

WHO European Healthy Cities Network

How to develop and sustain healthy cities in 20 steps





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FOREWORD

Healthy Cities is a global movement that originated in Europe, where the WHO European Healthy Cities Network has actively engaged local governments since 1988 – putting health high on the political, social, economic and environmental agenda of city governments and making health everybody's business. The strength of the Healthy Cities movement is not just based on the valuable contributions from the coordinators but also on the contributions of everyone involved.

Based on popular demand and feedback from cities and coordinators, I am pleased to share this 4th edition of the 20 steps, which reflects the new knowledge base and incorporates more than 25 years of experience and insight gained by the WHO European Healthy Cities Network, encapsulating the requirements of a new era. This guide aims to help new cities navigate these steps with the support of the WHO European Healthy Cities Secretariat and the wider WHO European Healthy Cities Network.

I would like to acknowledge and thank the writers and contributors; Monika Kosinska, Geoff Green, Shouka Pelaseyed, Hanna Dunning, the members of the Steering Committee and all the city and national network coordinators of the WHO European Healthy Cities Network for their time and valuable input in producing this guide.

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PURPOSE

This guide is for coordinators and secretariats of cities in the WHO European Healthy Cities Network and national healthy cities networks in the Network of European National Healthy Cities Networks supported by the WHO Regional Office for Europe. It is also for those who are considering adopting the Healthy Cities model. It can be used as a guide or a reference for those in the process of introducing Healthy Cities or reviewing and expanding an existing one.

City governments and their partners are at the heart of policy-making and decision-making related to the wider determinants of health. City mayors and elected politicians provide leadership; professional coordinators provide support. Both are essential in orchestrating the contribution of many actors and agencies. The healthy city coordinator's role is rewarding but can be very challenging. This guide outlines 20 steps or actions for a healthy city, focusing on how coordinators can organize or renew the process.

This guide is based on the accumulated knowledge and experience of pioneering cities and experienced coordinators. New cities and new coordinators can also contribute to theory and practice, just as experienced coordinators may seek to review and refresh their practice. The core values of equity, sustainability and inclusiveness will endure, but policies, programmes and projects should adapt to the changing landscape of the 21st century in Europe and beyond.

EUROPEAN HEALTHY CITIES NETWORK

The WHO European Healthy Cities Network has evolved through a series of five-year work programmes called phases. The WHO European Network is in Phase VII, which has been extended because of the COVID-19 pandemic. The implementation framework for Phase VII (2019–2025) (1) is based on six core themes and three strategic goals (Fig. 1, Table 1). Since political commitment is fundamental to implementation, it is led by the political mandate adopted in February 2018 – the Copenhagen Consensus of Mayors (2), based on six core themes – people, places, participation, prosperity, peace and planet.

Fig. 1. The core themes and strategic goals



Table 1. The six core themes and highly relevant priority issues

Core themes					
People	Place	Participation	Prosperity	Peace	Planet
Highly relevant priority issues					
Healthy early years	Healthy places and settings	Healthy older people	Community resilience	Healthy urban planning and design	Climate change mitigation and adaptation
Healthy older people	Integrated planning for health	Reduced vulnerability	Healthy older people	Health as a bridge for peace	Protected biodiversity
Reduced vulnerability	Healthy transport	Increased physical activity	Mental health and well-being	Violence and injury prevention	Waste, water and sanitation
Mental health and well-being	Green spaces	Transformed service delivery	Healthy housing and regeneration	Human security	Health-promoting and sustainable municipal policies
Revitalized public health capacity	Energy and health	Health literacy	Integrated planning for health	Health security	
Healthy diet and weight		Culture and health	Indicators of health and well-being	Mental health and well-being	
Reduced harmful use of alcohol			Transformed economic models		
Tobacco control			Ethical investment		
Human capital			Universal social protection		
Social trust and capital			Commercial determinants of health		

The WHO Regional Office for Europe plays a key role. WHO provides a solid foundation based on synthesis of global evidence, policy frameworks and mandates and publishes tools and guidance and provides expertise for cities. It also has a political mandate from all Member States, which endorse the healthy cities approach for diverse political administrations. Cities are encouraged to adopt evidence-informed decision-making. They should obtain evidence on the determinants of health and rigorously evaluate their own projects and programmes. Cities should use it freely to strengthen the case for action. Health impact assessment (3) of actions outside the health sector helps mayors to persuade potential partners about how these actions affect health. Critical success factors are highlighted by the more general evaluation of all WHO European Network cities commissioned by WHO at the end of each phase (4).

The current goals and themes of the WHO European Healthy Cities Network are well grounded in the Sustainable Development Goals (5) and are fully and explicitly aligned with WHO's Thirteenth General Programme of Work (6), which provides the framework for work on a global level, affirming that governance for health and multisectoral action are both crucial for achieving universal health coverage in Member States; and the European Programme of Work 2020–2025 (7) of the WHO Regional Office for Europe. The WHO European Healthy Cities Network contributes directly to priority 3 of the European Programme of Work on promoting health and well-being.

This guide is not a generic handbook of leadership and management skills. It has a unique context, draws on rich experience and identifies the critical steps and actions for successfully building and sustaining a healthy city.



1. INTRODUCTION

This guide describes how to develop and sustain the structure and processes of successful healthy cities. Based on requests from member cities of the WHO European Network and new knowledge based on health and well-being, it modifies earlier guidance on 20 steps for developing a healthy city project. Here, the 20 steps are organized into three chapters: getting started, getting organized and taking action. This new guide draws on best practices in the WHO European Healthy Cities Network and national healthy cities networks and beyond to recommend a virtuous cycle of innovation and development, while always maintaining the core values. The guide includes an annex of examples for each step or action from healthy cities in the European Region, drawing on their experiences.

CITIES IN A CHANGING LANDSCAPE

According to the *World cities report 2022 (8)*, all regions of the world will continue to urbanize over the next three decades: from 56% overall in 2021 to 68% in 2050. However, the future of cities is not uniform across regions, and highly urbanized and developed regions are expected to stabilize or experience a decline in urban growth. In high-income countries, the key priorities for the future of cities include managing cultural diversity, upgrading and modernizing ageing infrastructure, inequity, addressing shrinking and declining cities and meeting the needs of an increasingly ageing population. Cities face many global challenges, including climate change, rising inequality, rise in threats from zoonotic viruses, such as the COVID-19 pandemic, which triggered a severe public health crisis and an economic recession. In low- and middle-income countries, urban priorities include rising levels of poverty, providing adequate infrastructure, affordable and adequate housing and addressing the challenges of slums, high levels of youth unemployment and investing in secondary cities.

Today, 75% of the European population lives in cities (9). Cities are also becoming more culturally and ethnically diverse as a result of the free movement of citizens within the European Union and the influx of migrants and asylum-seekers from non-European Union countries (10). Cities in Europe still face disparities between regions, cities and neighbourhoods. Inside city boundaries are concentrations of unemployment, poverty and ill health (11). Cities in the European Region also function across a rapidly changing socioeconomic and political landscape. European cities show evidence of the impact of good urbanization and development – lower rates of infant and maternal mortality, fewer work- and home-related accidents, reductions in some communicable diseases and longer life expectancy. However, European cities still face many challenges. The WHO European Region is the region most severely affected by noncommunicable diseases. The impact of the major noncommunicable diseases (diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders) is alarming: taken together, these five account for an estimated 86% of the deaths and 77% of the disease burden in the European Region.

Many factors such as socioeconomic, environmental and behavioural ones, international travel and migration, vaccine-preventable diseases, foodborne pathogens, zoonotic diseases, and health care pose significant threats and increase the spread of communicable diseases. The COVID-19 pandemic has highlighted the significant role of cities in health emergencies and the need for taking definitive steps and decisions on multiple fronts to effectively address the needs of the population. At the forefront of the pandemic, cities have been ensuring access to information, reaching out to populations living in vulnerable situations, introducing mental health initiatives to support the population, promoting physical activity for health and well-being and other innovative initiatives that have placed health on top of the agenda in cities across the Region. Cities need to continue to protect the most vulnerable people and tackle the long-term effects of the COVID-19 pandemic in the future.

Cities continue to have great influence and play a significant role in several domains through various policies and interventions. These include addressing social exclusion and support; healthy and active living (such as bicycle lanes and smoke-free public areas); safety and environmental issues for children and older people; working conditions; preparedness to cope with the consequences of climate change; exposure to hazards and nuisances; healthy urban planning and design (such as neighbourhood planning, removing architectural barriers and the accessibility and proximity of services); and participatory and inclusive processes for citizens.

HEALTHY CITIES JOURNEY AND GOAL

The WHO European Healthy Cities movement was launched in 1988 as a political, cross-cutting and intersectoral strategic vehicle to bring the Health for All strategy to the local level, recognizing the key role of local governments in health and sustainable development. From its inception, the network was grounded in the Ottawa Charter for Health Promotion (12) and adopted several strongly value-driven considerations for health and well-being.

Throughout the years, the Healthy Cities movement has made substantial contributions to work on health and well-being. At the global level, it contributed to the work on sustainable development, including implementing Local Agenda 21 and the Millennium Development Goals. In the European Region, the WHO European Healthy Cities Network contributed to furthering the European regional work on health and well-being through Health21, the health for all policy framework for the WHO European Region (13), and Health 2020, the European policy framework and strategy for the 21st century (14). Most recently, the WHO European Network has worked in accordance with the Geneva Charter for Well-being (15) (which introduced the goal of creating well-being societies through action in five areas), the European Programme of Work and the Sustainable Development Goals (5).

The WHO European Healthy Cities Network has contributed substantially to the work on health in all policies, with piloting and using the training manual being especially significant. The pioneering work on the social determinants of health, including

health equity through action on the social determinants of health (16,17) and better understanding of the social determinants of health (18), is noteworthy.

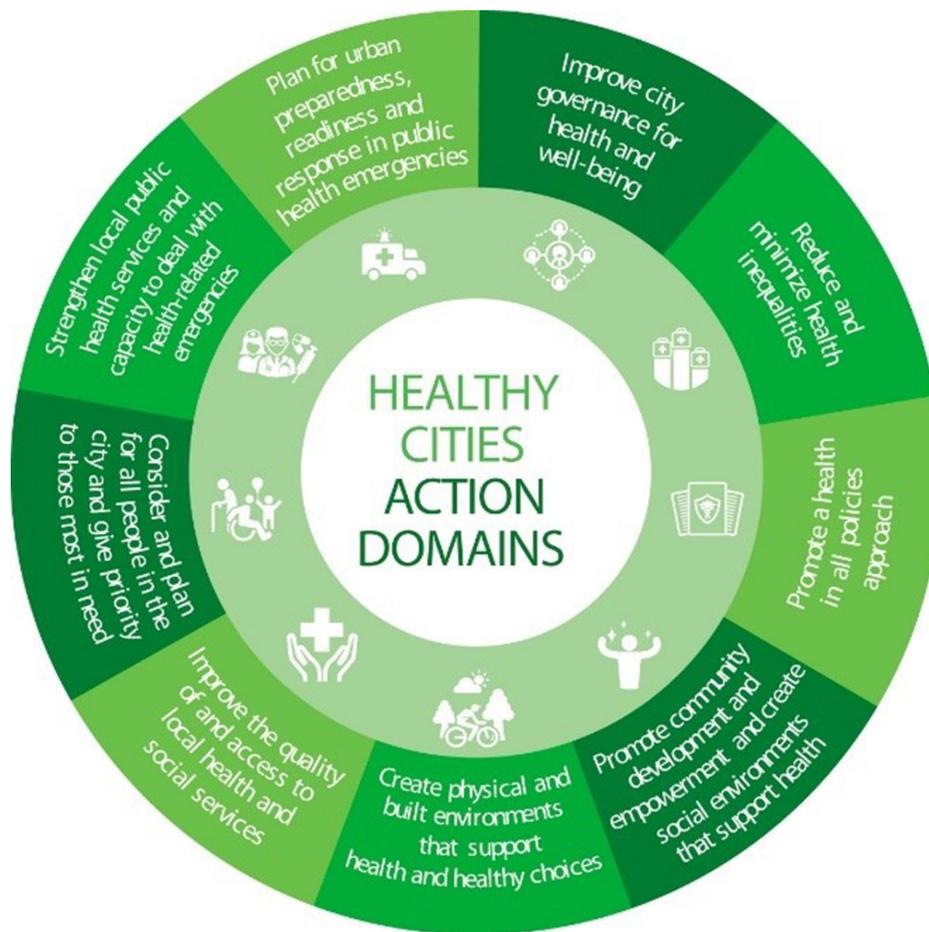
Healthy cities is rooted in a concept of what a city is and a vision of what a healthy city can become. A city is viewed as a complex organism that is living, breathing, growing and constantly changing. A healthy city is one that improves its environments and expands its resources so that people can support each other in achieving their highest potential. This principle is expressed in the main goals of a healthy city (Table 2).

Table 2. The main goals of a healthy city

- Promoting health and equity in all local policies, addressing inequalities in health through a social determinants of health approach and fully aligning with the Sustainable Development Goals agenda
- Creating environments that support healthy lifestyles, including active living
- Providing universal health coverage and social services that are accessible and sensitive to the needs of all citizens
- Investing in health promotion and health literacy
- Investing in a healthy start in life for children and providing support to disadvantaged groups such as migrants, unemployed people and people living in poverty
- Strengthening disease prevention programmes, with special focus on obesity, smoking, unhealthy diets and physical inactivity
- Promoting healthy urban planning and design
- Investing in green, clean, child-friendly and age-friendly city environments
- Supporting community empowerment, participation and resilience and promoting social inclusion and community-based initiatives
- Strengthening local public health functions and the city's capacity to respond to public health emergencies

These goals are based on the current knowledge base on health and well-being and are formulated to address the urban challenges that most significantly affect the health, well-being and living conditions of city residents. The above goals are presented in Fig. 2 in nine main healthy cities action domains.

Fig. 2. Overview of strategic healthy cities action domains under an overall WHO approach



Source: Healthy cities: effective approach to a rapidly changing world (19).

Healthy cities can influence health and equity through a wide range of mechanisms and processes.

Regulation. Cities are well positioned to influence and enact laws and regulations, and enforce them. Examples include land use, building standards, water and sanitation systems, occupational health and safety regulations and restrictions on tobacco use.

Integration. Local governments can develop and implement integrated policies and strategies for health promotion and social and sustainable development, such as integrating health into their overall city development strategy.

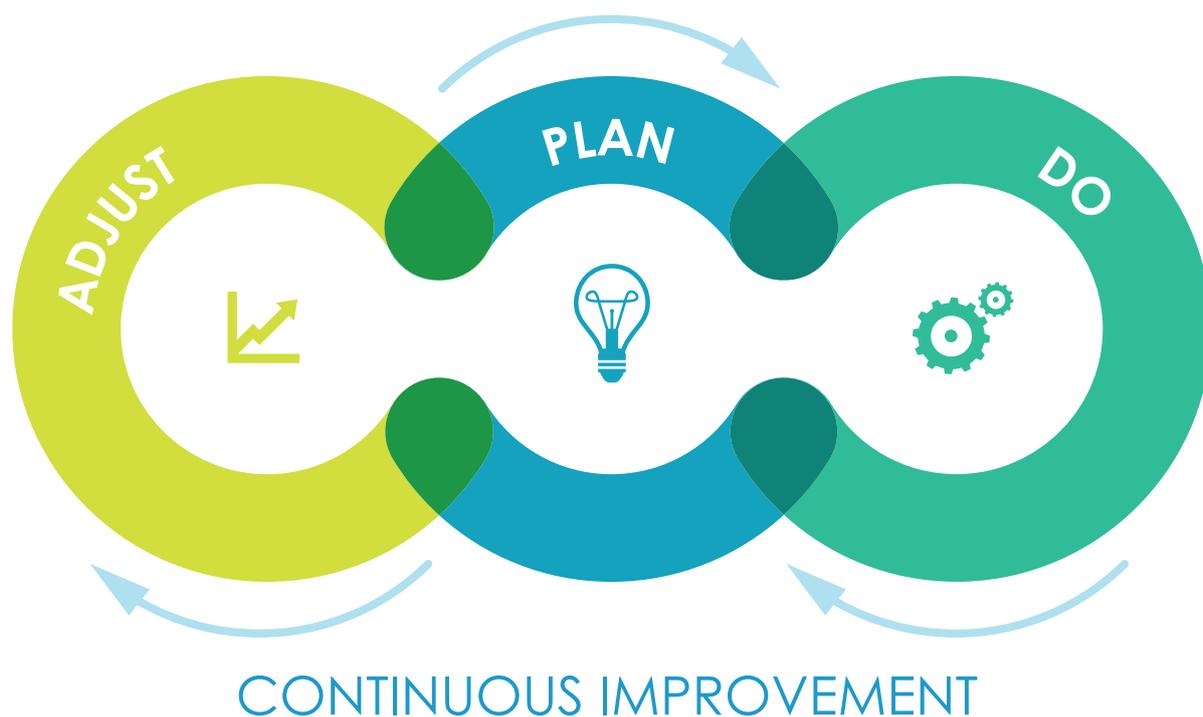
Intersectoral governance. Cities' democratic mandates convey authority and the power to convene partnerships and encourage contributions from many sectors and stakeholders from the private and voluntary domains, such as representation from multiple sectors in a city committee for urban planning.

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, such as youth councils for the next generation to have a voice in local decision-making.

Equity focus. Local governments can mobilize local resources and deploy them to create more opportunities for low-income and vulnerable population groups and to protect and promote the rights of all urban residents, such as using the results of city health profiles to create targeted interventions (19).

Building a healthy, equitable and sustainable city for all is a journey of development – social, human, urban and economic. The 20 steps guide this development process. They provide a chain of interventions and events leading to a healthier city. Political commitment is a prerequisite, and an overall city strategy is essential. Many of the 20 steps secure the necessary structures and processes of local governance. These lead to health in all local policies as a prelude to healthy settings – healthier living and working conditions. Improving these wider social, economic and environmental determinants will improve people's health. After barriers and success factors are evaluated, the virtuous cycle begins again (Fig. 3) (1).

Fig. 3. Virtuous cycle



POLITICAL ALIGNMENT

This 20 steps guide uses new forms of governance. Healthy cities work if they are perceived as political and not partisan. City mayors and councillors are encouraged to provide leadership; orchestrating the contributions of many agencies and the formal role of regional and national governments. Healthy cities pioneered this new form of governance.

GOVERNANCE FOR HEALTH

Governance for health (20) (in contrast 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 well-being. The implementation of a fully fledged healthy cities agenda requires a combination of participatory governance for health approaches that involve different sectors and partners.

Smart governance for health addresses complex issues in the pursuit of health for all using a variety of governance approaches by collaboration, civic engagement, formal and informal acts and a variety of hard and soft instruments.

Three key governance approaches for healthy cities are health in all policies, whole of government and whole of society. All three approaches position producing and protecting health high on the agenda of local governments. They promote policy coherence and synergy, accountability for health, coordination, trust-building and partnerships with a wide range of public, private and civic actors.

TWENTY STEPS

For the reader's convenience, the 20 steps are allocated in the next three chapters. They are actions in a process of continual improvement and should not necessarily be taken in sequence. The order in which cities adopt the steps depends on local circumstances and opportunities. Fig. 4 illustrates an example; creating a steering committee (step 8) follows understanding the healthy cities approach (step 1) and is followed in turn by making a proposal (step 6). Then there are 17 options for the next action. The pattern and sequence of the steps will vary from city to city, both in initiating and then sustaining a healthy city approach. Based on feedback from cities and to be consistent, this publication will not refer to a healthy city project or programme since this may be limited in duration. Many cities refer to this as a healthy city platform. Instead, we use the generic term healthy city throughout the guide.

Box 1 provides an overview of the 20 steps in the next three chapters.

Box 1. Overview of the 20 steps

Getting started

1. Framework
2. Gathering support
3. City health profile
4. Resources
5. Location of the secretariat
6. Proposal
7. Approval

Getting organized

8. Steer
9. Work setting
10. Define functions
11. Set up the secretariat
12. Plan
13. Build capacity
14. Establish accountability

Taking action

15. Increase health awareness
16. Advocate strategic planning
17. Intersectoral collaboration
18. Community participation
19. Promote innovation
20. Ensure health in all policies

Fig. 4. Getting started, getting organized and taking action





1. GETTING STARTED

STEP 1. FRAMEWORK

KEY MESSAGE: Understand the healthy city approach

To get started, you need to develop a clear vision of a healthy city within the local framework with stakeholders. Review the main goals of a healthy city (Table 2). This will enable you to guide citizens and politicians along their healthy city journey.

All citizens strive for better health, but the health and happiness of the people living in a city largely depends on the willingness of politicians to give priority to health, making decisions that will match these aspirations. This means creating supportive social and physical environments that enable all people to reach their maximum potential for health and well-being. Healthy city coordinators should keep this in mind when facing decision-makers who may be sceptical about adopting the healthy cities framework, which may be perceived as a challenge to traditional reliance on health services (Box 2).

Principles and practices. Even after a healthy city approach has been successfully applied in thousands of European cities over many years, some key politicians and executives still need to be convinced that this approach is the best way forward. Early adopters will seek reassurance that the approach is still relevant, and newly elected politicians need to be briefed on its value. The core group of enthusiasts (see step 2) play a vital diplomatic role in this process. Spend time refreshing their grasp of the principles, strategies and practices that are part of the Healthy Cities movement in language that is clear and easily understood by all.

Co-production. The overarching framework summarized in the introduction to this handbook is co-produced by WHO, the WHO European Healthy Cities Network and the national networks of healthy cities created in 27 European countries. WHO synthesizes evidence to provide a policy framework. Cities continually add value by identifying gaps in knowledge, sharing best practices, providing training, producing guidance materials and managing change. The expertise and capacity gained through this process help the core group of enthusiasts refresh the theory and practice of healthy cities and makes the approach attractive to a range of local, regional and national partners.

Box 2. Prerequisites for successful healthy cities

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

Organizational structures and processes to manage, coordinate and support change and facilitate national and local cooperation, local partnerships and action across sectors along with active citizen engagement and community empowerment

Promoting health in all policies, setting common goals and priorities and developing a strategy or plan for health, equity and well-being in the city. Systematically monitoring the health of the population and the determinants of health in the city

Formal and informal networking and platforms for dialogue and cooperation with various partners from the public, private, voluntary and community domains

Useful skills for healthy city coordinators: strategic and creative thinking, being innovative, visionary and inspiring and knowledge of the added value of a healthy city framework.

STEP 2. GATHERING SUPPORT

KEY MESSAGE: Build and refresh a group of healthy city enthusiasts

Gaining support for your work is essential. Find a group of interested people to share ownership of the healthy cities approach because a committed **core group of enthusiasts** is at the heart of a successful healthy city. This core group is not simply idealists but actors who are strategic and practical and are able to make a difference. Enthusiasts who will support you can come from many walks of city life. Vision and strategic thinking will draw them into an informal group. Skilled coordinators must sustain their interest and add new actors to bring in new and diverse perspectives.

Committed politicians are **essential**. Frequently, despite not having any specific portfolio related to health, they understand how their decisions on many aspects of city life enhance health and well-being. Senior executives in city departments responsible for the environment, urban planning, transport, housing, education and social services often play prominent roles. Others include health-care professionals, especially those working in primary care, public health and health promotion. Enthusiasts often come from community groups and civil society and are interested in health issues and the general welfare of the city. Academics with backgrounds in social policy, public health, urban development and environmental sciences can also be valuable enthusiasts.

The core group of enthusiasts should spend time obtaining a clear grasp of the principles, strategies and practices of the Healthy Cities movement. The group is an informal network in which ideas flow across formal boundaries. Actors make connections and discover the added value of breaking silos. Personal qualities of flexibility, empathy and ways of working across departmental and organizational boundaries are also vital. Driven by a sharp and common focus, each person makes their own special contribution, beyond the formal requirement of their existing job or position. Collectively, this core group will provide leadership for building and sustaining a healthy city.

Useful skills for healthy city coordinators: strategic thinking, flexibility, building alliances, diplomacy and being engaging and empowering.

STEP 3. CITY HEALTH PROFILE

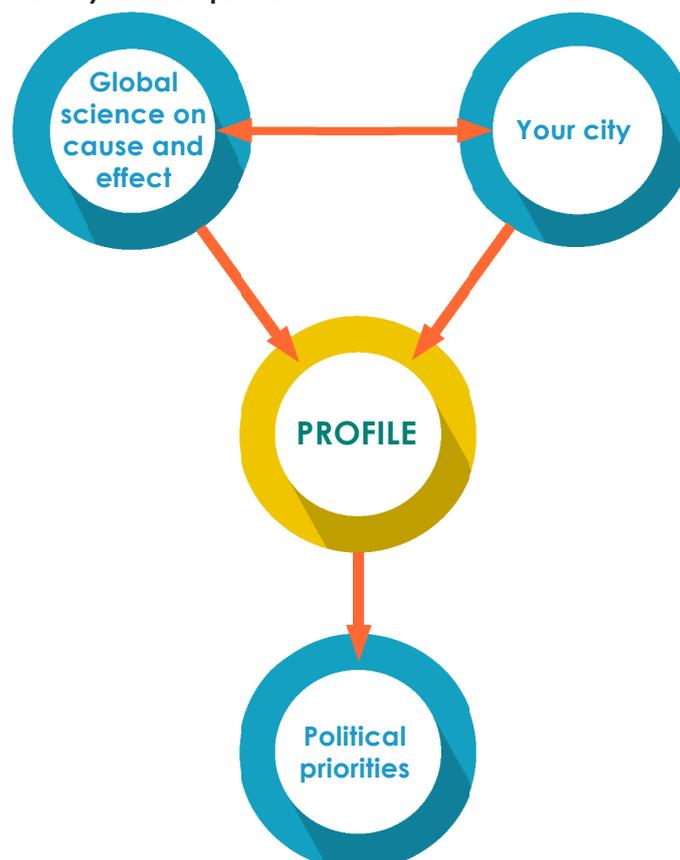
KEY MESSAGE: Get to know your city

Having a good understanding of your city and how it works can help you to develop a healthy city suited to your local needs. A city health profile is an invaluable tool for a healthy city. It provides a scientifically based account of the health of the people and the conditions in which they live; can be the basis for advocacy, informing policy, priority setting and accountability for health; can stimulate public interest and political commitment; and can identify targets for the future and monitor progress towards achieving them.

A good city health profile describes a city and the factors affecting its citizens' health in a way that is instantly recognized and sets out proposals for change that will generate enthusiasm. It should provide a focus for both community involvement and political support. Profiles should include indicators and other health-related information that can be used to provide a basis for comparison with other cities or regions. Indicators should measure and monitor health outcomes across population groups and areas. City health profiles should be created or renewed at least once every five years or in each phase of the WHO European Healthy Cities Network.

Use WHO tools and guidance. Adapt the WHO city health profile framework (21) to your local conditions. The WHO European Health Equity Status Report initiative (HESRI) (22) data set should also be used. Include facts and figures. Use qualitative community assessments and surveys. Tabulate, map and interpret quantitative statistics from public records and observatories (Fig. 5).

Fig. 5. Science, your city and its profile



Box 3. Components and role of a city health profile

A city health profile should:

- summarize health information relevant to the city;
- identify health problems in the city;
- identify factors and determinants that affect health in the city;
- identify suggested areas for action to improve health;
- act as a stimulus for making health changes in the city;
- set targets for achievements related to health;
- act as a stimulus for intersectoral action;
- identify needs for new data on indicators of health;
- inform the public, politicians, professionals and policy-makers about matters that affect health, in an easily understandable way;
- make health and its determinants visible;
- record the local community's views on health issues in the city; and
- use disaggregated data to help identify vulnerable populations.

Keep the following in mind.

- Who is the target audience and how do you expect them to use the city health profile: the rest of the municipality, national funders, European Union programmes or the general public?
- Who to engage and get involved, including engaging stakeholders across sectors early in the process.
- What processes are already in place, such as an intersectoral committee at the municipal level?
- Identify and frame the associated benefits for other sectors or directorates within the municipality or city.

Political priorities. Common values and shared commitments drive the profile forward. Show the unique contribution of various sectors and actors. For example, the lead politician for housing and environment can demonstrate how their departmental investment secures warm and comfortable homes, with positive effects on mental and physical health. The social care department will seek evidence showing how healthy ageing strategies reduce the risk of disability and disease and relieve pressure on service budgets. Then there is a feedback loop. The profile helps to reinforce health as a political priority.

Useful skills for healthy city coordinators: political awareness, analysis, interpretation and being motivating and engaging.

STEP 4. RESOURCES

KEY MESSAGE: Shape and secure a system budget

The healthy city core group of enthusiasts, established in step 2, should prepare preliminary estimates of healthy city costs and identify potential sources for initial funding. Capitalize on political support, since politicians will use the healthy city to raise their profile as innovators, locally and internationally.

Seed money is the first challenge to meet. These resources will be used for the basic operation of the healthy city secretariat: the coordinator's salary and office support. These are minimum requirements for membership of the WHO European Healthy Cities Network. Once this is established, additional funding will be easier to obtain.

System budgets. Healthy city funds come from many sources. Municipalities can be the primary source of funds, although local health authorities and nongovernmental organizations can contribute as well. All obtain some money from city budgets. Budgets set aside for health promotion or urban development are good sources to explore. Money set aside for special measures to combat unemployment have funded some systems. Business groups interested in city development are another potential source. Organizations unable to offer financial support are often willing to lend personnel or provide technical services.

Canvass a wide variety of potential funding sources. The support group should identify and meet with potential funders throughout the city. Funders should be involved in planning as much as possible. Consider establishing a subcommittee on funding.

Over time, a mature healthy city takes a more strategic perspective. Health in all policies is a whole-systems approach involving partners from many sectors. Intersectoral partnerships provide a platform for aligning departmental plans and releasing departmental funds for a common purpose – the health and well-being of your citizens.

Making the case. Encourage the mainstream budgets of municipal departments and local agencies to meet health goals. These are the win-wins – for example, economic performance and productivity is enhanced by a healthy workforce. In a period of austerity, use solid evidence to show how investing in the upstream determinants of health will reduce the downstream demands on health-care and social care budgets. For post-pandemic recovery, make the case that healthy cities have always created strong and resilient communities and have considerable experience in building resilience by investing in social networking, social support, community development, developing skills and competencies and social cohesion and connection, minimizing vulnerabilities and strengthening the community's social capital.

Useful skills for healthy city coordinators: resilient, resourceful, opportunistic and entrepreneurial.

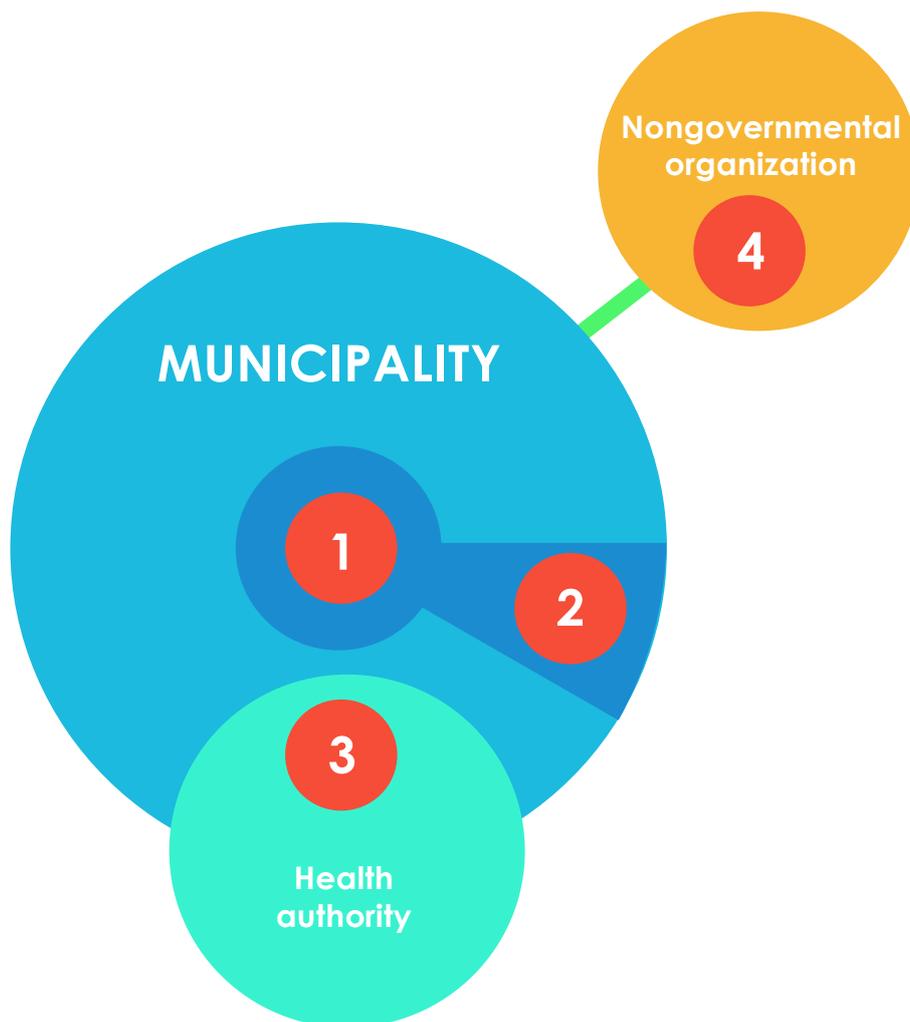
STEP 5. LOCATION OF THE SECRETARIAT

KEY MESSAGE: Maximize leverage

Deciding the location of the healthy city secretariat within the organizational hierarchy of the city is an important choice. It influences the organizational structure and the administrative mechanisms. It determines the relationships with politicians, organizations that work as partners and community groups. It indicates healthy city ownership.

The system. Place the healthy city secretariat where it can maximize leverage on the system of city governance. Cut through hierarchies and reach out to many sectors. Review organizational structures and administrative systems. Ascertain where best to operate. Brief your lead politician on the options. There are four basic organizational models (Fig. 6).

Fig. 6. Location options for a healthy city secretariat



Central. This location enables a strategic overview of all sectors. It is within city government, as part of the office of the mayor, city manager or city clerk, and the secretariat can count on the authority of the mayor or city manager. Strong links to the city council make the coordinator and healthy city secretariat more effective in promoting intersectoral action among departments of the city administration.

Department. A departmental location (within city government) builds on the commitment of executive heads who have both a seat at the top table and responsibility for delivering services. Nevertheless, if the healthy city secretariat is located within the health department, the secretariat may be viewed as favouring the interests of the health-care system only, creating challenges in negotiating with other sectors. Consider a location in other departments such as urban development, environmental health and public health (a municipal function in many European cities).

Health authority. Here, jurisdiction over health matters is divided between the municipality and other tiers of government. Health authorities may act as champions and provide resources. Jurisdiction over matters that affect health is divided between city and county or regional governments. For example, one government may be responsible for health and the other for environment. Coordination of activity between governments is an important priority for such a location.

Nongovernmental organization. This location is within or as an autonomous non-profit organization with its own charter and independent board of directors. Such organizations tend to be politically neutral, have a good overview of city life and work closely with community groups, giving them a strong sense of citizen participation.

Ultimately, the secretariat should adopt the organizational model most suited to local circumstances. Your analysis of how local politics and city administration work will provide the basis for this choice.

Useful skills for healthy city coordinators: strategic thinking, negotiating, funding opportunities and financial management.

STEP 6. PROPOSAL

KEY MESSAGE: Create a comprehensive proposal

Preparation of a formal healthy city proposal should begin when the core group of enthusiasts have a good understanding of how healthy cities strategies apply in your city and has agreed on how to proceed (Box 4). The city council is the main audience for your proposal. Keep in mind the interests of potential partners and financial supporters as well.

Secretariat. Initiate and/or sustain the core operation of your healthy city. Formulate a proposal that establishes or renews a secretariat with a coordinator and staff. This basic resource supports and services a platform for health alliances, diplomatically encouraging many actors and adding value to many sectors. It is a minimum requirement for designation as a member city of the WHO European Healthy Cities Network and a proven success factor.

Twin drivers. First, align the proposal with the political values and priorities of the city council. Political administrations vary and present differing opportunities. Healthy cities bridge partisan politics by translating into action the shared values of equity, sustainability, inclusiveness and resilience. Second, rely on WHO's legitimacy and expertise. WHO adds value to the proposal with a global reputation for synthesizing evidence on how to maximize health potential. Combine its expertise with the technical and professional competencies of municipal departments and partner agencies.

Box 4. Checklist for healthy city proposals

Does the proposal:

- highlight health impact assessment and the principles of equity, sustainability, inclusiveness and resilience?
- adapt WHO guidance on frameworks and strategies to local conditions?
- align with city council priorities?
- address the critical challenges facing the city?
- add value with a healthy city approach?
- show visible results?
- estimate the cost and sources of funds?
- have the support of partner agencies and community groups?

Process. Develop a situational analysis that identifies the gaps in current strategies and priority areas to focus on. Co-produce the situational analysis and proposal with partners to raise awareness of the WHO European Healthy Cities Network and find opportunities. Next, or in parallel, seek the opinion and commitment of the councillor with executive responsibility for this area of work. In many cities, this person is the deputy mayor and chair of a relevant committee. Engage key departmental heads. Utilize their technical expertise and elicit their assessment of council priorities. Include the key points in Box 4. Success depends on thorough preparation, both political and technical. Formulate a brief, clear and precise proposal.

Useful skills for healthy city coordinators: project planning, co-production, budgeting and political awareness.

STEP 7. APPROVAL

KEY MESSAGE: Get political approval and support

Note that when a city applies for membership in the WHO European Healthy Cities Network, the first step is for the mayor to send a letter to WHO expressing interest to join the WHO European Network and committing to the principles of the phase and the allocation of financial and human resources.

Following the mayor's letter of support the city must also obtain city council approval to join the WHO European Network and work towards becoming a designated city. This sets the framework for the city's public health strategy and commitment to future action.

Governance. The mayor and heads of municipal departments are responsible for shaping policy, drafting and managing budgets and programmes. Deputy mayors chair council committees that deliberate proposals and recommend approval, modification or rejection. The council formally approves policy frameworks, programmes and the municipal budget. In practice, the dynamics of how the executive and the council work together varies from city to city.

Functions. The mayor and heads of municipal departments are responsible for shaping policy, drafting and managing budgets and programmes. Deputy mayors chair council committees which deliberate proposals and recommend approval, modification or rejection. The council formally approves policy frameworks, programmes and the municipal budget. In practice the dynamics of how the executive and the council work together varies from city to city.

Process. Several steps towards building broad support in the city council should be taken in the course of getting started. Politicians and senior executives should be consulted and kept informed throughout the preparatory phase. If the healthy city secretariat is located within the city government, city councillors will have been the leaders in this process. Political concerns and priorities are considered, keeping in mind differences between political parties. Health is everyone's business – support should extend across party lines. Although parties may differ on means of action, the principles and strategies of the healthy city should not be matters of partisan debate. This will avoid the healthy city being weakened if and when city government changes.

People outside the city council who have political influence should be asked to express their support for their city councillor. A strategy for presenting the proposal and answering questions about it in the council should be worked out in advance. Examples of success from other cities should be available for discussion. Sources of potential opposition should be identified and approached to determine whether their concerns can be met.

Once informal support has been secured, submit the proposal to a council committee (if applicable in your city) for discussion to establish your city as a healthy city. Make a recommendation to proceed to the full council meeting for formal approval. Council approval marks formal recognition and commitment.

Useful skills for healthy city coordinators: negotiation, politically aware, diplomatic and change management.



2. GETTING ORGANIZED

After the city council formally approves the establishment of your city as a healthy city, the organizing can begin. This means setting up the organization and administrative mechanisms through which you will work. This includes a steering committee to lead and coordinate and a healthy city secretariat to provide support, visibility and action. An essential part of getting organized is securing the personnel, money and information that are needed. For the cities already established as a healthy city, the information in this chapter could be used to refine or adjust as needed.

STEP 8. STEER

KEY MESSAGE: Appoint a steering committee

All successful healthy cities have an intersectoral steering committee. The steering committee should be appointed as soon as possible after approval. It is the core of the healthy city.

Purpose. A steering committee provides leadership and legitimacy, support and follow-up action. It should link well with the city's political system. It can act as a vehicle through which partners come together to negotiate agreement on ways to improve the health of the city. In some cities, they are referred to as coordinating or intersectoral committees. Effective committees have well-defined responsibilities, representative membership, efficient working structures and clear but flexible procedures.

Box 5. Responsibilities of the healthy city steering committee

The healthy city steering committee is responsible for:

- formulating the philosophy and strategy;
- persuading the city council to accept healthy city proposals;
- considering the views of the organizations represented on the committee;
- advocating participation in healthy city activities to groups in the city;
- obtaining financial and other resources;
- encouraging community groups to express their views and to become involved in health; and
- making decisions on how the subcommittees and the secretariat operate.

Membership. Choose the option that reflects your local circumstances. A steering committee of 15 members dedicated to the healthy city is ideal. Committee members should include those with effective political links with the city council and representative of potential partners. Members are selected for their interest in health, their knowledge of the city and their ability to mobilize support. Involve the mayor and city councillors responsible for mobilizing social services, education, environment, traffic, housing and urban planning. Use the authority of senior

executives responsible for city departments and the health-care system. Include representatives from community groups, researchers and academics with interests in health and social policy, representatives from business, industry and labour and other prominent citizens recognized for their interest in public health.

Organize. The steering committee is the focal point of a healthy city. It is ultimately responsible for leadership, coordination and decision-making. Many healthy cities also establish subcommittees or working groups to carry out preparatory work needed for the full steering committee to work effectively.

Box 6. Functions of a subcommittee

Subcommittees usually perform two functions:

- review management and routine administrative matters, preparing recommendations for full committee decision, including personnel, finances, planning and purchasing decisions; and
- explore and report on specific problems of interest: traffic, environmental pollution, housing in poor areas or drug abuse, with the tasks including gathering information and data, identifying those who can help with solutions and preparing recommendations for the steering committee.

Subcommittees can be established for indefinite periods or for a limited amount of time. Members can come from the steering committee or from other places. In some cities, the practice is to have city councillors on the steering committee and their senior executives comprise the executive subcommittee. Subcommittees appointed to deal with specific issues include members who are knowledgeable about those issues or represent interested organizations.

Streamline. Most local authorities have opted to streamline their operation, incorporating the healthy city matters into a council committee with wider responsibilities. Maximize opportunities presented by these political realities. Use this important committee to exert more influence on mainstream policies and programmes. Use it as a platform for dialogue and commitment from departments to deliver a public health dimension to their services. Face the challenge of continually refreshing healthy city principles and disseminating new knowledge and practice.

Useful skills for healthy city coordinators: strategic leadership, building alliances, partnership working, diplomacy and change management.

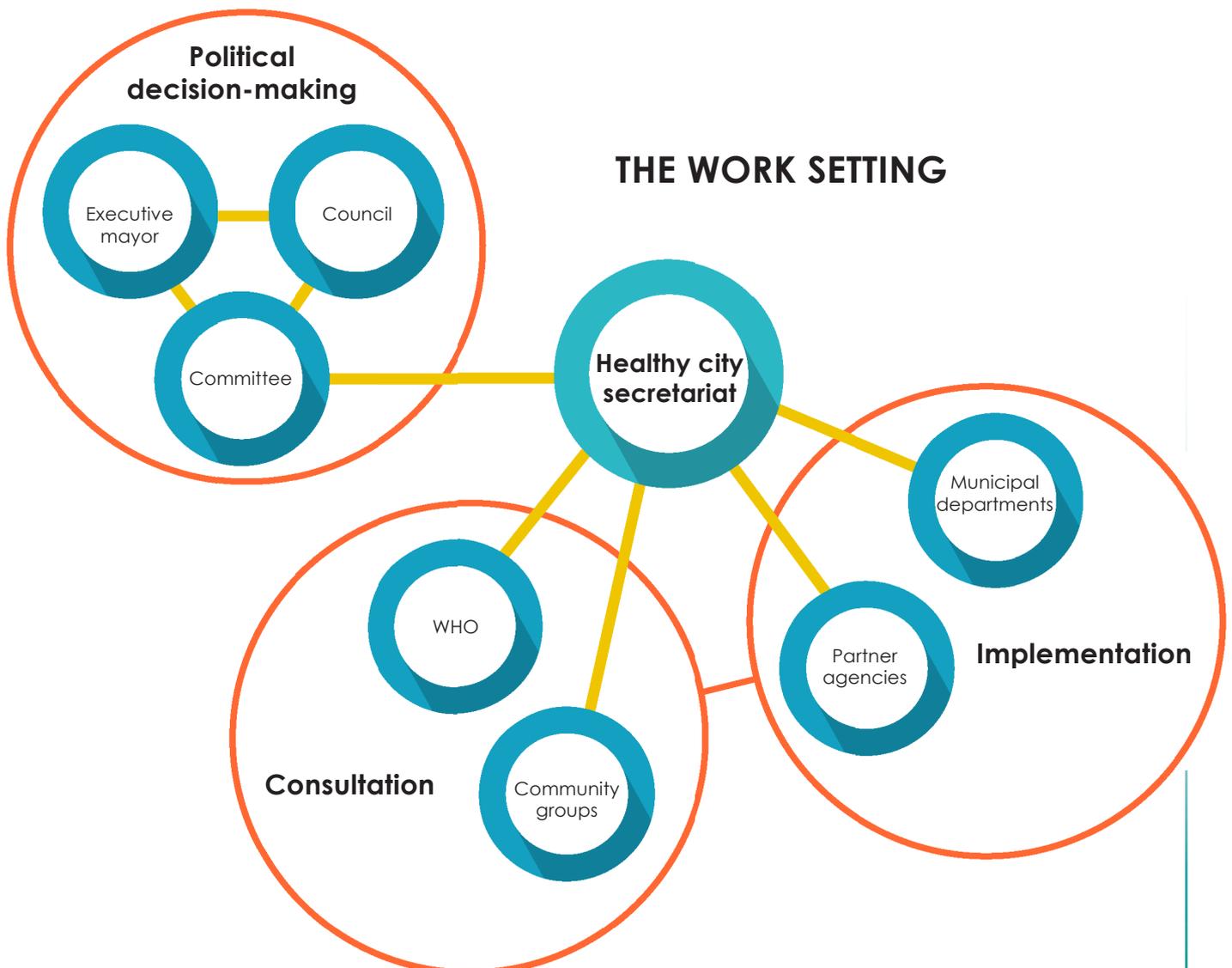
STEP 9. WORK SETTING

KEY MESSAGE: Analyse the work setting

Analysing the work setting will ensure that the healthy city secretariat will work within the right context, decision-making structure and organization of city governance, recognizing the mandates and systems of others. This initial analysis will improve as you gain experience in working with the city council and various sectors. It will aid in securing commitment. Once you have a good understanding of the work setting, plans and definitions of work should be reviewed and revised accordingly.

Systems. Capture the imagination and secure the commitment of healthy city partners. Locate this within the structure and organization of city governance. Each institution has its own responsibilities, functions and operating systems. Review the role of municipal departments, partner agencies and regional and/or national policies in implementing decisions. Avoid duplication. Understand both the formal and informal processes for political decision-making and delivery. Ensure that you have simple and clear working guidelines in place, keeping in mind that you will be working with many other organizations and actors (Fig. 7).

Fig. 7. The work setting of a healthy city secretariat



Actors. Success depends on the commitment and delivery of partners. They are key actors who determine the quality of intersectoral collaboration and community engagement. Understand their interests, responsibilities, activities, operational styles and aspirations. Achieving this understanding is a complex continual task for a healthy city.

Mediation. Mediate between the system for making political decisions at all levels of government and the network of organizations whose activities shape the journey towards a healthy city. Inject WHO frameworks, ideas and evidence into the system and encourage communities to uncover challenges and shape priorities. Listen, learn and respond. The healthy city provides a platform for two-way communication between the political system and intersectoral partners.

Skills useful for healthy city coordinators: navigating the policy environment, political and social astuteness, knowledge of political and administrative infrastructures and frameworks.

STEP 10. DEFINE FUNCTIONS

KEY MESSAGE: Clarify roles, functions and intent

Establishing good working relationships with individuals and partner organizations who form an alliance for city health is a necessity. The steering committee should prepare and adopt a clear statement of the role and functions that the healthy city will perform. Good relationships will develop more easily if there is a precise understanding of your unique role and activity (Box 7).

Role. Healthy cities promote innovative approaches to public health (see Chapter 2). They have a unique role for health promotion in terms of enabling, mediating and advocating. They empower individuals and groups to take action for health by securing the means that make action possible. They provide connecting links that become the medium through which different groups agree to cooperate in making the city a healthier place to live. They recommend and defend new and different ways of formulating and implementing healthy public policy. It is important to [enable, mediate and advocate](#).

Secure the resources and commitment which give voice and power to individuals and groups. Exercise city health diplomacy (23). Encourage groups and organizations to cooperate in making the city a healthier place to live. Raise awareness of the contribution of intersectoral partners to the health dimension of city life. Find new and different ways of formulating and implementing WHO's health in all policies, whole-of-government and whole-of-society approaches. Brief partners on the opportunities and impact of regional and national government policies. Facilitate the production and implementation of a city health development plan.

Box 7. Work activity

- Gather knowledge about public health problems in the city and opportunities to improve health
- Raise awareness with partners about the health dimension of city life
- Build political support for new approaches to public health
- Disseminate WHO frameworks and evidence to bring new approaches to public health
- Provide a platform for planning intersectoral action and create opportunities for community groups to have a stronger voice
- Promote strategic planning to secure long-term action for health
- Promote innovation leading to health in all local policies
- Participate in the activities of national healthy cities networks and the WHO European Healthy Cities Network

Added value. Demonstrate clearly how the role and function of the steering committee is different from organizations it works with. Deploy WHO expertise to influence established systems of city governance. Make it clear that the steering committee does not have operational responsibilities that compete with those of its partners. Lead, coordinate, advocate and catalyse change. Results are ultimately achieved through the commitment and work of partners. Failure to recognize this creates unproductive competition and weakens performance.

Useful skills for healthy city coordinators: building alliances, communication, advocacy, negotiating, diplomacy and conflict management.

STEP 11. SET UP THE SECRETARIAT

KEY MESSAGE: Success depends on an effective secretariat

The enabling, mediating and advocacy roles of a healthy city secretariat are unique. These responsibilities are carried out on behalf of the steering committee, working in cooperation with subcommittees, working groups and partners.

Facilitate. The healthy city facilitates the work of the steering committee with a secretariat that motivates and gives managerial support to its members. It links with different partners and actors through communication, information and advice. It exerts influence by developing a wide range of contacts throughout the city; provides a basic and dependable resource; and ensures that decisions are translated into practical action. Box 8 lists the functions of the secretariat.

Box 8. Functions of a healthy city secretariat

- Develop sources of information on local health issues and on opportunities for new approaches to public health
- Provide professional and administrative support to the steering committee and its task groups
- Negotiate with potential partners to lay the groundwork for intersectoral action
- Publicize the principles, strategies and work of intersectoral partners
- Facilitate and support participation by community groups that want to be more active in promoting health
- Promote innovation in public health
- Persuade the city to improve strategic health planning and assess the health impact of its policies and programmes
- Provide professional support to develop a city health development plan
- Act as the focal point for the WHO European Healthy Cities Network, including completing the applications for designation and evaluation for each phase
- Share knowledge and experience with WHO and national healthy cities networks
- Attend WHO European Healthy Cities Network meetings and conferences to network and share good practice with other cities in the Network

Personnel. The secretariat, comprising the coordinator and staff, is the operational heart of the healthy city approach. Most healthy cities employ 3–8 people depending on the population of the city. If possible, maximize this resource within the policy and financial constraints of the municipality, health authority or nongovernmental organization. The very minimum resource for a viable secretariat is a coordinator (who might perform other complementary functions within the city) and administrative

support. The ideal is a small, accessible team, with complementary skill sets, office and information technology support and a dedicated budget to perform the functions listed above. The staff responsibilities, accountability and the relationship to the steering committee and working groups should be defined. Other personnel that may be needed include researchers, communication professionals (for website and social media work) and community workers. Obtaining strong support from partners requires meeting during business hours. The secretariat must be a model of accessibility and good administration.

Coordinator. The healthy city coordinators play a crucial role. They provide continuity and visibility and build essential support within the city government and throughout the community. Leading the secretariat team is a great responsibility and requires many leadership qualities. The coordinator needs to be diplomatic and persuasive and understand and adapt to the priorities of the key partner agencies that ultimately deliver health in all policies and programmes. The coordinator should be strong and resilient when actors misinterpret or bend healthy city principles and strategies. Be sensitive to the views of the community and be able to work comfortably and flexibly in an environment of innovation and experiment. The coordinator will also be the focal point for the WHO European Healthy Cities Secretariat and attend meetings and conferences to network and share good practice examples with other cities in the WHO European Network.

Useful skills for healthy city coordinators: communication, resilience, resourcefulness, vision, opportunism, entrepreneurial flair and risk-taking.

STEP 12. PLAN

KEY MESSAGE: Prepare an operational plan

Long-term planning encourages city officials to take a broad view of what can be accomplished through cooperation between sectors and better relationships with the community. Its long-term perspective encourages them to think about changes in policies and programmes needing several years to be accomplished.

Plan. Prepare an operational plan for the healthy city secretariat, keeping in mind the work setting. Focus on the process of supporting the steering committee. Plan the most resource-effective means of influencing strategic partners to deliver healthy public policy and practice. State the secretariat's added value in achieving results over three to five years. Summarize what is to be done. List the tasks and timeline for the next year. Review and update annually. Sign or renew an agreement with WHO as a catalyst.

Tasks. Allocate financial and human resources in accordance with the priorities of the steering committee. Your work plan should be in order by tasks, clearly defined goals, timeline and personnel. Focus first on professional and administrative support for the operation of the steering committee. Include background research, consult partners, prepare action reports and policy briefing notes, ensuring that decisions are turned into action. Then facilitate the strategic development of the city by commissioning or reviewing research and health impact assessments. Support the process of producing city health profiles and city health development plans.

Pressure. The secretariat faces demands on many fronts. Seize only good opportunities. A clear but flexible operational plan provides a strategic perspective. Try to strike a balance between high aspirations and a realistic appraisal of the rate of change that can be anticipated. Monitor performance and outcomes, assess impact and adjust the work programme when necessary, always keeping in mind the bigger picture.

Useful skills for healthy city coordinators: project planning, team building, delegation, facilitation, motivating and empowering others and resilience.

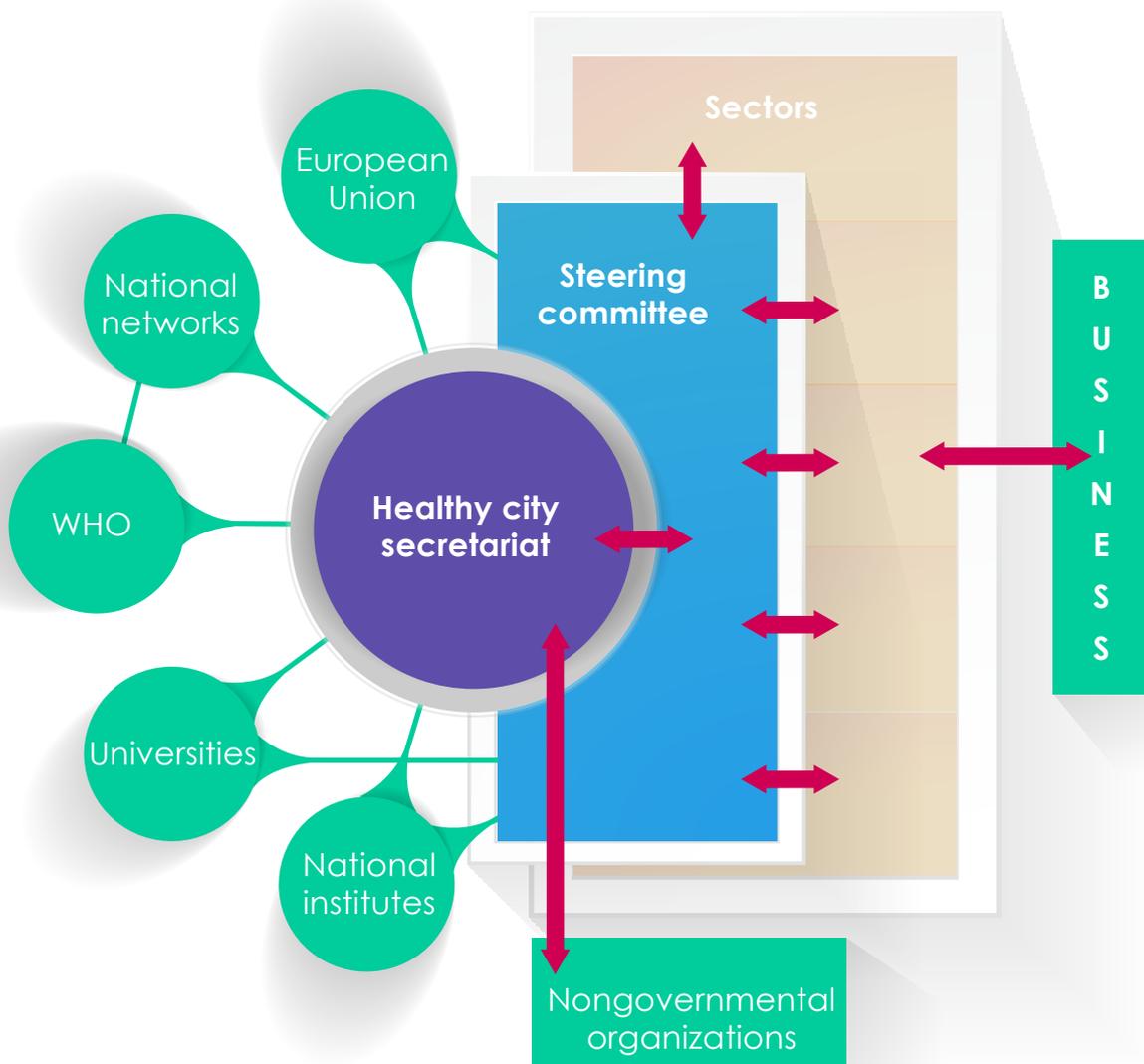
STEP 13. BUILD CAPACITY

KEY MESSAGE: Build capacity in the city

Being effective advocates for a healthy city requires building capacity. This means ensuring that you have skilled personnel, adequate funds and access to information that will enable your healthy city to perform effectively.

System. Build the capacity of the secretariat as much as possible within the resource constraints of the municipality and partners. In reality, most cities generate extra capacity in the steering committee, in departments and partner agencies, in nongovernmental organizations and businesses. Promote a reciprocal relationship between all these actors and agencies. Increase the knowledge base of the steering committee. Fig. 8 summarizes the process of enhancing system capacity. Capacity building is a continual responsibility of the steering committee working together with the healthy city coordinator since the secretariat is vital for this.

Fig. 8. Engaging with multisectoral stakeholders



Resources. Ensure that the secretariat's operational plan creates sufficient resources to drive your healthy city forward. Prepare a long-term budget strategy for additional resources. Seek extra capacity from sector partners. Use human and financial resources from municipal departments and agencies. Encourage co-production. Share personnel and demonstration projects and programmes. Attract internships from universities and nongovernmental organizations. Seek sponsorship from businesses, trade organizations and labour unions. Ascertain the resources associated with programmes linked to regional, national and European Union policies.

Knowledge. Information is key! Use privileged access to WHO and associated national healthy cities networks to import and share evidence of determinants of health, frameworks, strategies and tools for improving health. Promote and attend training courses to refresh understanding. Engage with universities and national institutes to modify generic knowledge based on local circumstances. Use the data held by departments, agencies, nongovernmental organizations and businesses. Above all, build on the knowledge of these partners gained through practical experience. Place value on the wisdom and understanding of city life.

Useful skills for healthy city coordinators: strategic and creative analysis, opportunism, short- and long-term planning and strategic alignment.

STEP 14. ESTABLISH ACCOUNTABILITY

KEY MESSAGE: Be formally accountable for actions and focus on results

Accountability is critical in public health. The principle of accountability means that city councils and several parts of the city administration are responsible for how their policies and programmes affect health. In order for this principle to have practical meaning, there must be mechanisms to evaluate impact and to report the results to decision-makers and ultimately to the public.

Formal mechanisms. As head of the secretariat, the coordinator is formally accountable to the steering committee, then to the council and ultimately to citizens. Introduce reporting systems to clearly account for the secretariat's own decisions, budget, activities and results on a regular basis. Send annual reports and reviews to partners, financial supporters and ultimately the public. Also undertake formal reviews for WHO, midway and at the end of each agreed phase of development.

Journey. Report progress towards establishing or updating the organizational processes and structures that enable your healthy city approach to flourish. Appraise and strengthen the commitment of key partners. Ask whether they include a health dimension in all policies. Monitor departmental and agency programmes and projects. Are they delivering healthy settings? Are they improving social and economic environments that promote healthy lifestyles? Do they provide optimal value for the investment? The steering committee will ask whether we are making progress with embedding the critical success factors that shape a healthy city? How are we performing?

Health impact. Demonstrate the added value of a healthy city approach in improving health. Regular reporting on the city's health based on a set of core indicators can be extremely helpful. Reports should be concise and easy for non-experts to understand and should be presented and debated in the city or provincial councils. Demonstrating added value may be difficult without investing substantial evaluation resources. Alternatively, predict the results by commissioning a prospective health impact assessment using quantitative and qualitative methods. Import global evidence, especially from WHO. A wealth of evidence shows how supportive city environments improve physical and mental health. Create healthy settings and health will follow.

Useful skills for healthy city coordinators: monitoring and accountability, communication, analysis and interpretation.



3. TAKING ACTION

The following areas for health action are essential for an effective healthy city. If some parts are missing, then performance is weakened. Each area leads to results that can be described and evaluated. The action areas" are also results areas. For example, a healthy city works towards raising awareness and understanding of health issues by disseminating information, providing publicity, doing health audits and cooperating with the media. If successful, these activities result in greater awareness of health for all principles and understanding of how they are applied in practice among the public and decision-makers. Managing work by focusing on results areas strengthens planning, monitoring, evaluation and accountability.

STEP 15. INCREASE HEALTH AWARENESS

KEY MESSAGE: Use available communication tools to spread the message

Work for greater awareness of health and well-being in your city. Your efforts to increase awareness and understanding of health and well-being must be comprehensive, visible, consistent and continuous. Use the Internet and social media as tools for effective communication. Disseminate a core healthy city message that is more profound than promoting individual health. Show how healthy lifestyles are fundamentally shaped by the social, physical and economic environments of a city and improved by councils and communities acting together. Defend and spread this distinctive approach to health development.

The medium. Electronic communication has taken over much of print media. Develop a communication strategy similar to the WHO Regional Office for Europe. Set up a healthy city website to share your initiatives and achievements and promote your work. This is also a good way to increase citizen participation through feedback. Provide a compass for navigating the world of volatility, uncertainty, complexity and ambiguity with the solid healthy city approach. Communicate health messages with a firm but lighter first touch. Engage busy politicians, managers and partners with short visual representations – key to unlocking more substantial content. Encourage your mayor to make a video presenting your healthy city. Use Twitter or Facebook to quickly spread messages about outcomes and successes.

Community action. Remember that despite all the new communication technology, involving people in your city is a powerful way to bring to life to the healthy city approach. This can be done through city-related health messages around global health days such as World Heart Day and the International Day of People with Disabilities. Use World Health Days and campaigns as well as other opportunities to showcase the role of your healthy city in promoting Health for All, with a special emphasis on the European Programme of Work priorities and its flagship initiatives when applicable.

Useful skills for healthy city coordinators: innovative, communication, social media, translating complex messages, marketing and social marketing.

STEP 16. ADVOCATE STRATEGIC PLANNING

KEY MESSAGE: Producing a city health development plan is a priority.

A city health development plan is a strategy document that contains a comprehensive picture of a city's concrete and systematic efforts for developing health. It contains the city's vision and values and a strategy for achievement. Its political purpose is to demonstrate that health is a core value of the city administration, and further that the vision, values and strategy are translated into action through operational planning (24–26).

Strategic plans. Plan strategically for the whole city. Adopt a systems approach. Agree that the plan should be ideally based on a set of seven broad areas of action: equity; health in all policies; healthy people; healthy living; community engagement and empowerment; a sustainable and healthy physical and built environment; and health and social care.

Integrate action programmes within an overarching city health development plan or city health strategy. Acknowledge the value of the importance partners attach to their own plans. Consider the option of including health within the city's overarching municipal plan or including a health dimension in other departmental or sector plans. Clearly distinguish a strategic plan spanning three to 10 years from annual operational plans of service departments and agencies.

Components. According to Jostein Rovik, former Mayor of Sandnes, Norway, city health development plans tell us where we are now, where we want to be and how to get there. Show how the vision of where we want to be nests within the Sustainable Development Goals. Sustainable Development Goal 11 – for sustainable cities and communities – touches on the change mechanism of fostering healthier cities through urban planning for cleaner air and safer and more active living. Discover “where we are now” with a baseline city health profile and identify the markers of change. Monitor progress by updating the profile (Fig. 9).

Fig. 9. Strategic planning cycle for a healthy city



Process. Coordinators are responsible for delivering a city health development plan, and most say that the process of preparing it is as important as the plan itself. Engage politicians from the beginning to secure their commitment. Involve intersectoral professionals in a task-and-finish group. Secure the consensus and commitment of actors who must deliver the strategy and associated action plans. Identify the change mechanism – the how of improving health – by combining WHO frameworks with partners' knowledge of resources and opportunities.

Useful skills for healthy city coordinators: visionary, goal-setting, strategic thinking and planning, analysis, strategic alignment and engagement.

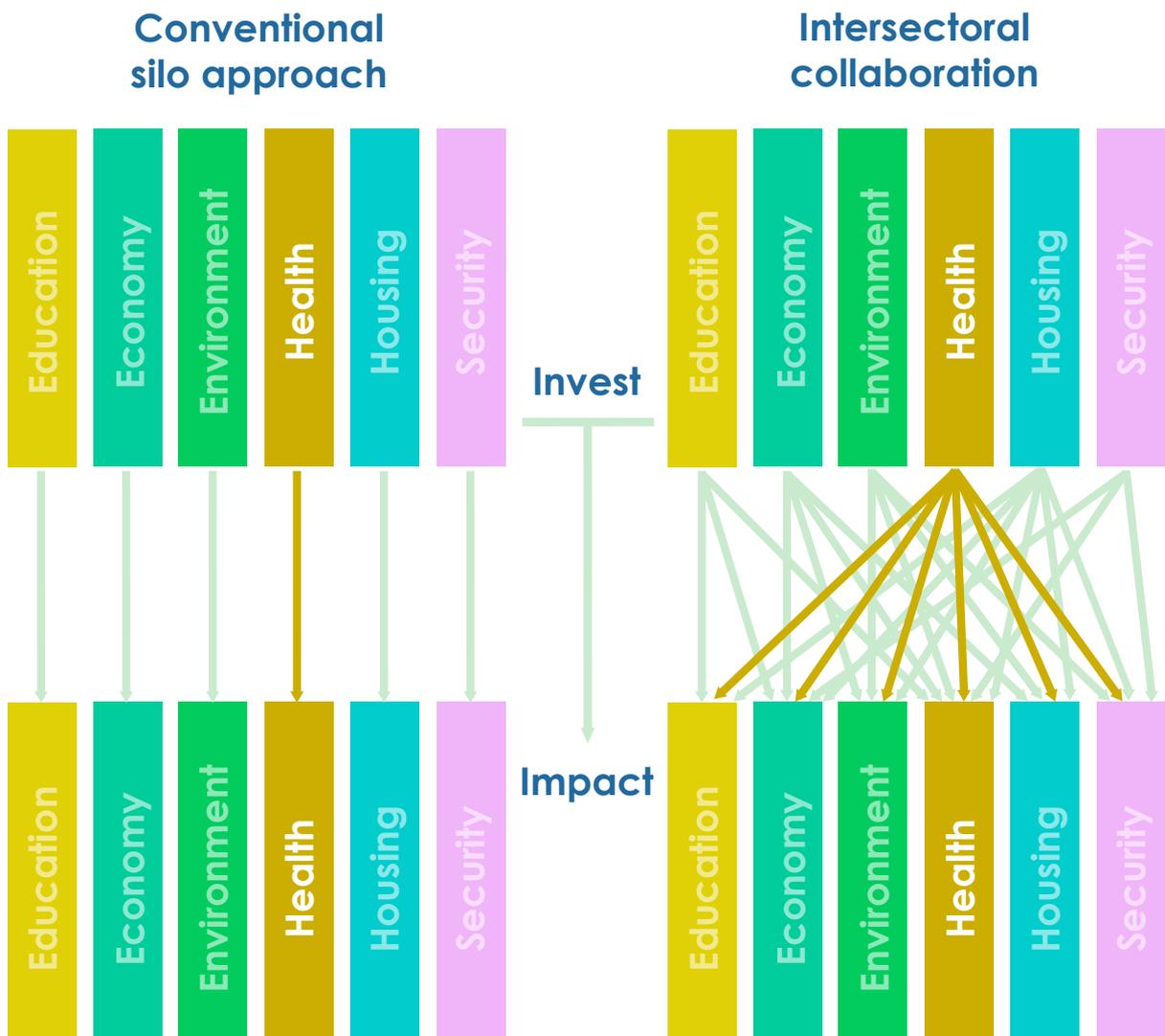
STEP 17. INTERSECTORAL COLLABORATION

KEY MESSAGE: Break silos

The mechanisms that facilitate intersectoral action provide the framework for dialogue and planning among the departments and other organizations and resources needed for improving health and well-being in your city.

Mobilize. Mobilize the actions of others – key departments and partners – with resources to modify mainstream services or invest in new and innovative work programmes. Maximize leverage on the established systems of governance from a central location in the city’s management structure. Persuade key politicians and actors to break out of their silos and adopt a dynamic accounting model that includes costs and benefits across all sectors (Fig. 10).

Fig. 10. Collaboration across sectors



Costs and benefits. Sensitize politicians and partners to the wider health effects of their investment decisions. Fig. 10 indicates how investment in each sector affects most others. With privileged access to WHO's authoritative frameworks, the secretariat's first task is to synthesize and package this evidence in a compelling format. Ensure that the steering committee is receptive to this lateral thinking. The task-and-finish group overseeing the production of a city health development plan is also a platform for developing consensus and commitment.

Silo-breaking. Silo-breaking is a major challenge for most governments – national and local. Many departmental directors may want to protect their budgets and reserve their staff for core activities – for business as usual. Nevertheless, dynamic accounting is potentially a win-win model. Use WHO guidance on health impact assessment and cost–benefit analysis to reinforce this approach.

Establishing multisectoral partnerships based on joint planning, funding and accountability is challenging. This can be achieved by establishing common goals, and achieving them will require contributions from various sectors with shared responsibilities and strong central leadership. This common agenda must be defined by all key stakeholders from the initial stages. Do not produce a document with predefined goals and objectives before consulting them and seeking their contribution. Ownership is key. Having a less-than-perfect intersectoral strategy for health in the city, in which various sectors can feel they were fully involved in developing it, is better than a document produced by one sector or expert that may be technically of the highest standard but lacks the spirit of genuine partnership.

Common language. Reaching out to sectors is very challenging. To do so successfully, start with a systematic stakeholders' analysis. Before embarking on telling other sectors what they can do for health, understand well their action vocabulary, values and goals, and if possible, establish a common language. Health and well-being can often significantly contribute to achieving other sectors' goals, making intersectoral partnerships mutually beneficial.

Useful skills for healthy city coordinators: strategic and creative thinking, diplomacy, change management, facilitation, political and social astuteness and review and redesign.

STEP 18. COMMUNITY PARTICIPATION

KEY MESSAGE: Inform, consult, participate and empower

Community participation is a core principle of the healthy city approach. Empower and engage people to participate in decisions that determine their lives and health. Give voice to citizens who want to shape the journey towards a healthy city. Involve the community in developing and implementing action programmes and health-promoting events. Support forums focused on specific topics such as urban planning, housing, transport, health and social services. Encourage citizens to participate actively in developing the city health development plan.

Information and consultation. Develop a framework for community-level action. Review the WHO approaches to and techniques on community participation in local health and sustainable development (27). Build capacity and strengthen community infrastructure and networks. Inform citizens about health issues. Use mass media (television, radio or newspaper), newsletters, bulletins and blogs. Use social media such as Twitter, Facebook and LinkedIn. Consult citizens on specific projects and across the breadth of your healthy city work. Use community surveys, followed by meetings and public events.

Decision-making. Welcome nongovernmental organizations onto the healthy city steering committee and task groups. Encourage more general participation in the strategic processes of the municipality. If possible, fund professionals to empower citizens in active participation, leadership and management. A priority action is to equip citizens with the skills, confidence and capability to participate in the city's decision-making processes.

Useful skills for healthy city coordinators: advocacy, communication, empowering, facilitation and building alliances.

STEP 19. PROMOTE INNOVATION

KEY MESSAGE: Experiment and scale up what works

Achieving success through innovation requires creating a climate that supports change. This begins with recognizing that innovation is needed and is possible and that its inevitable risks are acceptable.

Embrace new ideas thoughtfully. Disseminate knowledge of innovative programmes and practices. Highlight prospective social and financial benefits. Encourage experimentation and scale up successes.

Foster innovation. Use several approaches. Adopt an attitude and work style in the secretariat and steering committee that is receptive to new ideas and innovative thinking. Use privileged access to WHO's cutting-edge frameworks and evidence. Share the experiential knowledge of cities at the annual meeting and technical conferences of the WHO European Healthy Cities Network and national healthy cities network conferences. Test new programmes and methods with pilot projects. Welcome new approaches to public health adopted by small nongovernmental organizations that are close to the community.

What works. Evaluations are an integral part of WHO guidance and essential for monitoring and appraising the value of your healthy city. Use WHO tools that monitor outcomes and effects on equity, sustainability, resilience, inclusion and health. Obtain research expertise from local universities. Encourage community self-assessments. Ascertain what works – do new investments create supportive environments? Health impact studies are essential for establishing the case for scaling up innovative programmes and modifying policy.

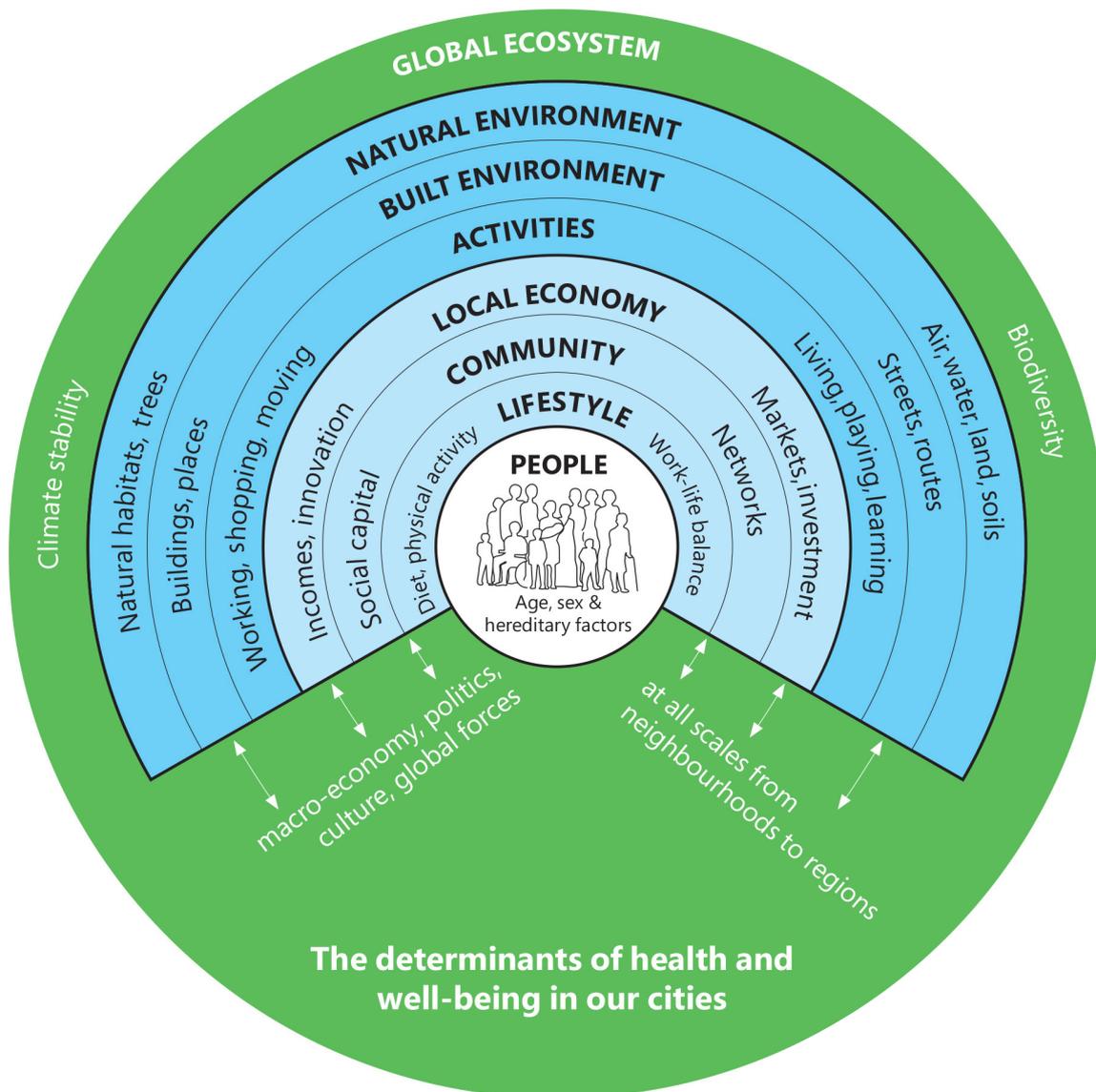
Useful skills for healthy city coordinators: innovative, risk-taking, entrepreneurial and review and redesign.

STEP 20. ENSURE HEALTH IN ALL POLICIES

KEY MESSAGE: A reality check and resolution of complexity and conflict

The big picture. Review the big picture of the city after each phase of development. The settlement map shows the city as a complex system, requiring health in all policies of many tiers of government and interventions by many sectors. Review the WHO health in all policies training manual (28) if needed. Review the entry points for health development at every level and sector of the system. Evaluate the performance of various processes, structures, plans and programmes within an integrated systems approach to a healthy city. In an ideal world, policy-makers and decision-makers work together in harmony to achieve this goal (Fig. 11).

Fig. 11. The determinants of health and well-being in urban environments



Source: Healthy cities: effective approach to a rapidly changing world (19).

Reality check. We do not live in an ideal world. For years, efforts have been made to promote health equity in all policies to decision-makers. The COVID-19 pandemic has clarified how health is affecting all sectors and showing policy-makers the need to make decisions placing health at the top of the political agenda. Health equity in all policies promotes health and equity objectives and achieves mutual benefits for other sectors.

Healthy cities have experience working on health equity in all policies. The overarching goal for Phase V (2009–2013) of the WHO European Healthy Cities Network was health equity in all local policies (29). Review tools and frameworks developed to facilitate this approach in your city (30).

Mainstreaming health in all policies and health equity in all policies approaches can also help cities in progressing on achieving multiple Sustainable Development Goals, including improve health (Sustainable Development Goal 3), tackle poverty (Sustainable Development Goal 1), foster gender equality (Sustainable Development Goal 5) and enhance access to clean energy and climate-resilient infrastructure (Sustainable Development Goals 7 and 9) (8).

Use mediation and advocacy for a common, overriding purpose. It is a tough job requiring leadership and diplomacy but also resilience in the face of adversity. Although policy-making is often erratic and sometimes capricious, sustained efforts will eventually win through.

Useful skills for healthy city coordinators: leadership, diplomacy, motivating, empowering and developing.



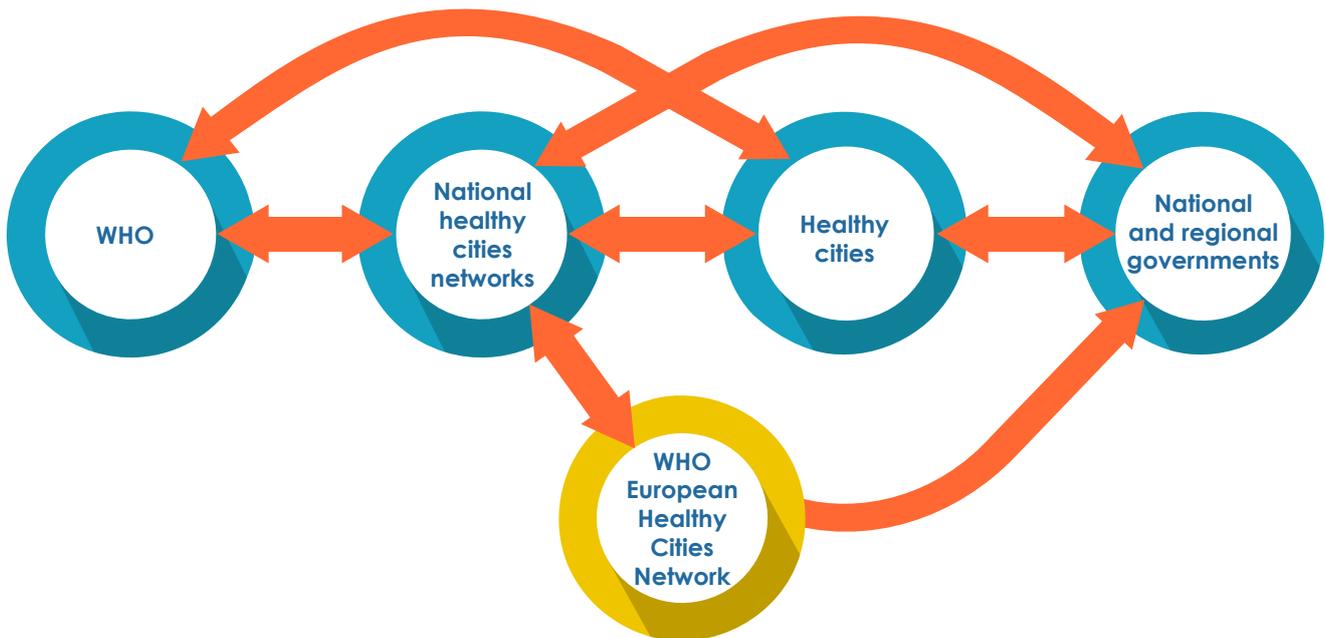
4. NATIONAL HEALTHY CITIES NETWORKS

Most people in the WHO European Region live in cities in which health is integral to the New Urban Agenda (31). Just as city governments are a driving force for the economic renaissance of European countries, healthy cities drive forward the health and well-being of European citizens. The two are intimately linked.

The good health of all its citizens is one of the most effective markers of any city's sustainable development. Healthy cities are environmentally sustainable and resilient. Cities with clean air, energy-efficient infrastructure, and widely accessible green spaces can attract more investment and businesses, create more jobs, and offer more opportunity to people from all walks of life (32).

National healthy cities networks have a dual role. As indicated in Fig. 13, they transmit knowledge from WHO to member cities. Evidence on determinants of health, frameworks for shaping policy, tools and guidance all flow from WHO to cities through national healthy cities networks. The knowledge and experience obtained by national network cities also flow in the reverse direction, enriching WHO with an understanding of barriers, challenges and critical success factors for the practical implementation of the 20 steps and actions summarized earlier (Fig. 12).

Fig. 12. Flow of knowledge and experience



Networks expand the narrow focus on individual cities. They enhance the capacity and political leverage on the European stage. Compelling evidence (33) indicates that national healthy cities networks individually and collectively exert influence on central government policies and, reciprocally, on WHO itself.

The purpose of this chapter is to summarize both the objectives of national networks and their successful operational features. It draws heavily on the experience of 1500 member cities in 30 European countries, summarized in the book on European national healthy cities networks published by WHO (34).

OBJECTIVES

In the past 30 years, national healthy cities networks have become well-established organizations, forming the backbone of the Healthy Cities movement in Europe. National networks provide countries with a rich resource of implementation-based public health knowledge and expertise. They create an effective platform to give visibility to local health issues and to facilitate cooperation across levels of government. National networks maximize limited local resources by providing local governments with direct support through training, opportunities to share best practices and access to national and international expertise. Their functions and achievements have made national networks fundamental to the continuity of the WHO Healthy Cities programme over the years (34).

1. RAISING THE PROFILE OF THE HEALTHY CITIES MOVEMENT

The profile and credibility of healthy cities locally and nationally is raised by engaging political actors and developing strategic partnerships and effective communication. WHO accreditation serves to validate and enhance the role of national networks and attract new members. Communication on healthy cities represents both a process as well as specific products.

2. SHARING BEST PRACTICES

Best practices are promoted by setting standards, providing training and producing guidance, creating opportunities for networking and exchange and offering an effective local dissemination model. National healthy cities networks provide a clearinghouse for information on health and sustainable development – generating and disseminating knowledge through web-based tools, publications, conferences and events – constituting a national resource.

3. BUILDING CAPACITY FOR NEW APPROACHES

Local institutional effectiveness is strengthened by supporting cities in adopting good, equity-based governance approaches that address the determinants of health and put health in all policies high on the political agenda. National networks provide an efficient testing ground for generating new ideas, policies and working methods and supporting cities in applying these innovative approaches.

4. SECURING NATIONAL COOPERATION AND INFLUENCE

Influence on national governments is achieved by building partnerships with ministries, agencies, regions, nongovernmental organizations and academic institutes. Local needs and expertise are crystallized to inform and influence the agenda, policy and practices of government and these other large, partner organizations.

SUCCESSFUL ACTIONS FOR INITIATING AND SUSTAINING A NATIONAL HEALTHY CITIES NETWORK

1. THE WHO BRAND

Access and update information from WHO on the principles, values and frameworks of Health for All, health in all policies and the European Programme of Work and its flagship initiatives. Initiate and maintain regular contact with WHO and other national networks on organizational models, processes and requirements for WHO accreditation.

2. CHAMPIONS AND SUPPORTERS

Develop and review links with government ministries and national organizations willing to support the development of the national network. Maintain a core group of enthusiastic cities, share experience and provide mutual support. Develop social relationships with other national networks. Find a powerful, inspired and forward-thinking mayor to initiate, maintain and develop your national network.

3. ASSETS AND OPPORTUNITIES

Identify the unique added value the national network brings to the national arena. Identify existing strengths and what aspects need more support to implement the network agenda. Appoint a coordinator. Build capacity. Identify common ground in member city policies, plans and programmes. Identify sources of external resources by aligning the network with the national agenda for health and sustainable development.

4. ORGANIZATION

Agree on goals, develop and review priorities and set a minimum standard of work. Create formal structures and terms of reference. Clarify the role of politicians and professionals in the network's governing body and decision-making processes so they are clear and transparent (Table 3).

5. PLATFORM

Create frequent opportunities for learning and exchange. Call on an expert team (with WHO expertise) to brief members on work, such as on city health profiles and city health development plans. Invest in communication tools such as a website to promote the national network nationally. Build alliances across sectors.

6. PROFILE

Identify the most important messages you want to convey. Adopt a national network strategy and a concrete plan of action. Organize a national conference on healthy cities with government and partner agencies.

7. SUSTAINABILITY

Secure financial self-sufficiency. Regularly review network structures and functions to maximize added value. Demonstrate results and impact. Encourage and support political involvement. Show links with national and international policies. Maintain WHO accreditation to strengthen legitimacy.

Table 3. Models of leadership in national healthy cities networks

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

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The WHO Regional Office for Europe

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