



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

## **WHO European Healthy Cities Network**



### **Phase VI (2014–2018)**

**of the WHO European  
Healthy Cities Network:  
goals and requirements**







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## ABSTRACT

This document outlines the overall goals and development themes of Phase VI (2014–2018) of the WHO European Healthy Cities Network and explains the application process for cities interested in joining this Network.

### Keywords

COMMUNITY NETWORKS  
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## Background – times of change

The launch of this new Phase VI of the WHO European Healthy Cities Network presents an unique opportunity for our 25-year-old movement. Economic crises in many countries in the WHO European Region, a growing noncommunicable disease burden across the Region and increasing inequities in health along with other health and security challenges are driving major regional, national and local debates on ways to redesign and reconfigure approaches to health and well-being. To address this changing health landscape, countries in the WHO European Region agreed on a new common European policy and strategy for health and well-being – Health 2020 in September 2012. This new policy was informed by healthy city input and experience and now stands ready for implementation. The WHO European Healthy Cities Network is now being positioned as a strategic vehicle for implementing Health 2020 at the local level. Local action and the decisions of local governments can strongly influence all the public health challenges noted above as well as many of the determinants of health. Healthy city leadership is more relevant than ever.

About 69% of the people in the European Region live in urban settings. Living and working in urban areas affects health and health prospects both positively and negatively through a complex array of types of exposure and mechanisms. In addition, cities concentrate population groups with various demographic, economic and social characteristics, some with particular health risks and vulnerability. Urban areas provide great opportunities for individuals and families to prosper and can promote health through enhanced access to services, culture and recreation. Nevertheless, although cities are the engines of economic prosperity and often the location of the greatest wealth in the country, they can also concentrate poverty and ill health.

City living can affect health through the physical and built environment, the social environment and access to services and support. The quality of housing, neighbourhood design, density of development and mix of land uses, access to green space and facilities, recreational areas, cycling lanes, air quality, noise and exposure to toxic substances have been shown to affect the health and well-being of the population in many different ways. Some circumstances of urban life, especially segregation and poverty, contribute to and reinforce discrepancies by imposing disproportionate exposure to health-adverse and socially undesirable patterns of response to economic and social deprivation.

Most local governments in the European Region have a general duty to promote the well-being of their citizens and provide equal and similar access to municipal resources and opportunities. Cities can achieve this through their influence in several domains such as health, social services, environment, education, economy, housing, security, transport and sport. Intersectoral partnerships and community empowerment initiatives can be more easily implemented at the local level with the active support of local governments.

Cities significantly influence people's health and well-being through various policies and interventions, including those addressing social exclusion and support; healthy and active living (such as cycling 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 planning, removal of architectural barriers, accessibility and proximity of services); and participatory and inclusive processes for citizens.

## Health 2020 – this is our time

In 2012, WHO European Member States adopted Health 2020 – the European policy framework supporting action across government and society for health and well-being. This process and content was informed and supported by the WHO European Healthy Cities Network as expressed in the Liege Healthy City Commitment (Box 1)

### **Box 1. Leige Healthy City Commitment 2011**

This new common health policy framework [Health 2020] creates a fresh, dynamic and exciting platform for enhanced influence and impact of a better coordinated and focused public health community. We **committed** ourselves to be **proactive partners during the** development and consultation process. This is our time, to be a **testing ground** for new ideas; to be a source of local knowledge and case studies; and to actively advocate for and deliver the common health vision and goals.

Health 2020 will act as a unifying and coherent action framework to accelerate the attainment of better and more equitable health and well-being for all, adaptable to the realities that make up the European Region. Health 2020 builds on the legacy and experience of the European Region with the values and principles of Health for All, the Ottawa Charter for Health Promotion, the Tallinn Charter: Health Systems for Health and Wealth, Health 21 and declarations adopted at ministerial conferences on environment and health. Health 2020 recognizes the key importance of action at the local level and the central role local governments can have in promoting health and well-being.

Health 2020 provides a timely and strong unifying framework for the context of Phase VI of the WHO European Healthy Cities Network. It builds on and reinforces the fundamental values, principles and work that have been at the core of Healthy Cities since its inception. Cities are uniquely placed to provide leadership for health and well-being. In the complex world of multiple tiers of government, numerous sectors and both public and private stakeholders, local governments have the capacity to influence the determinants of health and inequities (Box 2).

### **Box 2. Healthy Cities influence on health, well-being and equity**

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

**Integration.** Local governments have the capability of developing and implementing integrated strategies for health promotion.

**Intersectoral partnerships.** Cities' democratic mandate conveys authority and sanctions their power to convene partnerships and encourage contributions from many sectors.



**Citizen engagement.** local governments have everyday contact with citizens and are closest to their concerns and priorities. They present unique opportunities for partnering with the private and not-for-profit sectors, civic society and citizens' groups.

**Equity focus.** Local governments have the capacity to mobilize local resources and to deploy them to create more opportunities for poor and vulnerable population groups and to protect and promote the rights of all urban residents.

The cities of the WHO European Healthy Cities Network and national networks are key vehicles for delivering Health 2020 with opportunities for increased collaborative leadership across levels of government to gain improved health equity and health and well-being outcomes at all levels.

## Overall goals of the WHO European Healthy Cities Network

Since its founding in 1988, and throughout its 25 years of experience, Healthy Cities has been an active and vibrant process and a platform for inspiration and learning for European cities working to contribute to health, well-being and health equity. Six strategic goals underpin the work of Healthy Cities, and they remain as central as when it was established (Box 3).

### Box 3. Strategic goals of the WHO European Healthy Cities Network

- To promote action to put health high on the social and political agenda of cities
- To promote policies and action for health and sustainable development at the local level emphasizing addressing the determinants of health, equity in health and the principles of the European policies Health for All and Health 2020
- To promote intersectoral and participatory governance for health, health and equity in all local policies and integrated planning for health
- To generate policy and practice expertise, good evidence, knowledge and methods that can be used to promote health in all cities in the European Region
- To promote solidarity, cooperation and working links between European cities and networks of local authorities and partnerships with agencies concerned with urban issues
- To increase the accessibility of the WHO European Network to all Member States in the European Region

## Phase VI framework

### Links to Health 2020

The Phase VI framework is shaped around the goals and objectives of the new European policy and strategy for health and well-being – Health 2020. Health 2020 reinforces the values and principles on which Healthy Cities is based and offers the potential to strengthen the policy standing and to broaden both the strategic and operational scope of the work of Healthy Cities. The adoption of Health 2020 by all 53 Member States of the European Region provides a supportive and encouraging environment for implementing Healthy 2020 locally. Most importantly, Health 2020



recognizes the important role of local governments in developing health and especially focused on whole-of-government and whole-of-society approaches to health.

Phase VI is an adaptable and practical framework for delivering Health 2020 at the local level. It provides a unique platform for joint learning and sharing of expertise and experience between cities, the subnational level and countries. It recognizes that every city is unique and will pursue the overarching goals and core themes of Phase VI according to the city's situation. In delivering Health 2020, Phase VI will support and encourage cities to strengthen their efforts to bring key stakeholders together to work for health and well-being, harnessing their potential for innovation and change and resolving local public health challenges. The future prosperity of urban populations depends on the willingness and ability to seize new opportunities to enhance the health and well-being of present and future generations.

Cities can use different entry points and approaches but will remain united in achieving the overarching goals and core themes of Phase VI. Health 2020 has been informed by several studies and brings together and interconnects new evidence and existing knowledge and evidence on health and its determinants. In implementing Phase VI, cities will use this new evidence and knowledge and will build on the themes of Phase V and the Phase VI (2+4 goals and themes) framework.

## **Transition from Phase V to VI**

There will be a seamless transition from Phase V to Phase VI, designed to offer practical pathways to address the current and emerging challenges in cities. Phase VI offers a broad scope as well as specific priorities and flexibility in decision-making on the priorities chosen and is officially recognized by the WHO Regional Office for Europe as a key vehicle for implementing Health 2020 at the local level (Box 4).

### **Box 4. Health 2020 – what is new?**

Overall, Health 2020 puts increased emphasis on and brings new evidence on the right to health, equity, well-being and health in all policies through whole-of-government and whole-of-society approaches; and a frame with four pillars: the life course, focused action to address the major burdens of disease, strong people-centred health, care and public health systems, resilient communities and supportive environments. It makes the political, moral and economic case for action and provides clear roles for local and community leadership and a platform for horizontal collaboration and national-local cooperation.

## **Key action principles**

Political commitment remains fundamental to implementation. Cities are encouraged to strengthen leadership and participatory governance for health. Phase VI will explore and promote innovative action for whole-of-government and whole-of-society approaches. The concept of the city health development plan (or the equivalent) remains valid and desirable, encompassing the emphasis on such approaches and strategic thinking. Health in all policies work will be taken forward, and a new major focus will be on building community resilience and health literacy. City health profiles, integrated planning for health and sustainable development will remain at the heart of urban health work.



Phase VI will take account of the diversity, distinctiveness and circumstances of cities within the WHO European Network. Within the Phase VI framework, cities will apply the Health 2020 lens to their local situation to identify areas for priority action that could yield maximum health benefits for the population. The scope for strategic work and operational delivery of each of the core themes is very broad, and Health 2020 solutions that work provide entry points for cities to consider in making decisions about how to approach each of the themes and assigned priorities. All cities in the WHO European Network, working individually and collectively, will address the overarching goals and the core themes.

An implementation package comprising guidance documents, tools as well as a set of services will be made available to all cities and national networks that will be engaged in Phase VI.

## **Overarching goals**

The following two strategic goals of Health 2020 provide the overarching umbrella of Phase VI:

- improving health for all and reducing health inequities; and
- improving leadership and participatory governance for health.

Both strategic goals reinforce the strong standing commitment of the WHO European Network to addressing equity and the social determinants of health and striving to improve governance for health and promote health in all policies.

## **Improving health for all and reducing health inequities**

Health and health inequities are socially determined. Shortfalls in health result from that society's social, economic, environmental and cultural situation, especially the conditions of daily life and the decisions that influence the distribution of power, money and resources. Health inequalities are widening and can be further increased by the effects of the economic crisis. There is an imperative for concerted action now as a result of this crisis. The available evidence-informed knowledge of the magnitude of the health gaps, what causes them and the type of action through which they could be tackled is stronger than ever. Phase VI will promote systematic action to address health inequalities through whole-of-local government approaches, strong political support and an emphasis on building capacity for change.

Policies and interventions within a life-course approach will include action on children's well-being and early childhood development, improving employment and working conditions and lifelong learning; enhancing the conditions of life for older people; improving social protection and reducing poverty; addressing community resilience; enhancing social inclusion and cohesion; and mainstreaming gender equality.



## **Improving leadership and participatory governance for health**

Healthy Cities from its inception has emphasized intersectoral action and community participation. With the increased attention to the social determinants of health and health in all policies, the need to reach out and engage a wide range of stakeholders has become a challenging priority for city leaders. A key feature of Phase VI, which is one of the new and innovative aspects of Health 2020, is governance for health. Health and health in all local policies remain at the core of the WHO European Network goals in Phase VI and is reinforced by the emphasis on governance.

Phase VI will offer cities the opportunities to explore new and innovative applications of shared and participatory governance. Many of the public health challenges faced by the European Region today such as the noncommunicable diseases epidemic and the unacceptable inequities require whole-of-government and whole-of-society solutions. These, in turn, require stronger local leadership roles for health and, importantly, for strong capacity to support and implement policies and interventions that draw on the contribution of many sectors and the active involvement of civic society.

Local leadership for health means: having a vision and an understanding of the importance of health in social and economic development; having the commitment and conviction to forge new partnerships and alliances; promoting accountability for health by statutory and non-statutory local actors: aligning local action with national policies; anticipating and planning for change; and ultimately acting as a guardian, facilitator, catalyst, advocate and defender of the right to the highest level of health for all residents. Effective leadership for health and well-being requires political commitment, a vision and strategic approach, supportive institutional arrangements and networking and connecting with others who are working towards similar goals. Strengthening governance and local leadership for health are vital elements to the approaches to be used to improve health and well-being within the current economic crisis.

City health diplomacy will be a new theme to explore in Phase VI, reflecting new opportunities for working across cities internationally but also linking with the national and global public health agendas. Health 2020 and the studies on governance for health that informed it provide guidance and inspiration for turning these ideas into reality.

### **Core themes**

The core themes in Phase VI will be based on a local adaptation of the four priorities for policy action of the Health 2020:

- investing in health through a life-course and empowering people;
- tackling the European Region's major health challenges of infectious and noncommunicable diseases;
- strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- creating resilient communities and supportive environments.



The four themes are not discrete areas of action but are interdependent and mutually supportive. Taking action on the life course and empowering people will support tackling the burden of disease as well as strengthening public health capacity. Cities will achieve greater health effects when they link up policies, investment and services and focus on reducing inequality. Addressing these priorities requires combining governance approaches to make health and well-being possible for everyone. Such governance will anticipate change, foster innovation and be oriented towards investing in promoting health and preventing disease.

### **Theme 1: the life course and empowering people**

Supporting good health and its social determinants throughout the life course leads to increased healthy life expectancy as well as enhanced well-being and enjoyment of life, all of which can yield important economic, societal and individual benefits.

The changing demographics of cities require an effective life-course strategy that gives priority to new approaches. Interventions to tackle health inequities and their social determinants can be derived at key stages of the life course: maternal and child health; children and adolescents; healthy adults; and healthy older people. Other relevant health challenges that span the life-course include: migrants; Roma; and gender mainstreaming.

Cities will act as champions for developing and including effective life-course approaches in city strategies, policies and plans. They will pay special attention to and applying new approaches to promote health and prevent disease from early child development to healthy and active ageing and to people who live in vulnerable circumstances.

#### **Priority issues**

Under this theme, the following issues are of particular relevance to most cities and represent areas with promising potential for making a difference to health and well-being.

**Early years.** A good start in life establishes the basis for 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. Optimizing health and well-being in later life requires cities to invest in strategic integrated plans that provide positive early-childhood experiences and development. A strategic focus on healthy living for younger people is particularly valuable, and a broad multiagency strategy is required, to which people they themselves can contribute.

**Older people.** The life-course approach to healthy ageing gives people a good start in life and influences how they age, empowering them to adopt healthier lifestyles throughout their lives and adapt to age-associated changes. Lifelong financial hardship is associated with worse health outcomes later in life, and people who have been married all their adult lives outlive those who have not. Social support, especially social relationships with family and friends, is one of the most important factors influencing the quality of life among older people. Age discrimination in access to high-quality



services is widespread, and inequities in the living conditions and well-being of older people are greater than among younger people.

Effective measures by cities to promote healthy ageing include legislation and social and economic policies that provide for adequate social protection. One of the most powerful strategies for promoting health and well-being in old age is preventing loneliness and isolation; adopting policies for making cities age-friendly is one of the most effective intersectoral policy approaches for responding to demographic ageing and requires supportive transport, neighbourhood and urban planning, fiscal policies, housing and public health promotion work on risk factors.

**Vulnerability.** Vulnerability refers both to social adversity and ill health. This results from exclusionary processes that operate differentially across the whole of society and give rise to the social gradient of health. Measures that combat these processes are likely to have the most fundamental effect on the health of individuals and groups. There is substantial variation between groups. The burden of ill health among excluded migrant groups is often unacceptably large. Improving health system data and designing integrated policies in cities to tackle the multiple causes of social exclusion are the most successful in addressing the social gradient of health. Training health care workers, involving vulnerable populations in designing, delivering and evaluating services and addressing gender inequities and discrimination will support and promote improved life opportunities and independence in older age.

**Health literacy.** Empowerment is a multidimensional social process through which individuals and populations gain better understanding of and control over their lives. People are seen increasingly as the co-producers of their own health. Increased health literacy and access to good health-related information are prerequisites. Inadequate or problematic health literacy competencies in populations across Europe result in less healthy choices, riskier behaviour, poorer health, less self-management and more hospitalization. Strengthening health literacy requires a life-course approach, is sensitive to cultural and contextual factors and is concerned with both individuals and the health literacy–friendliness of the settings within which people obtain and use their health information. Healthy cities are a key setting for addressing health literacy. Through innovative partnerships with civil society including with communities of key populations at higher risk, healthy cities can advocate for and support health literacy strengthening programmes and services.

## **Theme 2: tackling the major public health challenges in the European Region**

Effective and comprehensive integrated strategies and interventions are essential to address the major challenges of noncommunicable and infectious diseases. Both areas have been shown to benefit from determined and coordinated public health action and health care system interventions. The effectiveness of these interventions, along both the course of disease and the life course, are most effectively accompanied by actions on equity, social determinants of health, empowerment and supportive environments to address the unequal distribution of these diseases within cities. Government, the public sector, civil society and the private sector (the whole of society) all have a role to play in preventing and controlling these diseases.



Cities in Phase VI will make an explicit effort to strengthen activities related to combating noncommunicable diseases as defined in global mandates. Cities can work to make a difference at the local level by initiating action through strong political leadership and whole-of-government and whole-of-society approaches.

An overarching policy framework and mechanisms with shared goals and targets, common information systems, joint project implementation, target-specific mass-media messages, joint planning and priority-setting activities can achieve an integrated policy approach. Taking an integrated and common risk factor approach to disease prevention and implementing effective interventions more equitably and on an appropriate scale is the main priority for cities. Interventions to promote active mobility and promote health in settings, such as through urban design and promoting health in the workplace will also be effective.

### **Priority issues**

Under this theme, the following issues are of particular relevance to most cities and represent areas of promising potential for making a difference to health and well-being.

**Physical activity.** Regular physical activity provides significant benefits for health, reducing the risk of most chronic noncommunicable diseases and contributing to mental health and overall well-being. Taking part in physical activity increases opportunities for social interaction and a sense of ownership with the community. Inactive groups empowered to engage in some activity will produce the greatest health gains. Partnerships at the local level with communities, nongovernmental organizations and the private sector can maximize participation in physical activity, with significantly improved health outcomes. Social and physical environments can be designed to integrate physical activity safely and easily into people's daily lives. Urban planning and integrated transport systems to promote walking and cycling are essential elements of integrated strategies to increase physical activity.

**Diet and obesity.** Tackling the problem of obesity requires an approach based on systems thinking and analysis, collaboration between stakeholders inside and outside government and governance mechanisms that facilitate joint working across sectors and between levels of government. Cities will work towards adopting the recommendations at the local level contained within the WHO Global Strategy on Diet, Physical Activity and Health, which promotes a mix of actions including: education, communication and public awareness; adult literacy and education programmes; marketing, advertising, sponsorship and promotion; labelling; and controlling health claims and health-related messages. These are required to achieve a healthy diet and a healthy weight to prevent noncommunicable diseases. Integrated strategies, plans and actions in cities on physical activity and nutrition will require strong political leadership, good governance and the commitment of all sectors to significantly reduce the burden of obesity in city populations and especially among children.

**Alcohol.** Sustained political commitment, effective coordination, sustainable funding and appropriate engagement of various sectors at the local level as well as from civil society and economic operators are essential for success in reducing the harmful use of alcohol. Leading and coordinating city departments and other partners to develop





strategic goals, coherent approaches and effective implementation actions will reduce the harmful use of alcohol. Cities will work to explicitly link to the 10 recommended target areas in the WHO global strategy to reduce the harmful use of alcohol, which can be adapted locally and are supportive and complementary. These include: leadership, awareness and commitment; health services' response; community action; drink-driving policies and countermeasures; availability of alcohol; marketing of alcoholic beverages; pricing policies; reducing the negative consequences of drinking and alcohol intoxication; reducing the public health impact of illicit alcohol and informally produced alcohol; and monitoring and surveillance.

**Tobacco.** Developing smoke-free cities can become a reality with strong political leadership and by adopting the WHO Framework Convention on Tobacco Control and the six WHO (MPOWER) strategies that provide evidence-informed interventions that can be implemented at the local level. These include: monitoring tobacco consumption and the effectiveness of preventive measures; protecting people from exposure to tobacco smoke; offering assistance for smoking cessation; warning about the dangers of tobacco; enforcing restrictions on tobacco advertising, promotion and sponsorship; and raising taxes on tobacco. Tobacco control interventions are the second most effective way to spend funds to improve health, after childhood immunization. Increasing the price of tobacco through higher taxes is the single most effective way to reduce tobacco consumption and to encourage tobacco users to quit.

**Mental well-being.** Mental health is a major contributor to inequity in health in Europe. Mental health problems have serious consequences, not only for individuals and their families but also for the competitiveness of the economy and the well-being of society. Poor mental health is both a consequence and a cause of inequity, poverty and exclusion. Challenges for mental health include sustaining the population's well-being at times when economic growth is minimal and public expenditure is facing cuts.

Creating employment, either in the public sector or by creating incentives for expanding the private sector, is the most cost-effective intervention for mental well-being at the population level. Promoting early diagnosis, initiating community-based interventions, extending and maintaining counselling and mental health services, increasing employment opportunities and expanding debt advice services all play a crucial role in promoting good mental health.

A rights-based approach to health care requires mental health services to be safe and supportive and every patient to be treated with dignity and respect. People receiving mental health care should be involved in decision-making concerning their individual care and in designing, delivering, monitoring and evaluating services. Coordination is essential and best achieved at the local level for effectiveness and efficiency for sectors that do not traditionally work together, such as benefit offices, debt counsellors and community mental health services.

### **Theme 3: Strengthening people-centred health systems and public health capacity**

Achieving high-quality care and improved health outcomes requires health systems and effective interventions that are financially viable, fit for purpose, people centred and evidence informed. The main challenge of reforming health and social care services is



to refocus them around people's needs and expectations and to make them more socially relevant and produce better outcomes. Health care services need to become more people-centred to accelerate gains in health outcomes in the era of chronic diseases. Particular attention needs to be paid to vulnerable and low-income populations, with stronger outreach programmes and new models of delivery. Public health structures and capacity are often within the remit and responsibilities of local governments. Strengthening public health is a high priority for Europe and one of the key implementation pillars of Health 2020.

Cities in Phase VI can be important advocates and catalysts in reorienting health and social care systems. They can work with all city services to become more people centred, improve health outcomes and address equity and health literacy. Encouraging the development of outreach programmes by providing appropriate funding, creating enabling regulations and reward mechanisms and entering into partnerships with key stakeholders are mechanisms to bring about change. Strengthening governance to promote and implement emergency preparedness and enhancing multisectoral coordination are effective strategies for preventing and mitigating future health crises.

### **Priority issues**

Under this theme, the following issues are of particular relevance to several cities and represent areas of promising potential for making a difference to health and well-being.

**Transforming city services delivery.** Establishing partnerships that create new working cultures and strengthen the capacity of institutions and city departments to support people-centred services is at the heart of a healthy city fit for the 21st century.

Cities will work to adapt to changing social and demographic patterns as well as patterns of disease in the European Region, especially mental health challenges, chronic diseases and conditions related to ageing. This includes reorienting health care systems to give priority to disease prevention; ensuring that city sector services on the social determinants of health are people centred and provide universal coverage, including access to high-quality and affordable services. Partnerships that create new working cultures that foster new forms of cooperation between professionals in public health, health care, social services and other sectors will support a people-centred approach.

**Revitalizing and strengthening public health capacity.** Achieving better health outcomes in European Region cities requires significantly strengthening public health functions and capacity. Although the capacity and resources invested in public health vary across cities, the need to invest in public health institutional arrangements and capacity-building and to strengthen health protection, health promotion and disease prevention are acknowledged as priorities. Reviewing and adapting public health legislation to modernize and strengthen public health functions can be one way forward.

## **Theme 4: creating resilient communities and supportive environments**

People's opportunities for a healthy life are closely linked to the conditions in which they are born, grow, work and age. Resilient and empowered communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and cope better with crisis and hardship. Communities that remain disadvantaged and disempowered have disproportionately poor outcomes in



terms of both health and other social determinants. A systematic assessment of the health effects of a rapidly changing urban environment is essential and must be followed by action to ensure positive benefits to health.

City social, economic and environmental policies build capacity, create empowered communities and ensure positive health benefits for city living, enabling people to reach their full potential. Such policies include those addressing social exclusion and support; healthy and active living; 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 planning, removal of architectural barriers, accessibility and proximity of services); and participatory and inclusive processes for citizens. Understanding and taking into account the urban specificity and distribution of the socioeconomic and environmental determinants of health will result in improved health and health equity. Many measures taken at the local level produce major health benefits.

Health impact assessment of the environmental determinants of health and of policies across sectors is essential for developing and implementing environmental standards and reducing or eliminating environmental risks and exposure.

### **Priority issues**

Under this theme, the following issues are of particular relevance to most cities and represent areas of promising potential for making a difference to health and well-being.

**Community resilience.** Building and unleashing resilience are key factors in protecting and promoting health at both the individual and community levels. Communities play a vital role in engaging in health promotion and disease prevention activities and ensuring the social inclusion of people with chronic diseases and people with disabilities. This role is influenced and shaped by the complex interrelationships between the natural, built and social environments. Cities coordinating policy and action at the local level can create healthier environments and communities and empower and the people living in them to make choices that help sustain their own health.

Strong leadership and public investment in local communities building on local strengths and assets will raise levels of aspiration, build resilience and release potential and enable communities to take responsibility for their health, their diseases and their lives. Asset-based approaches should become an integral part of city strategies to improve health and reduce health inequities.

**Healthy settings.** Focusing on continually striving to improve living and working conditions is key to supporting health. At the city level, action initiated in specific settings where people live, love, work and play – homes, schools, workplaces, leisure environments, care services and older people's homes – can be very effective, as can health-promoting schools or workplaces. Health and social services and especially primary health care services reaching out to families in their homes, to workers at their workplaces and to local community groups are important entry points for systematically supporting individuals and communities over the lifespan and especially during critical periods.



Social and economic policies are required to create environments that ensure that people at all times in their lives are better able to reach their full health potential.

**Healthy urban planning and design.** City living affects health through the physical and built environment, the social environment and access to services and support. The quality of housing, neighbourhood design, and the density of development and mix of land uses, access to green space and facilities, recreational areas, cycling lanes, air quality, noise and exposure to toxic substances all affect the health and well-being of the population in many different ways. Efforts to improve urban planning, to enable increased physical activity and to enhance the mobility of ageing populations or people with disabilities lead to better health and well-being. Cities are responsible for promoting the well-being of their citizens and for providing equal and similar access to municipal resources and opportunities. Intersectoral partnerships and community empowerment initiatives can be implemented more easily at the local level with the active support of local stakeholders.

**Healthy transport.** Good public transport, in combination with cycling and walking, can reduce air pollution, noise and greenhouse gas emissions, energy consumption and congestion, improve road safety and better protect landscapes and urban cohesion, while providing more opportunities to be physically active and socially connected with improved access to educational, recreational and job opportunities. Green spaces in urban areas positively affect health. Many measures taken at the local level produce major health benefits. Where there are public green spaces and forests, people use them to walk, play, and cycle, turning physical activity into an integral part of their daily lives, reducing the risk of injuries and the urban heat-island effect, reducing stress levels and noise pollution and increasing social life. Public green space can also contribute to flood management.

**Climate change.** Demonstrating the relationship between sustainable development and health is a powerful argument to support climate change mitigation and adaptation in particular and sustainable development in general. Health outcomes can be measured and can generate public and political interest. The health sector is one of the most intensive users of energy, a major source of employment and a significant producer of waste, including biological and radioactive waste. Important opportunities to improve the environment are therefore emerging from the greening of health services. The health sector also has an essential part to play in mitigating the effects of climate change and in reducing environmental exposure by taking steps to limit its own significant climate footprint and its negative impact on the environment.

**Housing and regeneration.** Great health benefits can be achieved in the housing and construction sector through a mix of measures, including: more effective use of active and passive natural ventilation for cooling; measures to reduce mould and damp; energy-efficient home heating, appliances and cooking; providing safe drinking-water; and providing outdoor space, improved sanitation and stronger buildings. Regeneration programmes that provide improved social, economic and environmental opportunities can address some of the existing design disadvantage in cities.



## **Implementing Phase VI**

Phase VI, similar to Phase V, provides a flexible framework to cities to both work on the overarching goals and address selected issues under the core themes that are most relevant to their local situation. A situation analysis, applying the Health 2020 lens at the city level, is an important first step in the transition from Phase V to Phase VI. It amplifies, reinforces and makes the connection to the concepts used in Phase V in a more integrated way. It brings new strategic and political impetus as well as new evidence to support cities to strengthen governance. Phase VI will put added emphasis on leadership and innovation as well as building local capacity for change. The concepts of the health profile and the (intersectoral) city health development plan remain very valid and will be adapted to reflect the wider scope of the Healthy Cities goals in the new phase.



## Phase VI goals and themes: overview

<b>Overarching goals</b>			
<b>Tackling health inequalities</b> Human rights and gender		<b>Promoting city leadership and participatory governance for health</b>  Whole-of-government and whole-of-society approaches  Health and health equity in all local policies  City health diplomacy	
<b>Core themes</b>			
Life course and empowering people	Tackling public health priorities	Strengthening people-centred health systems and public health capacity	Creating resilient communities and supportive environments
<b>Highly relevant priority issues</b>			
Early life	Physical activity	Health and social services  Other city services	Community resilience
Older people	Nutrition and obesity	Public health capacity	Healthy settings
Vulnerability	Alcohol		Healthy urban planning and design
Health literacy	Tobacco		Healthy transport
	Mental well-being		Climate change
			Housing and regeneration



## Requirements in Phase VI of the WHO European Healthy Cities Network

Cities are required to implement certain approaches and activities during the five years of Phase VI. As a precondition to making commitments to work in the areas described previously, cities need to secure political support and adequate resources and to put in place the necessary structures and mechanisms to facilitate the implementation of the goals related to a healthy city. To be members of the WHO European Healthy Cities Network, they also need to be prepared to work and network with other cities in Europe.

The list below outlines the 12 specific requirements for cities to be members of the WHO European Healthy Cities Network in Phase VI.

1. **Sustained local support.** Cities must have sustained local government support and support from key decision-makers (stakeholders) across sectors for the Healthy Cities principles and goals. Cities must submit with their applications a letter of commitment from the city mayor or lead politician together with a council resolution supporting the city's participation in Phase VI and a commitment to partnership with different stakeholders.
2. **Coordinator and steering group.** Cities must have a full-time identified **coordinator** (or the equivalent) who is fluent in English and administrative and technical support for their healthy city initiative. Cities must also have a steering group involving political and executive-level decision-makers from the key sectors necessary to ensure delivery of the requirements for Phase VI.
3. **City health profile.** City health profiles provide an invaluable means of gaining insight into the factors that influence the health of citizens and of understanding inequality in health within a city. All cities must prepare a city health profile. For cities that are new members, this may need to be prepared as a new report for the city in accordance with the WHO guidance for city health profiling. Cities that have prepared a profile in the past need to produce an updated version for this phase. Profiles should be used actively to inform city-based planning processes and to indicate changes in health within the city. In Phase VI, cities should ensure that their health profiles focus as much attention as possible on inequality in health and the health of vulnerable groups.
4. **Health 2020 analysis.** Cities will apply the Health 2020 lens to make an initial assessment of their local situation in relation to the strategic goals and four areas for policy action of Health 2020. The situation analysis document should be 2–3 pages long. This will identify major gaps in the main domains of Health 2020 at the city level and provide the basis for identifying and assigning priority issues to be taken forward during Phase VI.
5. **City statement.** Cities will make a statement on how they will benefit from being a member of the WHO European Healthy Cities Network.
6. **Integrated planning for health.** To implement the goals and themes of Phase VI, cities need to work systematically and through processes that support the creation of a comprehensive vision for health and integrated ways of planning that involve different sectors. Cities must demonstrate progress in processes of integrated



strategic health planning on the Phase VI themes. This may comprise a city health development plan or city policy and strategy for health and well-being or other equivalent document or documents. These plans are strategy documents that contain a comprehensive picture of a city's specific and systematic efforts to develop health. They contain a city's vision and values and a strategy to achieve this vision. They draw on the contribution of the numerous statutory and non-statutory sectors and agencies whose policies and activities influence health. They therefore provide a process and framework for delivery Health 2020 at the local level and in doing so, implement the Phase VI framework.

7. **Partnership.** Cities must work and strengthen partnerships as the testing ground for developing knowledge, tools and expertise on the overall Phase VI goal and core themes. This will require developing and implementing programmes of action within cities in relation to the core themes. Cities must also participate in the wider work of the WHO European Network and its thematic subnetworks and contribute to disseminating knowledge and products.
8. **Capacity-building** Cities must create and invest in learning environments for individuals, politicians and organizations to achieve the overarching goals and core themes. A capacity-building exercise will provide understanding and the necessary skills, mechanisms and processes to introduce and support whole-of-government and whole-of-society approaches. It should also generate evidence on the impact of building the capacity of public health agencies; gain agreement on indicators of health and equity in health for measuring performance; develop knowledge management systems and innovative tools and ways of assessing health impact; and develop and assess the impact of community resilience on improved health outcomes.
9. **Attending WHO European Network meetings.** Cities must make an executive and political commitment that the project coordinator and nominated politician will attend business meetings and conferences of the WHO European Network. At each meeting, the city should at least be represented by the coordinator and politician responsible.
10. **Attending meetings of mayors.** Cities should ensure that their mayor (or leading politician) attends any meetings of mayors held during Phase VI.
11. **Participation in networking activities.** Cities should participate actively in various networking activities. This includes actively supporting the national healthy cities network and participating in at least one thematic subnetwork. Cities must be connected to the Internet and teleconferencing and have access to WebEx web conferencing.
12. **Monitoring and evaluation mechanisms.** Cities must have monitoring and evaluation mechanisms that enable ongoing assessment of progress and annual reporting to WHO. Cities must also have in place an annual plan for activities based on achieving progress on all Phase VI core themes; complete the annual reporting template; and participate in any external evaluation processes WHO initiates.





## Organizational structure of the WHO European Healthy Cities Network

The WHO European Healthy Cities Network will have three components in Phase VI.

1. The WHO European Network will include cities in all WHO European Member States and is expected to include 100 cities as members. WHO leads and coordinates the WHO European Network supported by a Network Advisory Committee.
2. National healthy cities networks are a resource to their countries and to WHO. They represent an integral part of the Healthy Cities movement in Europe. Designated cities should participate actively in developing and supporting their national networks. Designated cities are required to be members of a national network if it exists.
3. Subnetworks, task forces and working groups: during Phase VI, a range of mechanisms for theme interest groups will be established or strengthened to support designated cities and national network cities in implementing the requirements of Phase VI. Their role will be to support the development of technical guidance and training materials, to organize and run training courses and to offer a platform for cities with a strong commitment and interest in certain themes and issues.

### Methods of working

Attention will be paid to ensuring that capacity is built across the WHO European Network, focusing both on strengthening the capacity of member cities individually and on investing in the potential of the WHO European Network as a whole.

WHO will be supported by WHO collaborating centres, thematic subnetworks, experts in various fields and WHO advisory committees. Several WHO units and programmes are expected to provide direct technical input to the WHO European Network during Phase VI. Subnetworks in Phase VI will be reviewed and strengthened to provide support to cities. External institutions with appropriate experience and expertise will carry out the secretariat functions of the WHO European Network during Phase VI.

**Networking.**Networking represents a key aspect of the added value the WHO European Network brings to its member cities. It offers a wide range of possibilities for learning, sharing experiences and working together as well as opportunities for mutual support, mentoring, advocacy and resource development. During Phase VI, special attention will be given to strengthening and expanding the creative use of electronic interaction and communication and the use of social media.

**Capacity-building and tool development.**As part of WHO's strategic and technical leadership for Phase VI, a Phase VI implementation package is being developed to support cities to deliver the Phase VI framework at the local level. The package will comprise guidance and tools as well as services aimed at advancing the capacity of cities to understand and implement Health 2020 within their own societies. Training and



learning activities will be conducted that are relevant to implementing and evaluating Healthy Cities approaches.

**Monitoring, evaluation and knowledge.** Impact needs to be monitored, with appropriate indicators and focusing on outcomes. Evidence and knowledge of good and effective practice should be documented, shared and built on. Empirical comparative studies on selected topics involving groups of interested cities will be encouraged.

**Partnerships.** The WHO European Healthy Cities Network and Network of European National Healthy Cities Networks will formalize links and work closely and creatively with relevant strategic global and European partners including networks of cities, institutions, nongovernmental organizations and platforms where the partnership will be mutually beneficial.

**Support structures and mechanisms of the WHO European Network.** These include the WHO Regional Office for Europe; the Secretariat of the WHO European Network (consisting of one or more external institutions with complementary roles); WHO collaborating centres; the Network Advisory Committee; and other internal WHO and external partners.

## Process of designating cities in Phase VI

### Introduction

Table 1 shows an overview of the process leading to the designation of cities to the WHO European Network in Phase VI. Cities will be designated on an ongoing basis throughout Phase V based on the applications received. Cities that have been members of the WHO European Network during Phase V will undergo a different application process (and seamless transition) to the cities that have not been members. Cities applying for membership are expected to be members of their country's national healthy cities network.

**Expression of interest letters.** Any city that can meet the designation requirements can apply to be a member of Phase VI. Cities should send a letter of expression of interest from the mayor of the city, indicating that they wish to apply to be a member of the WHO European Healthy Cities Network in Phase VI and that the city will dedicate resources to meet Phase VI goals and requirements, make the annual financial commitment to WHO and participate actively in the WHO European Network and in subnetworks. The letter should also identify the focal point in the city for the Phase VI application, including e-mail address.

**Application for designation.** The Phase VI application form will be available online on the WHO European Healthy Cities Network web site. The application form will be available in English, French, German and Russian. Cities will be designated to Phase VI on an ongoing basis based on the applications received. Applications can be submitted at any time but are unlikely to be accepted after 30 June 2015. All cities are encouraged to apply during the latter half of 2013. There will be a simplified application process for cities that were active members in Phase V (Annex 3). For other interested cities, there will be a full application process (Annex 4).



**Country quotas.** The cities designated to the WHO European Network will be geographically balanced from across countries in the WHO European Region. Membership of the WHO European Network will be approximately 100 cities, and the maximum quota per country will be 12 cities. Deviation from these numbers during Phase VI will be considered in an effort to ensure good geographical balance among all parts of the European Region.

New cities are encouraged to apply even if the country reached its quota in Phase V, and there will be a special effort to encourage greater participation from underrepresented countries and regions in Europe. Annex 1 provides details on country quotas.

### **Financial commitment**

All designated cities will be required to make an annual financial contribution for each of the five years of Phase VI (2014–2018), paid directly to WHO. Member cities in Phase V applying for membership in Phase VI will be sent an invoice for payment when WHO receives the letter expressing interest. Cities that were not members in Phase V will be sent an invoice when the application is received. When cities are notified of being successfully designated to the WHO European Network and have paid their financial contribution, they will be forwarded the official WHO Phase VI designation certificate. WHO will use the contributions for staffing, technical work, secretarial and managerial functions of Phase VI according to the need and in accordance with WHO procedures and capacity to provide support. Designated cities that have not paid their annual financial contribution will not be invited to attend the business meeting of that year.

All cities from European Union countries, Andorra, Iceland, Israel, Monaco, Norway, San Marino and Switzerland will pay a full contribution of US\$ 6000 each year (Annex 2). Cities from other countries will pay US\$ 3500 per year. In exceptional circumstances, a city that has difficulty in meeting this financial commitment can discuss with WHO alternative ways of making this contribution.



Table 1. Summary of steps in the process of designating cities for membership in the WHO European Network in Phase VI\*

Step	Cities that have been members of the WHO European Network in Phase V	Other cities
1	Expression of interest sent to WHO including commitments towards the goals and requirement for Phase VI	Expression of interest sent to WHO including commitments towards the goals and requirement for Phase VI
2	WHO accepts or declines the expression of interest	WHO accepts or declines the expression of interest
3	Financial contribution sent to WHO	Full application submitted to WHO (Annex 4)
4	Simplified application submitted to WHO (Annex 3)	Financial contribution sent to WHO
5	Designation assessments carried out by assessors on behalf of WHO	WHO adds relevant background information and information provided by national networks
6	WHO accepts designation, formally communicates this to the city and informs the country's health ministry	Assessors carry out designation assessments on behalf of WHO
7	WHO Phase VI designation certificate is issued	WHO accepts designation, formally communicates this to the city and informs the country's health ministry
8		WHO Phase VI designation certificate is issued

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\* At any stage in this process, WHO may seek further clarification or information from the city, undertake a city visit or carry on an interview with the healthy city coordinator and lead politician.





*Annex 1*

**COUNTRY QUOTAS FOR CITIES PARTICIPATING IN THE WHO  
EUROPEAN HEALTHY CITIES NETWORK IN PHASE VI**

The quotas are based on a maximum of 12 cities designated per country, with 1 city for each country up to 5 million in population, with a few exceptions for historical reasons because of participation in earlier phases of the WHO European Network. Quotas may be exceeded in certain countries if healthy cities are underrepresented in neighbouring countries and provided there is geographical balance between the different parts of Europe.

<b>Country</b>	<b>Population (million)</b>	<b>Maximum quota</b>
Albania	3.2	1
Andorra	0.1	1
Armenia	3.0	1
Austria	8.3	2
Azerbaijan	8.6	2
Belarus	9.7	2
Belgium	10.6	3
Bosnia and Herzegovina	3.8	2
Bulgaria	7.7	2
Croatia	4.4	2
Cyprus	1.0	2
Czech Republic	10.3	2
Denmark	5.5	2
Estonia	1.3	2
Finland	5.3	2
France	61.7	12
Georgia	4.5	1
Germany	82.3	12
Greece	11.2	3
Hungary	10.1	2
Iceland	0.3	1
Ireland	4.4	2
Israel	7.3	2
Italy	59.3	12
Kazakhstan	15.5	3
Kyrgyzstan	5.2	1
Latvia	2.3	1
Lithuania	3.4	1
Luxembourg	0.5	1
Malta	0.4	1
Monaco	0.03	1



<b>Country</b>	<b>Population (million)</b>	<b>Maximum quota</b>
Montenegro	0.6	1
Netherlands	16.4	3
Norway	4.7	2
Poland	38.1	8
Portugal	10.7	3
Republic of Moldova	4.0	1
Romania	21.6	4
Russian Federation	141.7	12
San Marino	0.03	1
Serbia	9.5	2
Slovakia	5.4	2
Slovenia	2.0	2
Spain	45.3	10
Sweden	9.1	3
Switzerland	7.5	2
Tajikistan	7.1	2
The former Yugoslav Republic of Macedonia	2.0	1
Turkey	74.0	12
Turkmenistan	5.4	1
Ukraine	46.5	9
United Kingdom	60.4	12



*Annex 2*

**COUNTRIES IN WHICH CITIES IN THE WHO EUROPEAN HEALTHY  
CITIES NETWORK ARE REQUIRED TO PAY THE FULL FINANCIAL  
CONTRIBUTION TO WHO**

Andorra  
Austria  
Belgium  
Bulgaria  
Cyprus  
Czech Republic  
Denmark  
Estonia  
Finland  
France  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Netherlands  
Norway  
Poland  
Portugal  
Romania  
San Marino  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
United Kingdom







### *Annex 3*

## APPLICATION FORM FOR CITIES THAT WERE ACTIVE MEMBERS OF THE WHO EUROPEAN HEALTHY CITIES NETWORK IN PHASE V

SAMPLE

### **Application for designation as a member city of the WHO European Healthy Cities Network in Phase VI (2014–2018)**

Assessment will not begin until WHO has received a complete electronic application. The application must be submitted in English. The supporting documents must be submitted by e-mail in their original language with a correct English translation (or a summary in certain cases) or the web site links to the report made available.

Before you complete the form, please read carefully the document outlining the goals and requirements of the WHO European Healthy Cities Network in Phase VI and, in particular, Health 2020: a European policy framework supporting action across government and society for health and well-being in Annex 5.

If you need assistance or have questions while completing this application, please contact:

WHO Centre for Urban Health  
[infohcp@euro.who.int](mailto:infohcp@euro.who.int)

Application for designation as a member city of the Phase VI (2014–2018) WHO  
European Healthy Cities Network

Applicant city:

<b>City:</b>	<b>Country:</b>
<b>City population:</b>	

<b>Coordinator</b>			
Name:	Title:		
Address 1:	Address 2:	City:	
Country	Postal code		
Telephone:	Fax:	E-mail:	Web site:



## **1. Political and partnership commitment**

### Political leadership

Name of mayor:\*

Title:

Date elected:

Name of politician responsible for the healthy city project:

Title:

Date elected:

### Council resolution supporting the participation of the city in Phase VI

Date of council resolution:

*Please send a signed scanned copy of the council resolution by e-mail*

A two-page Health 2020 situation analysis document, identifying the major gaps in the main domains of Health 2020 at the city level and the priority issues to be taken forward in Phase VI (2014–2018)

*Please send a scanned copy of the document by e-mail*

### Letter of commitment from the mayor agreeing to the city participating in Phase VI

*Please send a signed scanned copy of the letter of commitment by e-mail*

The letter should also include explicit commitment to the following:

- agreement to dedicate resources to meet the goals and requirements for Phase VI;
- agreement to actively participate in the WHO European Network and subnetwork meetings;
- agreement by the mayor to participate in meetings of mayors;
- agreement that the city can be externally monitored and evaluated by WHO; and
- agreement to pay an annual financial contribution for all of Phase VI (2014–2018).

## **2a. Improving health for all and reducing health inequalities**

How will your city take forward the strategic Phase VI goal of improving health for all and reducing health inequalities?

*Please outline no more than three actions in less than 250 words.*

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\* Or the equivalent head or leader of local government.



## **2b. Improving leadership and participatory governance for health**

How will your city take forward the strategic Phase VI goal of improving leadership and participatory governance for health and development?

*Please outline no more than three actions in less than 250 words.*

## **3. Core themes of Phase VI**

Core theme 1: Life-course approach and empowering people (priority issues: early years; older people; vulnerability; and health literacy)

*Please describe (in less than 250 words) how you intend to address the core theme of the life-course approach and empowering people overall and which issues you intend to especially emphasize. These should be relevant to the results of your city's Health 2020 situation analysis report.*

Core theme 2: Tackling the major public health challenges in the European Region(priority issues: physical activity; diet and obesity; alcohol; tobacco; and mental well-being)

*Please describe (in less than 250 words) how you intend to address the core theme of tackling the major public health challenges in the European Region and which issues you intend to especially emphasize. These should be relevant to the results of your city's Health 2020 situation analysis report.*

Core theme 3: Strengthening people-centred health systems and public health capacity (priority issues: transforming the delivery of city services; and revitalizing and strengthening public health capacity)

*Please describe (in less than 250 words) how you intend to address the core theme of strengthening people-centred health systems and public health capacity overall and which issues you intend to especially emphasize. These should be relevant to the results of your city's Health 2020 situation analysis report.*

Core theme 4: Creating resilient communities and supportive environments (priority issues: community resilience; healthy settings; healthy urban planning and design; healthy transport; climate change; and housing and regeneration)

*Please describe (in less than 250 words) how you intend to address the core theme of creating resilient communities and supportive environments overall and which issues you intend to especially emphasize. These should be relevant to the results of your city's Health 2020 situation analysis report.*

## **4. Capacity-building**

How will your city address training and capacity-building for leadership, participatory governance, improving health for all and reducing health inequalities throughout Phase VI?

*Please identify no more than three actions in less than 250 words.*



## 5. Networking

What are the particular strengths or experience your city could contribute to the overall work of the WHO European Healthy Cities Network?

Please identify three areas:

How does your city expect to gain from the WHO European Network during Phase VI?

Is your city a member of the national healthy cities network in your country?

## 6. Monitoring and evaluation

Confirm that:

The city agrees to be externally evaluated by WHO: Yes  No

Have your healthy city activities systematically monitored or evaluated?  
Yes  No  If yes, describe

*Please send a signed scanned copy of any substantial report by e-mail or the web site link to the original*

Thank you for your interest in becoming a member of the WHO European Healthy Cities Network in Phase VI

Please print a copy of this page for your records.

See below a checklist of signed scanned or original documents to be submitted by e-mail with the application.

- Council resolution supporting city participation in Phase VI
- Letter of commitment from the city mayor supporting city participation in Phase VI
- The Health 2020 city situation analysis document
- A city statement indicating how the city will benefit from being a member of the Phase VI WHO European Healthy Cities Network
- Optional evaluation report

Regional Office for Europe  
UN City - Marmorvej 51  
DK-2100 Copenhagen Ø  
Denmark  
Telephone: +45 45 33 70 00  
Facsimile: +45 45 33 70 01

[infohep@euro.who.int](mailto:infohep@euro.who.int)

Please reference Phase VI application documentation.



*Annex 4*

**APPLICATION FORM FOR CITIES THAT ARE INTERESTED IN BEING  
A MEMBER OF THE WHO EUROPEAN HEALTHY CITIES NETWORK  
IN PHASE VI**

SAMPLE

**Application for designation as a member city of the WHO European Healthy  
Cities Network in Phase VI (2014–2018)**

Assessment will not begin until WHO has received a complete electronic application. The application must be submitted in English. The supporting documents must be submitted electronically in their original language with a correct English translation (or a summary in certain cases).

Before you complete the form, please read carefully the document outlining the goals and requirements of the WHO European Healthy Cities Network in Phase VI and, in particular, Health 2020: a European policy framework supporting action across government and society for health and well-being in Annex 5.

If you need assistance or have questions while completing this application, please contact:

WHO Centre for Urban Health  
[infohcp@euro.who.int](mailto:infohcp@euro.who.int)

Application for designation as a member city of the Phase VI (2014–2018) WHO  
European Healthy Cities Network

Applicant city:

<b>City:</b>	<b>Country:</b>
<b>City population:</b>	

<b>Coordinator</b>			
Name:	Title:		
Address 1:	Address 2:	City:	
Country	Postal code		
Telephone:	Fax:	E-mail:	Web site:



## 1. Political and partnership commitment

### Political leadership

Name of mayor:<sup>\*</sup>

Title:

Date elected:

Name of politician responsible for the healthy city project in your city:

Title:

Date elected:

### Council resolution supporting the participation of the city in Phase VI

Date of council resolution:

*Please send a signed scanned copy of the council resolution by e-mail*

A two-page Health 2020 situation analysis document, identifying the major gaps in the main domains of Health 2020 at the city level and the priority issues to be taken forward in Phase VI (2014–2018)

*Please send a scanned copy of the document by e-mail*

### Letter of commitment from the mayor agreeing to the city participating in Phase V

*Please send a signed scanned copy of the letter of commitment by e-mail.*

The letter should also include explicit commitment to the following:

- agreement to dedicate resources to meet the goals and requirements for Phase V;
- agreement to actively participate in the WHO European Network and subnetwork meetings;
- agreement by the mayor to participate in meetings of mayors;
- agreement that the city can be externally monitored and evaluated by WHO; and
- agreement to pay an annual financial contribution for all of Phase VI (2014–2018).

## 2. Human resources

### Coordinator

Name of coordinator (or equivalent) for the healthy city project in your city:

Title:

Date appointed:

Full time? Yes  No  (*Full-time employees who only work part time for the healthy city project are classified as part time.*)

Curriculum vitae of coordinator

*Please e-mail a one-page summary*

Job description for coordinator

*Please e-mail a brief summary.*

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<sup>\*</sup> Or the equivalent head or leader of local government.



Coordinator competence in English: basic  intermediate  advanced

If the coordinator is not fluent in English, describe the support available:

Healthy city project office or team

How many staff members currently work for the healthy city project office or team?

*(Full-time employees who only work part time for the healthy city project are classified as part time.)*

Number of full-time staff:

Number of part-time staff:

Number of regular volunteers:

### **3. Intersectoral steering group or partnership group**

Which people and agencies are represented on the main intersectoral steering group or partnership group that supports the healthy city project in your city?

Names of main agencies or representatives:

Please *send by e-mail a signed scanned copy of the letter of commitment* to this application signed by the chair of the steering or partnership group.

### **4. City health profile**

a) If your city has a city health profile, please answer these questions.

Title of the profile:      Date issued: What is its status?

*(For example: draft, in consultation, endorsed, implemented)* What time period does it cover?

*Please send the web site link of the city health profile or a copy by e-mail.*

b) If your city does not have a city health profile, please answer these questions. Do you have anything similar? If so, please describe it: What are your intentions and time scale for producing a city health profile?

### **5. Integrated planning for health**

Can your city show evidence of integrated planning for health, such as a city health development plan or equivalent?

Title of plan:      Date completed:

What is its status? *(For example: draft, in consultation, endorsed, implemented)*

What time period does it cover?

*Please send a copy of the plan by e-mail or the web site link to the report.*

If the plan is being implemented, are there progress or evaluation reports?

Yes       No       If yes, list the titles and dates produced

*Please send the reports by e-mail or the web site links to the reports.*

b) If your city does not have a city health development plan or equivalent, please answer these questions. Do you have anything similar? If so, please describe it.





Is there evidence of strategic partnerships for health in your city? If so, please outline the remit and or achievements of the partnership (in less than 200 words).

**6a. Improving health for all and reducing health inequalities**

How will your city take forward the strategic Phase VI goal of improving health for all and reducing health inequalities?

*Please outline no more than three actions in less than 250 words.*

**6b. Improving leadership and participatory governance for health**

How will your city take forward the strategic Phase VI goal of improving leadership and participatory governance for health and development?

*Please outline no more than three actions in less than 250 words.*

**7. Core themes of Phase VI**

Core theme 1: Life course and empowering people (priority issues: early years; older people; vulnerability; and health literacy)

*Please describe (in less than 250 words) how you intend to address the core theme of the life-course approach and empowering people overall and which issues you intend to especially emphasize. These should be relevant to the results of your city's Health 2020 situation analysis report.*

Core theme 2: Tackling the major public health challenges in the European Region(priority issues: physical activity; diet and obesity; alcohol; tobacco; and mental well-being)

*Please describe (in less than 250 words) how you intend to address the core theme of tackling the burden of disease overall and which issues you intend to especially emphasize. These should be relevant to the results of your city's Health 2020 situation analysis report.*

Core theme 3: Strengthening people-centred health systems and public health capacity (priority issues: transforming the delivery of city services; and revitalizing and strengthening public health capacity)

*Please describe (in less than 250 words) how you intend to address the core theme of strengthening people-centred health systems and public health capacity overall and which issues you intend to especially emphasize. These should be relevant to the results of your city's Health 2020 situation analysis report.*

Core theme 4: Creating resilient communities and supportive environments (priority issues: community resilience; healthy settings; healthy urban planning and design; healthy transport; climate change; and housing and regeneration)

*Please describe (in less than 250 words) how you intend to address the core theme of creating resilient communities and supportive environments overall and which issues*



*you intend to especially emphasize. These should be relevant to the results of your city's Health 2020 situation analysis report.*

### **8. Capacity-building**

How will your city address training and capacity-building for leadership, participatory governance, improving health for all and reducing health inequalities throughout Phase VI?

*Please identify no more than three actions in less than 250 words.*

### **9 Networking**

What are the particular strengths or experience your city could contribute to the overall work of the WHO European Network?

*Please identify no more than three areas.*

How does your city expect to gain from the WHO European Network during Phase V?

#### National healthy cities network

Does your country have a national healthy cities network? Yes  No

Is your city a member of this national healthy cities network? Yes  No

#### Other networks of healthy cities:

Are you a member of a regional or metropolitan (subnational) network of healthy cities?

Yes  No

If yes, which?

#### Other international city networks

Are you a member of any other international city networks working for health or sustainable development? (*Such as ICLEI – Local Governments for Sustainability, the European Sustainable Cities and Towns Campaign, International Union of Local Authorities, Medcities, Energie-Cités, Climate Alliance and the Council of European Municipalities and Regions*)

Yes  No

If yes, which?

### **10. Monitoring and evaluation**

Confirm that:

The city agrees to be externally evaluated by WHO: Yes  No

*This should appear in the letter of commitment from the mayor (see section 1).*

Is your healthy city project systematically monitored or evaluated?

Yes  No  If yes, describe

*Please send a signed scanned copy of any substantial report by e-mail or a web site link to the original.*



Thank you for your interest in becoming a member of the WHO European Healthy Cities Network in Phase VI.

Please print a copy of this page for your records.

See below a checklist of signed scanned or original documents to be submitted by e-mail with the application.

- Council resolution supporting city participation in Phase VI
- Letter of commitment from the city mayor supporting city participation in Phase VI
- The Health 2020 city situation analysis document
- A city statement indicating how the city will benefit from being a member of the Phase VI WHO European Healthy Cities Network
- Curriculum vitae of coordinator
- Post description for coordinator
- Letter of commitment to this application signed by the chair of the steering or partnership group
- City health development plan
- City health profile
- Optional evaluation report

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Please reference Phase VI application documentation.



*Annex 5*

HEALTH 2020: A EUROPEAN POLICY FRAMEWORK SUPPORTING  
ACTION ACROSS GOVERNMENT AND SOCIETY FOR HEALTH AND  
WELL-BEING

[http://issuu.com/whoEurope/docs/health2020\\_policyframework\\_strategy?e=3185028/1506880](http://issuu.com/whoEurope/docs/health2020_policyframework_strategy?e=3185028/1506880)



## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

### **Member States**

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
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Cyprus  
Czech Republic  
Denmark  
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Hungary  
Iceland  
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Israel  
Italy  
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Russian Federation  
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Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
The former Yugoslav Republic of Macedonia  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

## Phase VI (2014–2018) of the WHO European Healthy Cities Network: goals and requirements

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## **World Health Organization**

### **Regional Office for Europe**

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