living for all
5. Creating and developing sustainable places and communities
6. Strengthening the role and impact of ill-health prevention

Two concepts at the heart of the SDH approach to addressing inequalities are the social gradient and proportional universalism. The former refers to the progressively better health people enjoy the higher their socioeconomic condition/position is. The latter involves introduction of universal interventions, rather than confining policies to those targeting the poor. In this context, universalist policies reflect efforts that are proportional to need across the social gradient.

Healthy Cities and the urban environment: The specific urban context and its impact on health should not be overlooked^{21,22}. Urbanisation has benefited many local economies and businesses, with urban areas prospering more than their

¹⁹ <http://www.instituteofhealthequity.org/>

²⁰ Fair society, healthy lives: strategic review of health inequalities in England post-2010. London, Marmot Review Team, 2010 (www.instituteofhealthequity.org)

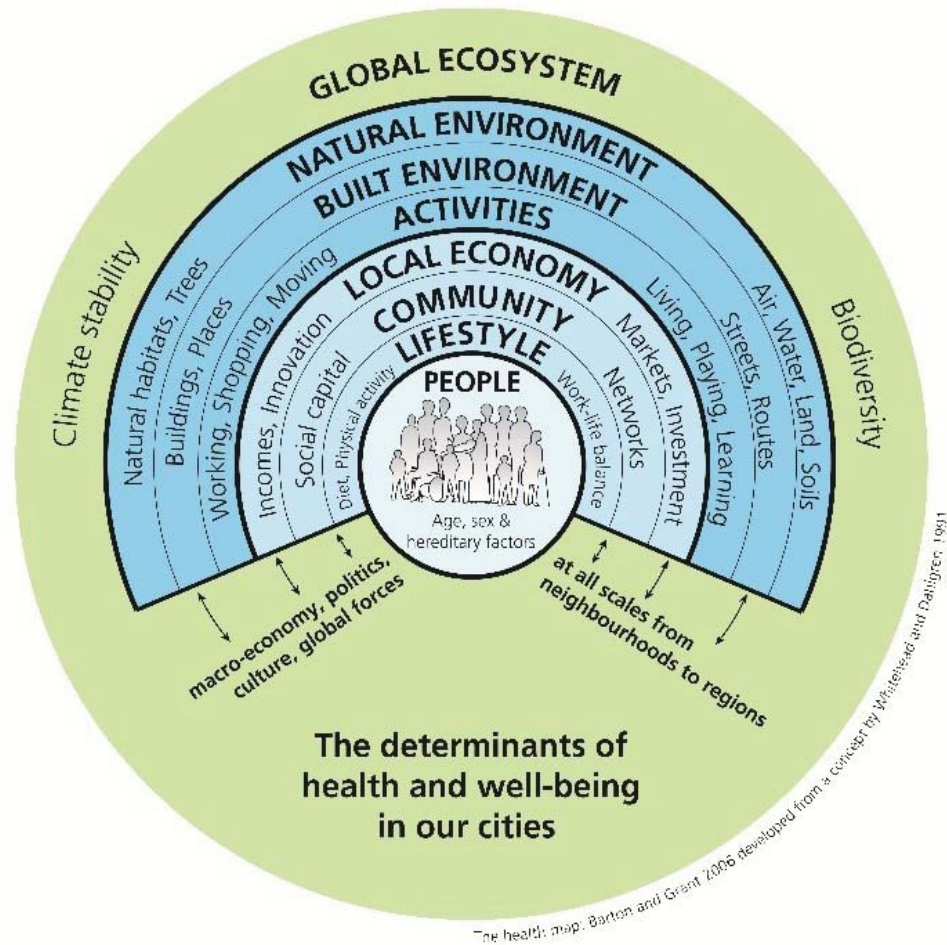
²¹ WHO Regional Office for Europe (2012). Addressing the social determinants of health: The urban dimension and the role of local government. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0005/166136/UrbanDimensions.pdf?ua=1)

²² WHO Regional Office for Europe (2012). Healthy cities tackle the social determinants of inequities in health: A framework for action. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0006/166137/Frameworkforaction.pdf?ua=1)

rural counter-parts due to economies of scale, pooling of talent and skills and availability of multiple services and technologies. However, in all countries, rich and poor, there exists an unequal social distribution of health both within countries (the urban-rural divide) and within cities (the social gradient). Although health is, on average, better in urban than in rural areas, this can mask urban disadvantage, where health can be as bad as or worse than in rural areas.

Many of the social determinants of health operate at the local and community level. In an urban context, the SDH to health development covers policies and interventions across several policy domains, including health, social services (Figure 2), the physical and built²³ environment, education, the economy, housing, security, employment, transport and sport.

Figure 2: The determinants of health and wellbeing in the urban context²⁴



²³ Barton, Hugh,(2016), City of Wellbeing – A radical guide to planning, Routledge,
²⁴ Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126 (6). pp. 252-253. ISSN 1466-4240 developed from the model by Dahlgren and Whitehead , 1991.

There is a reciprocal relationship between urban social conditions and the built environment. For example, urban planning can either contribute to or help mitigate climate change, depending upon how energy-efficient and carbon-intensive the city’s built forms and transportation systems are^{25,26}.

Healthy Cities and the Sustainable Development Goals (SDGs) agenda: The Healthy Cities²⁷ and SDGs agenda²⁸ go hand-in-hand, and they are mutually reinforcing. The eleven qualities of a Healthy City (Table 1) neatly match all 17 SDGs. The SDGs, which were adopted by the United Nations General Assembly in 2015, offer additional political legitimacy and momentum, which could help cities and countries overcome barriers to change and innovation, as well as improving health and well-being in the context of sustainable development on a global scale. Across the globe, their implementation over the next 15 years depends on action at all levels: international, national, regional and local.



Among the SDGs, health (Goal 3) is positioned as a major contributor to human development, significantly affecting the ability of policies in other sectors to

²⁵ Carter, J. et al (2015), Climate change and the city: Building capacity for urban adaptation, Progress in Planning, (95): 1-66. <http://www.sciencedirect.com/science/article/pii/S0305900614000397>
²⁶ LSE Cities: <https://lsecities.net/media/objects/events/interdisciplinary-action-for-urban-health>
²⁷ WHO, Healthy Cities and the SDGs (2016). <http://www.who.int/healthpromotion/conferences/9gchp/healthy-cities-sdgs/en/>
²⁸ United Nations (2015). Sustainable Development Goals, Sustainable Development Knowledge Platform. New York, United Nations. (<https://sustainabledevelopment.un.org/?menu=1300>)

succeed. Equally health is a beneficiary of those sectoral successes in implementing health policies, goals and activities. For example, Goal 11 (sustainable cities and communities) focuses on making cities and human settlements inclusive, safe, resilient and sustainable. The Healthy Cities approach views better housing and sanitation—reducing overcrowding and upgrading slums—as public health priorities. Substandard housing and sanitation increase the risk of tuberculosis (TB) and other airborne illnesses, allowing malaria, yellow fever and Zika to flourish, especially where there is stagnant water. Healthy cities also encourage better urban planning to prioritise increased access to safe transport systems, green and public spaces, and emergency responses to natural disasters, which together reduce road traffic deaths, improve air quality, promote physical activity and save lives from disasters.

Each country will develop its own policy for SDG implementation at the national and local level. The SDGs provide the means to integrate healthy and human development. In fact, because of their global political status, the SDGs provide an even more compelling imperative to action than does the science of health determinants. One vital dimension of SDG implementation is universal health coverage (UHC)²⁹, meaning access to quality essential healthcare services, medicines and vaccines for all, including financial risk protection.

The SDGs offer a global framework of political responsibility and accountability, providing powerful political support nationally and locally to those that argue for more inclusive and sustainable economic, social and environmental policies. Addressing the SDGs at the local level is a valuable exercise of scrutinizing and re-thinking and adapting local policies and strategies about development.

Health is explicitly relevant to several of the 17 SDGs (in particular, Goals 1, 2, 3, 4, 5, 6, 10, 11, 12, 13 and 16), and it is implicit in all of them.

The life-course approach³⁰: Supporting good health and its social determinants throughout the life course increases healthy life expectancy as well as enhanced well-being and enjoyment of life, all of which can yield important economic, societal and individual benefits. There is an accumulation of advantage and disadvantage across the life-stages. For example, the adoption of healthy habits or exposure

to positive socioeconomic circumstances in early years will have a positive impact on health in adulthood. Interventions to tackle health inequities and their social determinants can be implemented at any of the key life course stages: maternal and child health; children and adolescents; healthy adults; and healthy older people. This approach aims to increase the effectiveness of interventions throughout the life span. It focuses on a healthy start to life and targets the people's needs at critical periods throughout their lifetime. It also promotes timely investments with a high rate of return for public health and the economy by addressing the causes—not the consequences—of ill health. Public health actions across the life course help to foster healthy ageing. City health strategies and plans that apply the life-course concept are more easily integrated and accessible to multisectoral inputs.

Population-based approaches³¹: A population-based approach to health focuses on improving the health status of the overall population, and is commensurate with both the Healthy Cities and the SDH approach. Action is mainly directed at the health of an entire population, or sub-population group—e.g., city, province, or city district—rather than individuals. However, these two focuses are complementary and synergistic, especially at the primary health care level. Focusing on the health of populations also necessitates the reduction of health status inequalities between population groups. A population-based approach considers the determinants of health and emphasises all levels of disease prevention, with special emphasis on primary prevention.

Healthy Cities promotes health literacy³²: Health literacy surpasses the narrow concept of health education. It is influenced by the socio-cultural context within which people live, and applies to individuals, communities and institutions. A Healthy City provides individuals and communities with skills and knowledge for healthy living and the ability to navigate health, education and social services and resources across the city and in different settings in the pursuit of good health. Health literacy is critical to empowerment and contributes to the resilience of communities. It also influences the way organisations communicate and interact with people. Health literacy addresses the social, environmental and political factors that determine health.

²⁹ WHO, Health 2020, A European policy framework supporting action across government and society for health and wellbeing, Copenhagen, 2013. http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf?ua=1

³² Kickbusch, I, Pelican, J, Apfel, F and Tsouros, A.D. (2013). Health Literacy- The Solid Facts. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf?ua=1)

²⁹ Universal (health) coverage UHC World Health Organisation Geneva 2015 http://www.who.int/health_financing/universal_coverage_definition/en/

³⁰ WHO, The life-course website. <http://www.euro.who.int/en/health-topics/Life-stages>

Healthy Cities promotes community resilience^{33,34,35}: Community resilience is defined as a community's sustained ability to respond to, withstand, and recover from crises or hardship (e.g. economic collapse or natural disasters). Resilient communities are able to minimise disaster, making the return to normal life as smooth as possible. Resilience can also be described as the ability to anticipate risk, limit impact, and bounce back rapidly through survival, adaptability, evolution, and growth in the face of turbulent change. Resilient communities can minimise disruption to everyday life and local economies in the face of disaster. Healthy Cities create strong and resilient communities by investing in social networking, social support, community development, skills and competencies development, and social cohesion and connection, minimising vulnerabilities and strengthening the community's social capital. The WHO Healthy Cities and Communities movement generates considerable experience on how to build resilience, particularly by involving local people and taking community ownership of health issues.

Healthy Cities and City Health Diplomacy: To safeguard and promote health, local leaders must build partnerships and alliances at all levels of government; increasingly, this means being internationally active and influential. City health diplomacy can complement global health diplomacy³⁶ in processes and fora that shape and manage the global policy environment for health. Health is now a firm part of the global agenda, and public health challenges—such as non-communicable disease epidemics, the effects of climate change, migration, food security, and others—require both global action and local responses. The value and potential of city diplomacy has been long recognised,³⁷ and is often related to the activities of city network s covering a wide range of thematic areas³⁸ such as climate change, environment, culture and health. Additionally, most cities invest in international relations with a wide range of external entities such as international organizations.

City health diplomacy can be exercised through participation in international networks, formal global or regional fora, and multi-lateral city collaborations; but also via platforms (both formal and informal) within the UN-agencies system and other international bodies concerned with urban development. The great challenge for local leaders today is to strengthen their diplomatic skills, including strategic thinking about when, where and how to be active and vocal, and formulating a coherent approach to issues the city encounters as it interacts with the wider world.

Mayors are emerging as powerful and influential agents for change, locally, nationally and internationally

Health is a powerful theme for diplomacy which allows city leaders to argue convincingly for peace, equity, solidarity, tolerance, sustainability and human rights. Finally, city health diplomacy can operate effectively within the local municipal administration, bridging the gulf between its political and executive organs³⁹.

³⁹ Kickbusch, I and Kokeny, M (eds) (2017). Health Diplomacy – European Perspectives. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0009/347688/Health_Diplomacy_European_Perspectives.pdf?ua=1)

³³ IFRC, IFRC Framework for Community Resilience, (2014), Geneva, <http://www.ifrc.org/Global/Documents/Secretariat/201501/1284000-Framework%20for%20Community%20Resilience-EN-LR.pdf>

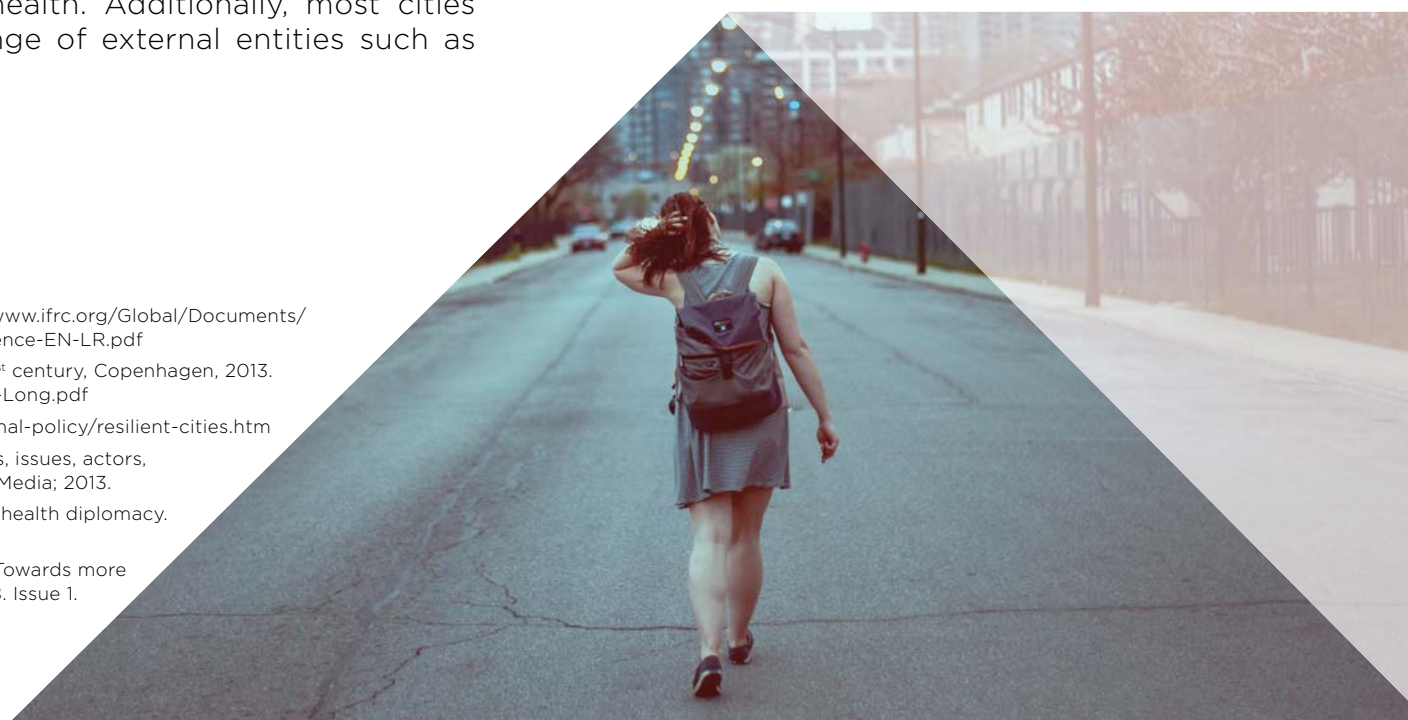
³⁴ WHO, Health 2020- A European policy framework and strategy for the 21st century, Copenhagen, 2013. http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf

³⁵ OECD website on Resilient Cities: <http://www.oecd.org/governance/regional-policy/resilient-cities.htm>

³⁶ Kickbusch I, Lister G, Told M, Drager N. Global health diplomacy. Concepts, issues, actors, instruments, fora and cases. New York (NY): Springer Science & Business Media; 2013.

³⁷ Acuto M, Morissette M. Connecting WHO Healthy Cities: A primer for city health diplomacy. Kuopio: City Leadership Initiative; 2015

³⁸ Michele Acuto, Mika Morissette and Agis Tsouros (2017), City diplomacy: Towards more strategic networking? Learning with WHO Healthy Cities, Global Volume 8. Issue 1.





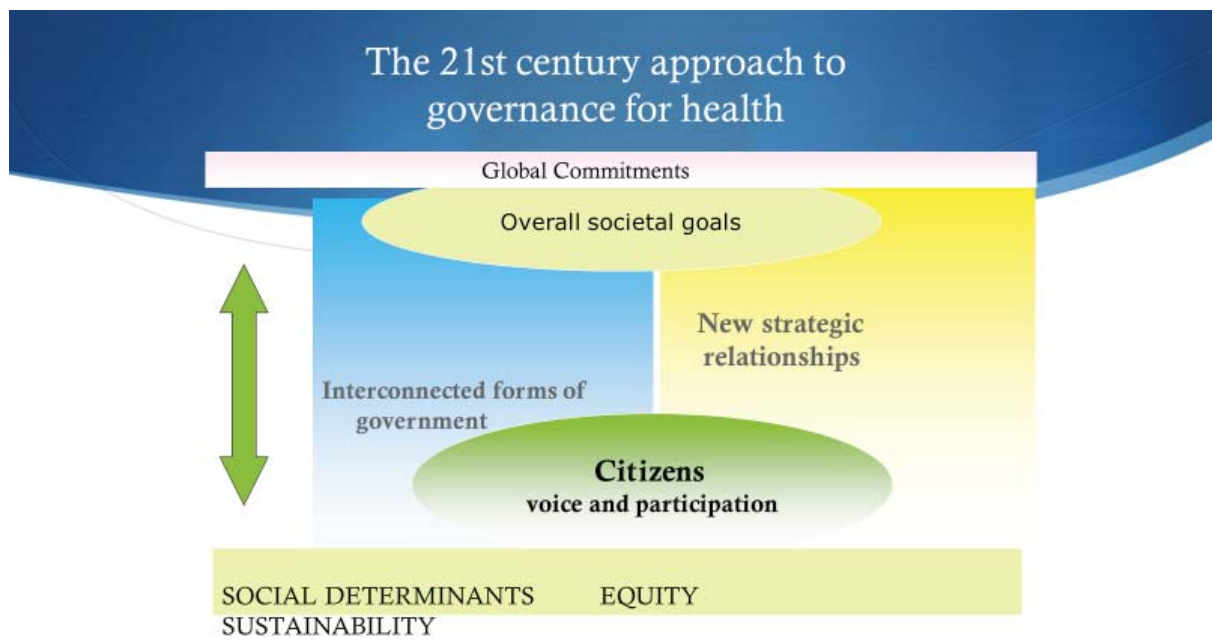
WORKING ACROSS SECTORS: HEALTH IN ALL POLICIES, WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACHES

An intersectoral and multisectoral approach to health development has been one of the cornerstones of the Health for All and Healthy Cities movements. In the 21st century, Healthy Cities should be viewed as a whole-local government project. Local governments are ideally positioned to enable and promote partnership-based policies and programmes for health, equity and sustainable development.

A continuum of complementary terms may be used to denote such partnerships (bi-lateral or multi-lateral, formal or informal) for health and wellbeing, involving different sectors and wider society. These terms include: intersectoral and multisectoral collaboration; healthy public policies; health in all policies; and whole-of-government and whole-of-society approaches.

The term 'governance for health' (as opposed to health governance, which is limited to the health sector), refers to the attempts of governments or other actors to steer communities, countries or groups of countries in the pursuit of health and wellbeing (Figure 3 and 4).

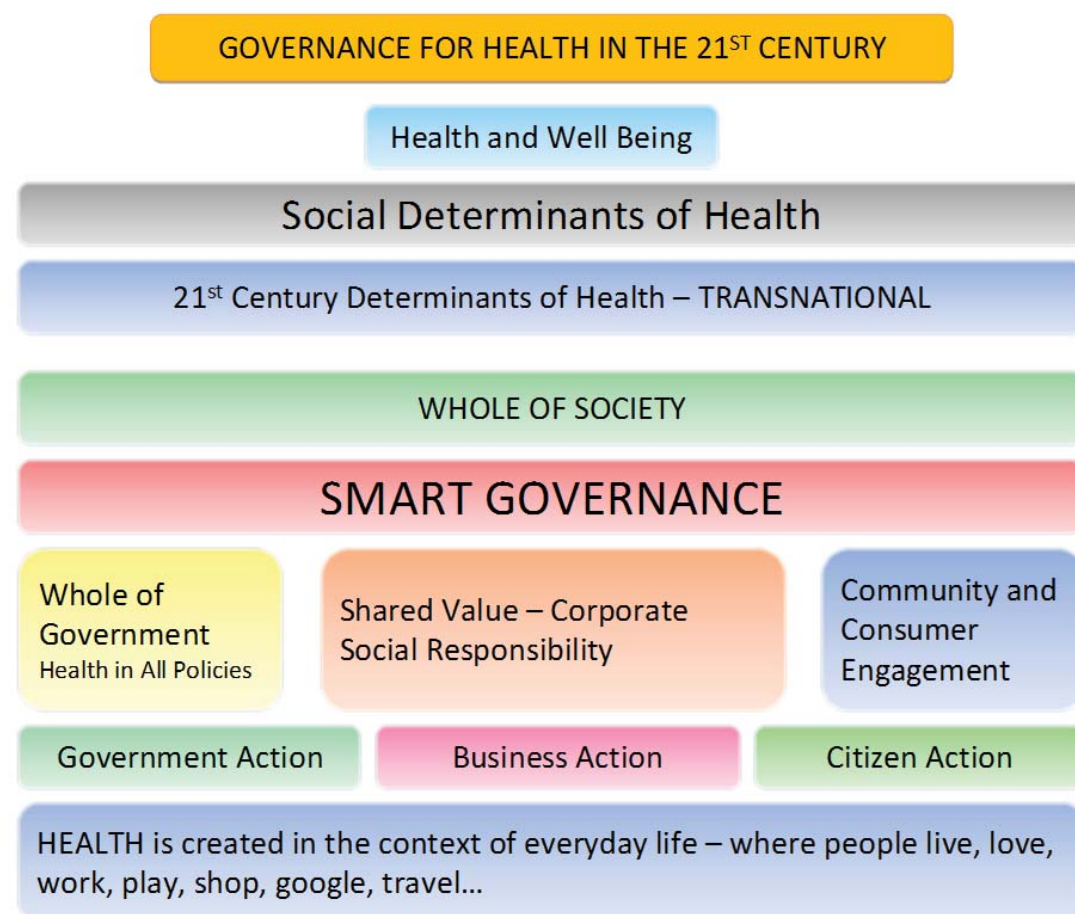
Figure 3: Governance for Health (I)



Source: Personal communication with Ilona Kickbusch

⁴⁰ Kickbusch, I and Gleicher, D (2014). Governance for Health in the 21st century. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf?ua=1)

Figure 4: Governance for Health (II)



Source: Personal communication with Ilona Kickbusch

The implementation of a fully-fledged Healthy Cities agenda requires a combination of participative governance for health approaches that involve different sectors and partners. 'Smart governance for health' is a term used to signify that in addressing complex issues in the pursuit of health for all, cities must employ a variety of governance approaches by collaboration, civic engagement, formal and informal acts, and using a variety of hard and soft instruments.

These key governance approaches are briefly described below:

- **Health in All Policies** is an approach⁴¹ to public policy across sectors that systematically accounts for the health implications of decisions; seeks synergies; and avoids harmful health impacts in order to improve population health, reduce risk and improve health equity. It improves the accountability of policy-makers for health impacts at all levels of policy-making. It also emphasises the consequences of public policies on health systems, determinants of health and well-being.
- **Whole-of-government activities**^{42,43} are multilevel (from local to global) government actions, increasingly involving groups outside government. This approach requires building trust, common ethics, a cohesive culture and developing new skills. It stresses the need for better coordination and integration of policies and strategies, centred on the overall societal goals for which the government stands. This approach requires addressing complex public health issues through up-stream action. In practice, a whole-of-local government approach means that the government of the city or province works in a joined-up way to achieve shared goals through an integrated response to specific issues; for example, giving all children a healthy start in life, or addressing climate change. It is essential for the success of this approach to ensure policy coherence and clear lines of shared accountability.
- **A Whole-of-society approach to health** extends beyond institutions, acknowledging the contributions of all relevant stakeholders, including individuals, families and communities; intergovernmental organisations and religious institutions; civil society; academia; the media; voluntary associations, and, as appropriate, the private sector and industry, in support of health development. Whole-of-society approaches are a form of collaborative governance that can complement public policy.

⁴¹ WHO, Health in All Policies training manual, Geneva 2015. http://apps.who.int/iris/bitstream/10665/151788/1/9789241507981_eng.pdf?ua=1&ua=1

⁴² Kickbusch, I and Gleicher, D (2014). Governance for Health in the 21st century. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf?ua=1)

⁴³ WHO Regional Office for Europe (2013). Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen, WHO Regional Office for (http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf)

⁴⁴ WHO, Health 2020: education and early development (2015). http://www.euro.who.int/__data/assets/pdf_file/0003/324615/Health-2020-Education-and-health-through-early-development-en.pdf?ua=1

⁴⁵ WHO, Health 2020: education and health through the life-course (2015). http://www.euro.who.int/__data/assets/pdf_file/0007/324619/Health-2020-Education-and-health-through-the-life-course-en.pdf?ua=1

⁴⁶ WHO, Health 2020: Social protection and health (2015). http://www.euro.who.int/__data/assets/pdf_file/0019/324631/Health-2020-Social-protection-and-health-en.pdf?ua=1

By engaging civil society, communities, individuals and the private sector, the whole-of-society approach can strengthen resilience and increase the social capital of communities. The approach emphasises coordination through normative values and trust-building among a wide variety of actors. The whole-of-society approach also mobilises assets that can support positive health and well-being within communities, such as relevant skills, knowledge, social competence, social networks, intergenerational solidarity, formal and informal voluntary organisations, and mutual and aid networks.

All three approaches position the production and protection of health high on local government agendas. They promote policy coherence and synergy, accountability for health, coordination, trust-building and partnerships with a wide range of public, private and civic actors.

The various approaches of modern governance for health at the local level can be effectively employed to address and resolve complex urban health issues—for example, childhood obesity; increasing physical activity; or addressing climate change. These approaches offer the legitimacy and the means to prioritise common, whole-of-local government goals for health and sustainable development that would necessitate the contribution of multiple sectors.

Engaging with different sectors requires knowledge and diplomacy. Scientific evidence can be difficult to understand and even more difficult to communicate to decision-makers and non-academics. Developing a common understanding of other sectors' goals and values is essential. For this purpose, WHO in the European Region developed a series of briefs aimed to facilitate working between the health sector and other sectors. These concise and evidence-based briefs cover the following areas: education and early development⁴⁴; education and health through the life-course⁴⁵; social protection and health⁴⁶; agriculture and health through food safety and nutrition⁴⁷; foreign policy and health⁴⁸; social protection, housing and health⁴⁹; multisectoral action for the health of migrants⁵⁰; and transport and health⁵¹.

Reaching out to other sectors – making a case for health
'What can you do for health and what can health do for you'.

⁴⁸ WHO, Health 2020: Foreign policy and health (2015). http://www.euro.who.int/__data/assets/pdf_file/0020/324623/Health-2020-Foreign-policy-and-health-en.pdf?ua=1

⁴⁹ WHO, Health 2020: Social protection, housing and health (2015). http://www.euro.who.int/__data/assets/pdf_file/0005/324635/Health-2020-Social-protection,-housing-and-health-en.pdf?ua=1

⁵⁰ WHO, Health 2020: Multisectoral action for the health of migrants (2016). http://www.euro.who.int/__data/assets/pdf_file/0006/324627/Health-2020-Multisectoral-action-for-the-health-of-migrants-en.pdf?ua=1

⁵¹ WHO, Health 2020: Transport and health (2015). http://www.euro.who.int/__data/assets/pdf_file/0020/324641/Health-2020-Transport-and-health-en.pdf?ua=1

To be sustainable, mechanisms and processes for successful participative governance for health and well-being should facilitate policy dialogue, strategic and integrated planning and the development of common goals with clear leadership and transparency. Establishing a high-level intersectoral committee for health development in cities is relative easy but keeping it 'alive' can be a challenge over the longer term without careful planning. The leadership of a city's mayor or province governor is key. High-level steering and coordination committees can be supported by technical committees. The development and regular updating of a city's health profile can offer significant opportunities to engaging and collaborate with numerous stakeholders, including academic institutions and the media.

The Healthy Cities, SDH and SDGs agendas make an excellent case for breaking the silo mentality when working in cities. Virtually all important issues that Healthy Cities need to address, and the approaches that they need to apply, require the use of health in all policies; and whole-of-government and whole-of-society approaches.

Whole-of-society approaches should be based on an appreciation of community diversity, investing time and energy in listening to and engaging civic society. Healthy Cities has considerable power to create platforms for dialogue, debate, education, and creative and innovative thinking. Healthy Cities encourages both formal and informal networking.





POLITICAL LEADERSHIP: THE ROLE OF LOCAL GOVERNMENTS IN BUILDING CONSENSUS AND STRENGTHENING COMMITMENT TO HEALTH AND WELL-BEING

Leadership for health and health equity takes many forms and involves many actors; for example, international organisations setting standards, heads of national or sub-national governments prioritising health and well-being, health ministers reaching out to ministers in other sectors, parliamentarians expressing an interest in health, business leaders integrating health considerations in their business models, civil society organisations becoming increasingly active in disease management and health development, academic institutions providing evidence for the determinants of health and interventions that work, and local authorities taking on the challenge of universal healthy in all policies⁵².

In future, much of leaders' authority will reside not only in their position within government, but also in their ability to convince others that health and well-being are relevant in all sectors. Leadership will be not only individual but also institutional, collective, community-centred and collaborative, and will require an entirely new set of skills. Many challenges to global health (such as the NCD epidemic), are increasingly been addressed by different groups of stakeholders at the global, regional, national, and local levels⁵³.

Citizens' health and happiness depends to a great extent on politicians' willingness to prioritise choices that address equity and the determinants of health. Ultimately, health is a political choice that should match city leaders' aspirations for protecting and constantly improving the health and well-being of all citizens. This means creating supportive social and physical environments that enable all people to reach their maximum potential for health and well being.

Health must be high on the agenda as an explicit political choice.

It is thus important for city leaders to visualise the type of society they wish to create and to clearly identify the values that will underpin those visions. Today, municipalities world-wide are evolving as key drivers of health, equity and sustainable development, providing leadership and innovation, and often inspiring and leveraging action nationally and internationally.

Local involvement with Healthy Cities must be based from the start on first, the understanding that the meaning of health surpasses the absence of disease, encompassing physical, social, and mental well-being; second, on an informed

⁵² Kickbusch, I and Gleicher, D (2014). Governance for Health in the 21st century. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf?ua=1)

⁵³ Kickbusch, I and Thorsten, B (2014). Implementing a Health 2020 vision: governance for health in the 21st century. Making it happen. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf?ua=1)

appreciation of the nature and influence of the environmental, biological, social, and political determinants of health; and third, on constantly making the case that health is vital to individuals and the whole of society, is a prerequisite for sustainable individual, social, and economic development.

The integrated and comprehensive nature of Healthy Cities and the SDG agendas means that implementation requires complex choices at political, strategic and organisational levels. Achieving health and welfare gains will require high-level and extended political commitment, consensus and capacity. Prioritising health must be an explicit political choice. Multi-sectoral governance is essential for policy coherence, synergy and coordination across different sectors, and provides a basis for accountability and transparency.

In the complex political world, comprised of multiple tiers and numerous sectors of public and stakeholders, local governments have both the power and the mandate to influence the determinants and inequities of health and well-being. They are well positioned to exert that influence through policy development, integrated strategies and plans, national-local collaborations, and partnership-building across society as well as advocacy and mediation at all levels.

Cities can accomplish their considerable influence on several domains⁵⁴ through various policies and interventions, including those addressing social exclusion and support, healthy and active living⁵⁵ (such as bicycle lanes and smoke-free public areas), safety and environmental issues for children and older people, working conditions, preparedness to deal with the consequences of climate change, exposure to hazards and nuisances, healthy urban planning and design (neighbourhood planning⁵⁶, removal of architectural barriers, accessibility and proximity of services), and participatory and inclusive processes for citizens.

Local leaders acting beyond their formal powers have the potential to make a difference to the health and well-being of local communities by harnessing the combined efforts of a multitude of actors⁵⁷.

In summary, in the 21st century, local leadership for health and sustainable development means: having a vision and a good understanding of the importance of health in sustainable social and economic development; advocating and actively

implementing an agenda to address health inequalities and foster sustainable development; possessing the commitment and conviction to forge new partnerships and alliances; promoting accountability for health and sustainability by statutory and non-statutory local actors; aligning local action with national policy; anticipating and planning for change; and ultimately acting as a guardian, facilitator, catalyst, advocate and defender of the right to maximum health for all residents.

Effective leadership for health and well-being also requires a strategic approach, supportive institutional arrangements, open platforms for dialogue across society, and alignment and connection with other local, regional and national actors who are working in complementary areas, such as community development, urban regeneration plans, transport and ecological projects, and policy for social support, culture and education.

Political leaders should strive to create 21st century Healthy Cities—that is, cities for all their citizens—by:

- Developing a local Healthy Cities agenda that is explicitly value-based and committed to health and equity in all local policy;
- Integrating evidence-based approaches and interventions for health promotion into their plans;
- Ensuring that their policies and plans are comprehensive, systematic and strategic, aiming to delivering the best outcomes and maximum impact;
- Integrating health and sustainable development considerations in the way their municipalities plan, design, maintain, improve and manage the built environment, infrastructure and services; and by creatively utilising new technologies;
- Valuing social diversity and investing in building trust and cohesion amongst community groups;
- Employing whole-of-local-government, whole-of-society, and health-in-all approaches in their efforts to reach out to and engage with different partners (public and corporate) and civil society;
- Focusing on engaging with other sectors on ‘what they can do for health and what health can do for them’; identifying and mutually beneficial outcomes;
- Promoting policy coherence, synergy and better coordination as well as systems enabling joint planning and accountability for health and equity;
- Investing in creating adequate capacity for steering, managing, and implementing Healthy Cities initiatives and programmes;

⁵⁴ De Leeuw, E. Tsouros, A.D. Dyakova, M. and Green, G (2014). Promoting health and equity – evidence for local policy and practice. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0007/262492/Healthy-Cities-promoting-health-and-equity.pdf)

⁵⁵ Edwards, P and Tsouros A.D (2008). A healthy city is an active city: a physical activity planning guide. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0012/99975/E91883.pdf?ua=1)

⁵⁶ Barton, H and Tsourou, C (2000). Healthy Urban Planning – A WHO guide to planning for people. London and New York, Spon Press. (<https://www.routledge.com/Healthy-Urban-Planning/Barton-Tsourou/p/book/9780415243278>)

⁵⁷ Kickbusch, I and Gleicher, D (2014). Governance for Health in the 21st century. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf?ua=1)

- Establishing the necessary resources and mechanisms to systematically assess and monitor conditions that affect health in cities;
- Regularly publishing a city health profile as a basis for identifying priorities and accountability for health in cities;
- Increasing city-wide policies, programmes and services for disease prevention and health promotion;
- Creating social and physical environments that are conducive to health and well-being, as well as increasing health literacy;
- Promoting awareness about individual responsibility and social responsibility for health through an SDH and equity perspective;
- Developing strategies and plans that are framed on population-based and life-course approaches;
- Developing an intersectoral, integrated strategic framework and plan for health development in cities, with commonly agreed shared goals;
- Ensuring that local Healthy Cities plans and activities are aligned and connected with cities' main city community, social, economic and sustainable development strategies.
- Developing local and national platforms, networks and fora that promote social dialogue and broad civic engagement.

Formulating modern city visions for health and sustainable development politicians may use mottos that catch the imagination of citizens and the media. Here are some examples:

- *Working together for the health of our city*
- *Healthy Cities are Cities for All*
- *Healthy Cities are smart, creative, caring, inclusive, sustainable, equitable and health-literate*
- *Healthy Cities striving to become active and smoke-free*
- *Healthy Cities striving to be green, clean, safe, attractive and sustainable*
- *Healthy Cities focused on empowering people and communities with knowledge and skills for health and wellbeing*
- *Healthy Cities are cities for children and young people*
- *Healthy Cities are open cities*





SETTING UP HEALTHY CITIES PROJECTS: MANAGING CHANGE AND PROMOTING INNOVATION

To be successful, Healthy Cities projects require political support, strategic thinking, and the managerial means and resources to deliver results. Table 4 identifies four prerequisites for sustainable and successful Healthy Cities projects⁵⁸.

A. Explicit political commitment and partnership agreements at the highest level in the city making health, equity and sustainable development core values in the city’s vision and strategies	C. Promoting health in all policies, setting common goals and priorities, and developing a strategy or plan for health, equity and wellbeing in the city. Systematically monitoring the health of the population and the determinants of health in the city
B. Organisational structures and processes to manage, coordinate and support change and facilitate national-local cooperation, local partnerships and action across sectors, along with active citizen participation and community empowerment	D. Formal and informal networking and platforms for dialogue and cooperation with different partners from the public, private, voluntary and community domains.

- A.** Strong political commitment to the values and goals of Healthy Cities must be demonstrable and convincing. A statement or declaration by the Mayor or Governor is very important. This should be supplemented by a supportive City Council resolution; ideally, by a consensus statement from across the political spectrum; and by partnership intent statements from public, private and voluntary stakeholders in the city. All of these factors can make a substantial difference in the long-term sustainability of the Healthy Cities project in a city or province. A city vision/mission statement which explicitly integrates the Healthy Cities values can be a source of inspiration and strong legitimacy for innovative action to create healthy, inclusive and sustainable cities.
- B.** The introduction of institutional and managerial mechanisms and structures to support the project is essential for its viability and sustainability. Moreover, Healthy Cities must have the authority and ability to manage change, including the necessary expertise, skills and staff seniority as well as resources, mechanisms and processes to work with different political sectors and civil society. The location of the Healthy Cities project office within the city administration is

⁵⁸ Tsouros, A.D. (2015). Twenty-seven years of the WHO European Healthy Cities movement: a sustainable movement for change and innovation at the local level. *Health Promotion International* Vol.30, No S1 i3-i7

critical, ideally within the organisational structure of the mayor's or governor's office. A Healthy Cities project cannot reach its potential if it is reduced to a technical project far from the policy and strategy locus of the city. The Healthy Cities project office is expected to fulfil five main types of functions:

1. Advocacy, mediation, communication, coordination, and advising;
2. Engagement in policy and strategic planning processes;
3. Project management and intersectoral cooperation and dialogue;
4. Community development and relations; and
5. Collaboration with national counterparts and partners in local, national or international agencies, networks or institutions.

The role of the coordinator is therefore multi-faceted, and key to the project's success. His or her main tasks include advocacy, partnership and alliance-building with different sectors and stakeholders, managing the project office, media work, supporting health policy and health development planning processes, and working closely with the city or province leadership. The coordinator must have communication and diplomacy skills as well strategic thinking and strong understanding of Healthy Cities knowledge and methodology. He or she should have sufficient seniority to effectively fulfil his or her role. Being a medical doctor or a health professional is not a must. In the 30-year history of the Healthy Cities movement, successful coordinators and champions of the project have come from diverse backgrounds, including medicine, urban planning, architecture, health promotion and the social sciences.

Inter-sectoral and collaborative work must be supported by appropriate mechanisms and processes. As a political project, Healthy Cities must be steered by the mayor or governor, along with senior officials from a wide spectrum of sectors. The involvement of NGOs, academic institutions and other agencies can further strengthen the strategic and operational scope of the project. The mayor, governor, or other politician should have overall responsibility of the project. In many countries, Healthy Cities is directly supported by the ministry of health and other ministries. National-local cooperation greatly enhances the delivery potential of Healthy Cities projects.

Finally, Healthy Cities should also facilitate and support the development of mechanisms and initiatives that empower and involve citizens and communities. Healthy Cities projects can truly energise communities by supporting grassroots initiatives, listening and responding to local concerns, and by offering opportunities to community members to participate in city decision-making fora.

- C. From the start, Healthy Cities must clearly determine their goals and the timeframe within which they wish to achieve them. A city health profile is essential for prioritising, monitoring and being accountable for health in the city or province. City health profiles should be produced regularly (e.g., every two years) and provide information on the health of the population—including health inequalities—as well as information on living and working conditions and lifestyles.

City visions, mission statements, and development strategies that include health and well-being can make a significant difference in the outcomes of Healthy Cities projects. There are various approaches to city strategic and health development planning: for example, cities can choose a single strategy and plan, or several thematic ones. Setting targets is highly recommended. In addressing equity⁵⁹, cities should find the WHO Urban Heart tool very helpful. Cities can also initiate reviews of local social determinants and health inequalities with the help of neighbouring academic institutions.

Finally, Healthy Cities are strongly encouraged to monitor local health conditions by using and adapting published Healthy Cities indicators, or developing their own.

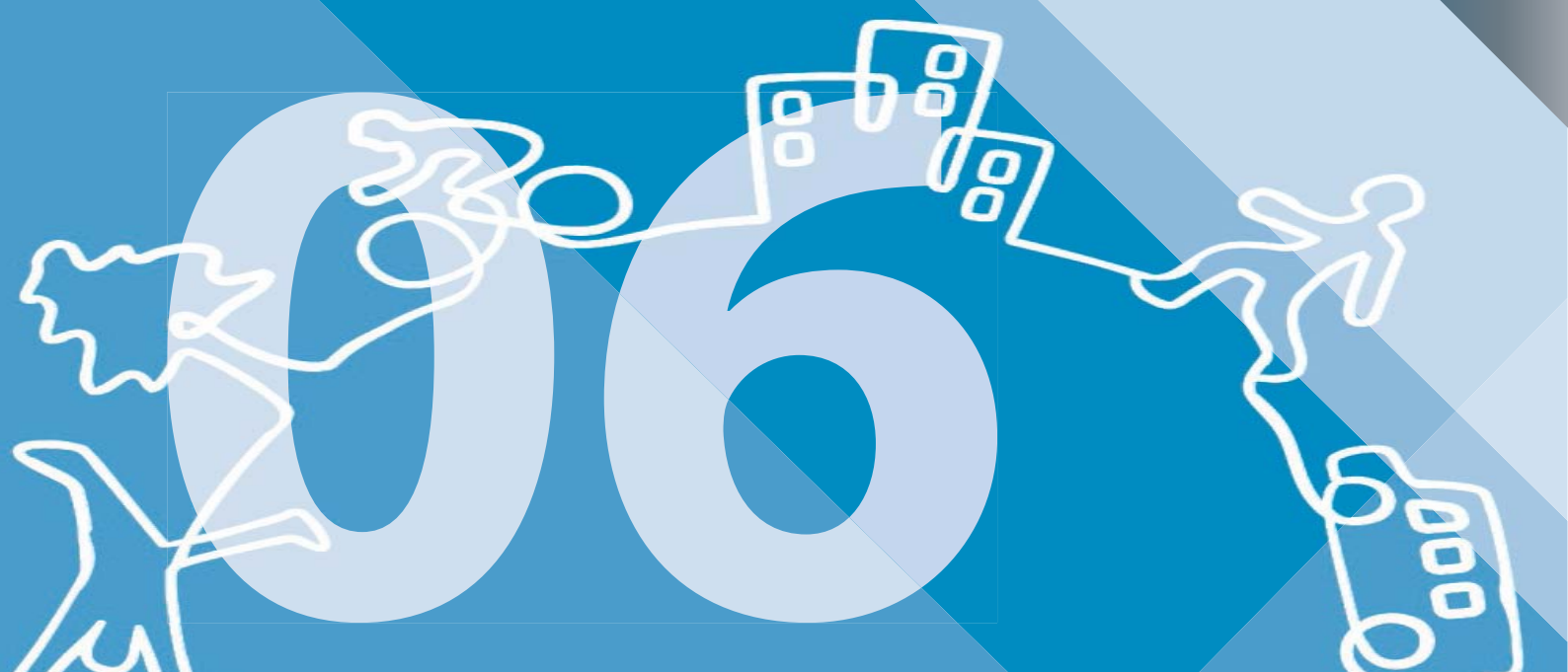
- D. Formal and informal networking provides Healthy Cities with unique opportunities to nurture links with a wide range of stakeholders. The Healthy Cities program builds trust and promotes solidarity and community empowerment. It creates platforms for dialogue, learning, sharing and consensus-building. It can also provide opportunities to engage with the corporate sector and promote social responsibility. Healthy Cities can mobilise the wider society to meaningfully contribute to the process of shaping healthier and sustainable futures.

Another important operational arm of the Healthy Cities movement is National Healthy Cities Networks^{60,61}. These networks play a key strategic role in promoting the Healthy Cities principles and ideas, supporting their member cities, organising training and learning events, and working with different ministries and participating in national programmes.

⁵⁹ Malmö's path towards a sustainable future, Health, welfare and justice, Commission for a Sustainable Malmö, Final report (2013). http://malmo.se/download/18.1d68919c1431f1e2a96c8e2/1491298331266/malmo%CC%88kommisionen_rapport_engelsk_web.pdf

⁶⁰ WHO Regional Office for Europe (2015). National healthy cities networks in the WHO European Region. Promoting health and well-being throughout Europe, Copenhagen, WHO Regional Office for Europe. (<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2015/national-healthy-cities-networks-in-the-who-european-region.-promoting-health-and-well-being-throughout-europe-2015>)

⁶¹ WHO Regional Office for Europe (2014). Terms of Reference and accreditation requirements for membership in the Network of European National Healthy Cities Networks Phase VI (2014-2018). Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0017/244700/Terms-of-Reference-and-accreditation-requirements-for-membership-in-the-Network-of-European-National-Healthy-Cities-Networks-Phase-VI-2014-2018.pdf)



A MINIMUM ACTION AGENDA FOR EVERY MODERN HEALTHY CITY

The local agenda of every comprehensive Healthy Cities project should include action to address the overarching goals that undergird the Healthy Cities approach. However, there is no single recipe for their structure or implementation. The Healthy Cities action framework is adaptable and recognises that each city is unique. Cities have the flexibility to identify and focus on their own local priorities. The way the project will be set up within the city administration must also be compatible with local socio-economic, administrative, organisational and political contexts.

The comprehensive Healthy Cities action agenda is based on common values, overarching goals, priorities based on local needs and local context and using modern methods and approaches to address them. Taking a strategic focus means a focus on up-stream, high-impact interventions to health development and equity.

The goal of every city that wishes to become a Healthy City should be how to make the most of this approach—politically, strategically and organisationally—to promote better health for all, equity and sustainable development (social, economic and environmental).

Thus, the first step is to conceptualise and explore the local Healthy Cities action agenda⁶² (what we want to achieve and how we wish to position Healthy Cities in our city's political and organisational setting); who should be at the table (the main partners and stakeholders); how we will decide on priorities; and what resources we need to have in place.

Presentation of Healthy Cities goals and objectives vary between and within WHO Regions, as do minimum requirements for participating in the project.

One common challenge for healthy cities in the WHO Eastern Mediterranean Region (EMRO) is addressing facets of healthy living that are influenced by social and environmental determinants, such as poverty, literacy, housing, employment, security, air pollution, sanitation, food safety, access to quality health and social services, and non-communicable disease risk factors (tobacco use, unhealthy diets and physical inactivity). Tackling inequalities, including those related to accessing health and social services and healthy environments for all, is also a

⁶² Health, welfare and justice, Commission for a socially sustainable Malmö (2013) http://malmo.se/download/18.1d68919c1431f1e2a96c8e2/1491298331266/malmo%CC%88kommisionen_rapport_engelsk_web.pdf

high priority⁶³. Healthy Cities in the EMRO Region are particularly focused on issues such as a clean and sustainable environment, the provision of preventive and curative health services to all, and targeting marginalised and impoverished populations⁶⁴.

Healthy Cities in the European Region in Phase VI (2014-2018)^{65,66} of this WHO programme is based on the European Strategy Health 2020 framework, considered to be a strategic vehicle for applying The European Strategy for Health and Wellbeing- Health 2020 at the local level. It begins with the overarching goals of addressing health inequalities, human rights and gender; and establishing city leadership and participatory governance for health, with emphasis on whole-of-government, whole-of-society, and health and equity in all local policies. Core themes cover the life course (addressing health challenges and determinants specific to each stage of life); NCD-related issues (nutrition and obesity, alcohol and tobacco, physical activity and mental well-being), patient-centred care and public health capacity; and creating resilient communities and supportive environments (healthy settings, healthy urban planning and design, healthy transport).

The goals and priorities of the Healthy Cities/Healthy Municipalities in the Pan-American Health Region (WHO Regional Office for the Americas) are reflected in the political Santiago Declaration (2016)⁶⁷. They form a link with the SDGs agenda, and they especially emphasise health in all policies, addressing inequalities, promoting community participation and health literacy, creating conditions for healthy living and investing in healthy environments. All of these factors will underpin the shaping of a new strategy for strengthening the Healthy Cities movement in the Americas.

The 2016 Shanghai Consensus on Healthy Cities⁶⁸ (adopted at the International Mayors Forum, on the occasion of the 9th Global Conference of Health Promotion) reinforces interregional initiatives to develop more comprehensive and strategic

Healthy Cities programmes that incorporate the most contemporary research and knowledge to meet the emerging needs of the 21st century.

Reflecting therefore up-to-date thinking a comprehensive minimum local Healthy Cities agenda and goals would incorporate the following steps:

Steps to give shape to a minimum action agenda of a Healthy Cities project:

1. Formulate a vision statement/mission that reflects the values and principles of the Healthy Cities and SDGs agenda;
2. Identify and approach key partners and stakeholders as well as inter-disciplinary professionals who should be involved (for example, urban planners and architects);
3. Agree that the local Healthy Cities strategy and plan should be ideally based on a set of seven broad areas of action: equity, health in all policies, healthy people, healthy living, community development and empowerment, a sustainable and healthy physical and built environment, and health and social care. It should be noted that there are different ways of grouping and presenting Healthy Cities action areas;
4. Consult with experts and partners to formulate strategic objectives and core activities reflecting the above areas of action. City health profiles are essential tools in this context. This is a critical point in the process that will determine 'how far and how deep' a Healthy Cities project will go. For example, addressing inequalities in health should not only be limited to addressing access to services or targeting the poor. Focusing on needs across the social gradient is a far more effective way to tackle health inequities. Therefore, at this point, it is helpful to openly, creatively and courageously explore the operational scope under each of the broad areas of action and opportunities for impact and innovation. Table 5 identifies strategic objectives, under each of the seven action areas, that should be prioritised.

⁶³ WHO, Healthy Cities Programme in the WHO Eastern Mediterranean Region (2016), <https://mail.google.com/mail/u/0/#inbox/15eecbe643ff93e0?projector=1>

⁶⁴ WHO, A short guide to implementing the healthy city programme, WHO 2010, Regional Office for the Eastern Mediterranean, <https://mail.google.com/mail/u/0/#search/assai/15eecbe643ff93e0?projector=1>

⁶⁵ WHO Regional Office for Europe (2014). Athens Healthy Cities Declaration 2014, Copenhagen, WHO Regional Office for Europe.

⁶⁶ WHO Regional Office for Europe (2014). Phase VI-The WHO European Healthy Cities Goals and Requirements. Copenhagen, WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0017/244403/Phase-VI-20142018-of-the-WHO-European-Healthy-Cities-Network-goals-and-requirements-Eng.pdf?ua=1)

⁶⁷ Pan-American Health Organisation (2016). The Santiago Declaration for Healthy Municipalities. Washington DC, Pan-American Health Organisation. (http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=41598&Itemid=270&lang=en)

⁶⁸ WHO (2016). Mayors Consensus on Healthy Cities, Geneva, WHO. (<http://www.who.int/healthpromotion/conferences/9gchp/9gchp-mayors-consensus-healthy-cities.pdf?ua=1>)

Equity	<ul style="list-style-type: none">• Develop a plan to systematically address health inequalities in the city, including measuring inequalities and building capacity to confront them• Introduce a mechanism for applying an 'equity lens' in city policies and programmes• Ensure gender equality• Uphold the right to health and wellbeing for all people in the city
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Health in all Policies	<ul style="list-style-type: none"> • Develop a plan to systematically address health in in all city policies • Introduce health impact assessments for significant development projects in the city
Healthy people	<ul style="list-style-type: none"> • Give every child a healthy start in life • Address and improve the everyday conditions of children and young people • Address ageism and healthy ageing • Map out and thoroughly understand the social landscape of your city, with attention to the needs and living conditions of people and families who may be socially disadvantaged.
Community development and empowerment	<ul style="list-style-type: none"> • Increase health literacy among individuals, communities and institutions • Promote social inclusion and community resilience • Introduce mechanisms for citizen participation in priority-setting, urban planning and community development • Support community projects in needy neighbourhoods and communities
Sustainable, healthy and supportive social environment	<ul style="list-style-type: none"> • Provide or negotiate financial and social support and access to services and shelter for vulnerable people such as the unemployed, migrants, and people living in poverty • Ensure access to education for all, including pre-school for all children • Make the city an active city creating opportunities for physically active living for all • Ensure access to healthy food and sustainable nutrition • Reduce and prevent obesity • Introduce programmes to treat mental stress • Reduce alcohol and drug abuse • Improve working conditions

Sustainable, healthy and supportive physical and built environment	<ul style="list-style-type: none"> • Create safe and clean neighbourhoods • Address the residential environment and poor housing • Make the city smoke-free • Make cycling and walking in the city an easy choice • Ensure access to green space, room for social interaction, and good facilities for all • Create Age and Child-friendly settings • Invest in healthy and accessible transport • Ensure clean air and good sanitation throughout the city • Address climate change and carbon emissions • Invest in healthy urban planning and involve urban planners in the Healthy Cities project
Health and social services	<ul style="list-style-type: none"> • Organise city-wide, high-quality and accessible health promotion and preventative services • Ensure accessibility to reproductive health services • Strengthen local public health services • Ensure access for all to health and social services • Introduce palliative care

Without a doubt, one of the most formidable goals for a Healthy City, which would require the active involvement of several sectors and actors such as health, social services, education, housing and planning as well as families and communities is giving every child in the city a good start in life. A good start in life establishes the basis for a healthy life. Cities investing in high-quality early-years childcare and parenting support services can compensate for the negative effects of social disadvantage on early child development. Promoting physical, cognitive, social and emotional development is crucial for all children from the earliest years. Children born into disadvantaged home and family circumstances have a higher risk of poor growth and development.

Healthy Cities can use a combination of different entry points to formulate and develop their strategies and plans such as specific priority public health concerns or broader goals such as making the city inclusive, active, or age-friendly. It is important to draw attention to the fact that strategies that aim to promote health often are (co-)beneficial to the achievement of other sectors' goals. Lastly it should be pointed out and not underestimated that today the context within which public health is practiced at all levels is characterized by complexity of the policy environment, global interdependence and connectedness, and uncertainty.



MAKING IT HAPPEN: PRECONDITIONS FOR ACHIEVING BETTER OUTCOMES

Chapters 1, 2 and 3 provided an overview of the Healthy Cities content and scope of work, as well as the main approaches and methods that should be employed to achieve its goals. Chapters 4, 5 and 6 elaborated on the critical importance of leadership, the action prerequisites of a fully-fledged Healthy Cities project, and last but not least, a framework for defining the project's goals and activities.

This final chapter will focus on a number of critical issues or preconditions which can significantly increase the success of a Healthy Cities project. Before committing to establishing a Healthy City project, it is important to invest time considering how your city or province will make the most of these efforts, then work with key partners to develop a common understanding about the project's potential for added value, and the scope and breadth of its activities. You should begin by asking, 'What's in it for our city or province if we become a Healthy City?', and articulate a set of goals you would like to achieve to make your Healthy City vision a reality. Failure to appreciate the full scope of Healthy Cities at the start can easily thwart the potential to make a difference, and can lead to inappropriate decisions regarding, for instance, the location of the project office; the profile of the coordinator; or the activities placed under the project's umbrella.

The mandate and scope of each Healthy Cities project depends on how it is perceived and positioned by city leadership. Politically empowered Healthy Cities projects can operate very effectively in the policy and community domains, and can be instrumental in ensuring strategic and partnership-based planning for health and equity.

One key aspect of the real-life success and sustainable evolution of Healthy Cities has been its ability to connect with other local strategies and programmes. Healthy Cities are well-placed to convene and facilitate intersectoral and community dialogue and cooperation.

For cities that already oversee well-established and functioning Healthy Cities projects and wish to strengthen and expand them, it would be important to undertake a strategic review to identify strengths, weaknesses, opportunities, challenges and priorities for future action. Similarly, in light of the Shanghai Mayors Consensus on Healthy Cities, the SDGs agenda, universal health coverage agenda, the Rio Political Declaration on SDH and other relevant international commitments, this is an excellent time to encourage ministries of health to develop or renew their national Healthy Cities plans. Local Healthy Cities projects can benefit a great deal from supportive national and international policies and plans.

Reaching out to different sectors is more easily said than done. To do so successfully, it is first important to undertake a systematic stakeholder's analysis. Before embarking on 'telling' other sectors what they can do for health, it is also important to have a good understanding of their action vocabulary, values and goals. It is often the case that health and wellbeing can significantly contribute to the achievement of other sectors' goals, and thus intersectoral partnerships can be mutually beneficial.

The accumulating evidence for the determinants of health is complex and can be hard to explain in plain and understandable ways. Champions and advocates for Healthy Cities projects must be able to competently navigate, broker and explain the main concepts and approaches on which Healthy Cities is founded. Bi-lateral sectoral partnerships are easier to establish. Working with certain sectors—for example, education, environment, and transport—is historically more straightforward than working with other sectors, but the challenge here would be to transcend traditional partnerships and focus more on up-stream interventions which address the root causes of ill-health.

It is more challenging to establish multisectoral partnerships based on joint planning, funding and accountability. This can be achieved by establishing common goals, whose achievement will draw on contributions from different sectors with shared responsibilities and strong central leadership. It is crucial that this common agenda should be defined by all key stakeholders from the initial stages of the project. It is not a good idea to consult with multiple potential partners, asking for their contribution, a document with pre-defined such common goals and objectives. Ownership is key. It is better to have a less-than-perfect intersectoral strategy for health in the city, where different sectors can feel they were fully involved in its development, than a document which was produced by one sector or expert and which may be technically of the highest standard but lacks the spirit of genuine partnership.

Furthermore, Healthy Cities must be well-connected, synergistic, and not antagonistic to the health system, especially primary health care and public health. Investing in health promotion and disease prevention is crucial. Healthy Cities advocates population-based approaches to complement individual-based approaches.

Regular reporting of the city's health on the basis of a set of core indicators (including disaggregated equity indicators) can be enormously helpful throughout

the implementation process. What matters is not just the average health standard in a city, but ensuring that whatever the city's resources are equally distributed to everyone. City health profiles are not academic publications. They should be concise and easy for non-experts to understand, and they should be presented and debated in the City or Provincial Councils.

Institutionalising Healthy Cities approaches and mainstreaming its methodology is an imperative for all cities that place health high on their social and political agenda, and for those that are committed to continuously exploring and implementing ways to promote and protect the health and well-being of their people.

Discussion of methods and approaches to evaluation of Healthy Cities projects is beyond the scope of this publication; this is a complex issue which deserves special attention. In Europe, WHO has invested in evaluating progress and achievements at the end of every phase^{69,70,71,72,73}. This publication has drawn on the lessons learnt from almost three decades of Healthy Cities in Europe. However, a vast amount of the knowledge generated by the global and European Healthy Cities movement remains invisible, undocumented, and undervalued. The stories and achievements of cities and networks need to be systematically explored, documented and told. Moreover, one of the greatest strengths of Healthy Cities is the diversity of political, social and organisational contexts within which it is being implemented across the world.

Engaging with Healthy Cities and using its prestigious trademark without seriously working towards its formidable goals for health, equity and well-being would truly be a missed opportunity.

⁶⁹ De Leeuw, E and Simos, J. (2017). *Healthy Cities, The Theory, Policy, and Practice of Value-Based Urban Planning*, New York, Springer

⁷⁰ Journal of Urban Health. Evaluating WHO Healthy Cities in Europe-Issues and Perspectives (2013), J Urban Health. 2013 Oct;90 Suppl 1:14-22. doi: 10.1007/s11524-012-9767-6.

⁷¹ Health Promotion International-Special Supplement on Healthy Cities (2015). Health Promot Int. 2015 Jun;30 Suppl 1:i1-i2. doi: 10.1093/heapro/dav045

⁷² Health Promotion International-Special Supplement on Healthy Cities (2009). Health Promot Int. Volume 24, Issue suppl_1, 1 November 2009, Pages i1-i3

⁷³ Health Promotion International-Special Supplement on Healthy Cities (2015). Health Promot Int. 2015 Jun;30 Suppl 1:i1-i2. doi: 10.1093/heapro/dav045

Healthy Cities should continuously integrate and align with relevant global developments, promising and innovative ideas, emerging urban health priorities and new scientific evidence. The Healthy Cities anticipatory response towards cutting-edge ideas has made it attractive to cities in countries with both very well-developed and less-developed economies and health systems. Healthy Cities is a movement committed to change and innovation. To unlock its tremendous potential, it must sustain its strategic course.

The time is right to create a strong global healthy cities movement.

**Healthy Cities, above all,
is a movement committed
to change and innovation
and it needs to sustain its
strategic course to be able
to unlock its tremendous
potential.**



A sample manifesto for health and well-being for local leaders^{74,75,76}

We Mayors and Governors recognize that:

- Health is a fundamental human right, and every human being is entitled to enjoy the highest attainable standard of health;
- Health should be a core value in our city vision statements, policies and strategies;
- The health status of our people and communities is profoundly affected by the conditions in which individuals are born, live and work;
- Knowledge and experience of the social, environmental, urban, cultural, commercial and political determinants of health provide the basis for how we, as decision-makers, should understand and deal with health and well-being;
- Effectively addressing the public health challenges of the 21st century requires the full engagement of our municipal governments;
- Our local governments are well-placed to provide effective leadership and capacity for intersectoral work for health and sustainable development, and they can promote and enable community involvement and empowerment;
- Our local governments can positively influence a wide range of the social determinants of health; and
- Our local governments have a key and central role to play in implementing the new sustainable development goals (SDGs) agenda and, in particular, exploring and addressing the strong links between SDG 3 (Good health for all) and SDG 11 (Make cities and human settlements inclusive, safe, resilient and sustainable).

⁷⁴ Pan-American Health Organisation (2016). The Santiago Declaration for Healthy Municipalities. Washington DC, Pan-American Health Organisation. (http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=41598&Itemid=270&lang=en)

⁷⁵ WHO Regional Office for Europe (2014). Athens Healthy Cities Declaration 2014, Copenhagen, WHO Regional Office for Europe.

⁷⁶ UN General Assembly Resolution (UN-Habitat). <https://unhabitat.org/wp-content/uploads/2014/07/Resolution-adopted-by-the-General-Assembly-ARES662071.pdf>

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He is currently advising international agencies, individual countries, networks and cities world-wide on strengthening Healthy Cities strategies with special emphasis on leadership, inter-sectoral governance, equity and the sustainable development goals (SDGs) agenda.

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CITY LEADERSHIP FOR HEALTH AND SUSTAINABLE DEVELOPMENT

Critical issues for successful
Healthy Cities projects

