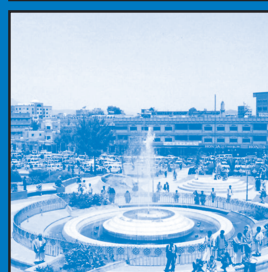


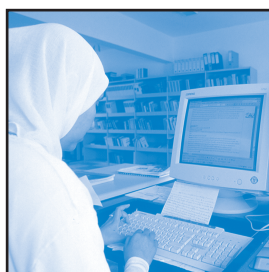
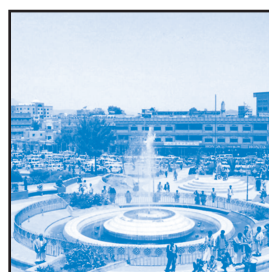
Training manual for the healthy city programme



World Health
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Regional Office for the Eastern Mediterranean

Training manual for the healthy city programme



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Preface

A healthy city initiative is, in essence, a commitment from the residents of a city to improve their health through sustainable urban development. The focus is to tackle inequalities that exist in the health system of a city and provide a healthy environment for all. Placing health on the development agenda engages all actors, from high-level stakeholders to neighbourhood committees, in a dialogue for change. The aim of the healthy city programme is to ensure that cities in the WHO Eastern Mediterranean Region have a clean and sustainable environment, provide preventive and curative health services to all, and target marginalized and impoverished populations.

The healthy city concept and network has been widely accepted globally and has been established in all six WHO Regions. The WHO Eastern Mediterranean Region adopted the programme in 1990 and has expanded it to Afghanistan, Bahrain, Islamic Republic of Iran, Iraq, Oman, Pakistan, Saudi Arabia and Sudan. However, there has been no systematic approach to introducing the programme and countries have been implementing activities according to their own understanding of operational procedures and methods of implementation. Thus, there was a need to unify the process of implementation of the programme and to train those responsible for its implementation. As such, the WHO Regional Office for the Eastern Mediterranean recognized the need to develop this training manual in order to assist countries in standardizing their implementation processes.

The aim of this manual is to orientate and guide master trainers in each country, and to train national and local healthy city coordinators, committee members, local partners, nongovernmental organizations, stakeholders and key personnel involved in healthy settings on practical ways and procedures for the effective implementation of the programme. It is the aim of the WHO Regional Office to build on past experiences and to unify all processes of implementation of the programme in order to improve the health and quality of life of urban communities.



Introduction

Introduction

Learning objectives

This introduction will:

- explain the rationale of the healthy cities training course;
- orientate target groups on various concepts relating to the programme and its approach;
- introduce the contents and processes of the course;
- build target groups' capacity to implement the programme;
- provide a suggested training schedule for the course.

Expected outcomes

By the end of this introduction you will have:

- a clear understanding of the healthy cities training course;
- received orientation on the course contents and processes;
- greater capacity to implement the programme in urban settings;
- a suggested training schedule which can be adapted according to local needs and circumstances.

Introduction

The healthy city programme, which adopts innovative approaches to health and development, is being implemented in a number of countries in the Eastern Mediterranean Region and has achieved considerable success despite the fact that many of the countries' national teams and authorities involved in the implementation and management of the programme have received no formal training. As a result, countries have been implementing programme activities according to their own understanding of operational procedures and methods of implementation. Recognizing the importance of a unified system of programme implementation, the WHO Regional Office for the Eastern Mediterranean has developed this training manual to assist countries in standardizing implementation processes while taking into account individual countries' differences and needs. In order to redress the previous shortcomings in training and to build the capacity of national authorities and stakeholders, this training manual presents practical ways and procedures for the effective implementation of the programme and also aims to assist the process of developing core teams of master trainers. These trainers will be responsible for explaining the programme's concept and its operational procedures to national and local healthy city coordinators, committee members, local partners, nongovernmental organizations, stakeholders and key personnel involved in healthy settings in order to improve the health and quality of life of urban communities.

The healthy city programme strives to build upon existing knowledge and expertise to further develop and adapt activities in order to keep pace with innovative development approaches and to meet the needs of local communities. The active participation of all stakeholders and key actors is essential in the further strengthening of the programme, and their input and feedback will continue to add to the programme's success and sustainability in both its regional and global contexts.

The objectives of this training manual are to:

- provide an overview of the healthy city programme and of its operational procedures;
- assist in the development of core teams of master trainers in the healthy city programme;
- build the capacity of management, implementation teams and communities involved in the programme;
- provide training and orientation on the programme for national authorities and partners;
- facilitate the establishment of a healthy cities model to encourage uniformity in approach and implementation of the programme;
- describe programme guidelines and tools;
- facilitate the development of mechanisms for wider partnerships with other sectors and stakeholders in order to improve health and development in urban settings;
- provide guidance on the process of forming efficient organizational structures and to clearly define the roles of those people involved in the programme;
- offer practical tools and guidelines for programme monitoring, evaluation, reporting and documentation;
- facilitate the establishment of a healthy city network.

Contents

The training package comprises 4 modules and 15 units which are arranged according to theme (Table 1). Experiences gained from previous training activities in the Region and available resources from other regions have been used and developed in compiling the following material.

Table 1. The contents of the healthy cities training manual

Module	Unit
Module 1 Introduction, the healthy city programme and health concepts	Unit 1.1 Health concepts Unit 1.2 Healthy cities approach
Module 2 Developing healthy cities	Unit 2.1 Developing healthy cities Unit 2.2 Healthy city organization Unit 2.3 City health profile Unit 2.4 Healthy city planning
Module 3 Healthy settings	Unit 3.1 Healthy settings approach Unit 3.2 Healthy communities Unit 3.3 Health-promoting hospitals Unit 3.4 Health-promoting schools Unit 3.5 Healthy market places
Module 4 General themes	Unit 4.1 Sustainability and partnership Unit 4.2 Healthy cities networking Unit 4.3 Evidence-based supervision and monitoring Unit 4.4 Health impact assessment

Main target groups

This training material has been prepared and can be adapted for the training of the following target groups, although trainers should consider participants' educational and professional backgrounds and their expected contribution to the programme prior to organizing specific training courses.

- national coordinators / focal points and technical staff;
- relevant ministries and partners;
- healthy city coordinators;
- healthy city committee members from different sectors;
- local partners, nongovernmental organizations and stakeholders;
- sectoral / specialist committees;
- key personnel involved in healthy settings i.e. schools, hospitals, market places, etc.

Pre-training assessment

It is advisable that pre-training assessment is undertaken to assess the trainees' knowledge and level of understanding of the programme and its relevant concepts. This assessment will assist training facilitators in determining the level of the trainees' experience and provide an opportunity to adapt the training in order to ensure that the strengths and weaknesses of the trainees are adequately addressed by the training. The pre-training assessment will be in the form of a questionnaire given to trainees in order to assess the level of their experience and understanding of the programme.

Trainers

Training will be conducted by a team of trainers from the health sector and other sectors that have a high degree of involvement in programme activities. Trainers will have a broad knowledge of the programme and of its operational procedures and will be familiar with training materials and plans and conversant with all recent developments in the field of health and development. In addition, trainers will have had exposure to similar approaches and possess excellent communication skills. Materials and presentations need to be well prepared prior to the onset of each training course and trainers will be given sufficient freedom to adapt the training materials in line with the training needs. During the course of the training, trainers should ensure cohesion between each training session and explain the links between previous and new topics. It is also necessary that trainers work as a team and have a full awareness of their own individual roles and responsibilities and also of the roles and responsibilities of others.

Methodology

The training will be interactive and will draw on the experiences of participants. Training methods will include the use of presentations, group work, practical exercises and other assignments and will also include a field visit to a programme area(s) on the final day of training.

Inauguration

During the opening session of each training course the chief speaker will talk about the healthy city programme, describe the role and importance of training in programme implementation and management and explain what is expected from the participants and what they can, in return, expect from the training. The agenda, objectives and contents of the training course will be clearly described and the methodology of the training explained. The training agenda can be modified to incorporate any workable suggestions proposed by trainees providing they are within the scope of the training objectives and the time constraints allow.

Technical sessions

Individual trainers will present the technical sessions although other facilitators or resource people may assist to strengthen or support particular themes. The sequence of training activities and the role of each trainer should be determined and agreed in advance of the session. Interaction and open communication between the trainers and the participants is essential and should be actively encouraged. Participatory learning will be a main feature of the training course and each training session should end with a brief question and answer session and a discussion of the key issues. Ideally, each new day should begin with a review of the previous day's work and findings and trainers should incorporate any required modifications to the training schedule to reflect the needs of the training.

Group work

The training will rely on the use of both technical presentations and group work. The group work sessions will allow trainees to undertake practical exercises, to explore ideas and to brainstorm particular topics and issues. For group work sessions, participants should ideally be divided into groups of between 6 and 8 members. Before beginning the group work, it is important that trainers clearly explain what is expected from the groups and answer any questions participants may have. A chairperson and a presenter or rapporteur should be elected for each group. The role of the chairperson is to maintain discipline, ensure the group's time is well managed and encourage the participation of all members. The presenter or rapporteur will record the group's findings and present them in the plenary session. The plenary session will be used to present the groups' presentations and for review. Feedback and open discussion are important elements of this session and facilitators should attempt to tie together the themes of the group work and to summarize group work conclusions.

Time frame

The training course is structured to extend over a period of five days that will include one day for a field visit. However, when the objective of the training is the orientation of authorities and partners, the training time can be reduced to one or two days and the training can be tailored to focus on the programme's main concepts and its procedures.

Lesson plan

The suggested training schedule presented below outlines the structure of the complete training course (Table 2). Ideally, the daily training time should be between 6 and 8 hours but can be adjusted according to the season or to the theme of the unit.

Table 2. Suggested training schedule

Contents

Inauguration (30 mins)

Part A

Course introduction

Presentation and discussion (30 mins)

Day 1: The healthy city programme and health concepts

Module 1, Unit 1.1 Health concepts

Presentation and discussion (45 mins)

Group work and plenary session (180 mins)

Presentation on health, the Health for All Strategy, primary health care, health promotion and health protection including disease prevention and health responsibilities.

Discussion on health concepts, their application in countries of the Region and clarification of the concepts that are included within a holistic definition of health. The discussion will also focus on primary health care and its reliance on intersectoral collaboration and community participation.

Group work on evidence-based methodologies and a package of interventions for comprehensive health development in urban settings. Participants should brainstorm and develop a set of best practices for health and related interventions in addition to looking at methodologies which improve urban health and which take into account all sociocultural and economic determinants.

Plenary session to review the groups' findings with the objective of conceiving a uniform development package for urban settings with improved health as a central outcome.

Module 1, Unit 1.2 Healthy cities approach

Presentation and discussion (45 mins)

Practical exercise and plenary session (180 mins)

Presentation on the background and rationale of the global and regional healthy city programme and its evolution. The presentation will discuss community-based initiatives,

the healthy cities concept, healthy city strategies and approaches, common characteristics of the programme and the healthy city programme in the Region.

Discussion on the healthy city programme and its effectiveness in the Region in addressing urban health issues through the use of innovative approaches and the involvement of all stakeholders.

Practical exercise on the differences between the healthy city approach and traditional approaches in dealing with urban health problems. Participants will make comparative statements between the healthy city programme and traditional health and development approaches in relation to various aspects of health and the determinants of urban health.

Plenary session to review the groups' findings and to identify commonalities in approaches that can be used as benchmarks for urban health actions.

Day 2: Developing healthy cities

Module 2, Unit 2.1 Developing healthy cities

Presentation and discussion (45 mins)

Group work and plenary session (60 mins)

Presentation on the criteria needed to join the healthy cities network and the framework for implementation of the programme in three phases. The presentation will focus on the steps for implementation and provide examples of experiences from countries of the Region.

Discussion on the criteria for the inclusion of new cities in the healthy city network and on how the criteria can be adapted according to local needs and circumstances.

Group work on the adaptation of steps for healthy city development. The group work should examine and review each step for its feasibility and usefulness in the local environment and for compatibility with existing government structures.

Plenary session to review the groups' findings in order to build consensus on the adapted framework for programme implementation without compromising the basic spirit of the programme.

Module 2, Unit 2.2 Healthy city organization

Presentation and discussion (45 mins)

Brainstorming and plenary session (60 mins)

Presentation on organizational structures at national level such as support groups and national focal points, and structures at city level such as healthy city coordinators, healthy city councils, healthy city steering committees, subcommittees, city health forums and various actors' roles and responsibilities. The presentation will also focus on healthy city programme offices including their location, facilities, personnel and their responsibilities.

Discussion on the compatibility of existing government structures and healthy city structures and how their effective integration can facilitate the ease and the success of programme activities in improving health.

Brainstorming session to review the terms of reference for different structures of the healthy city programme.

Plenary session to discuss the revised terms of reference for various healthy city structures with the aim of developing consensus on the roles assigned at various levels and to various players.

Module 2, Unit 2.3 City health profile

Presentation and discussion (45 mins)

Group work and plenary session (60 mins)

Presentation on the introduction, concept, objectives, purpose and characteristics of a good healthy city profile. The presentation will also focus on the development of a healthy city profile, responsibilities, time frames, data sources and related subject areas.

Discussion on the benefits of healthy city profiles and how healthy city profiles serve as a tool for improving programme planning and implementation.

Group work on the adaptation of a city health profile. The group work should consider the uses of a city health profile and the information required for improved programme planning and implementation.

Plenary session to review the groups' recommendations, commonalities and adapted healthy city profiles to ensure their effective use in local settings.

Module 2, Unit 2.4 Healthy city planning

Presentation and discussion (45 mins)

Practical exercise and plenary session (60 mins)

Presentation on the concept of a healthy city plan, including its objectives, principles and benefits. The presentation will also focus on the steps needed to produce an effective healthy city plan and will examine various issues such as the development of a task force, data collection, creating a vision for health, processes, principles and procedures.

Discussion on the preparation of an effective healthy city plan, its prerequisites and its implementation for improving health outcomes.

Practical exercise on the development of a model city health plan. The plan of action tool may be adapted locally and the information of the healthy city profile can be used for the preparation of a feasible plan.

Plenary session to review the plans prepared by different groups with a focus on the process of planning, use of the baseline data and proposed actions. After the training, the draft plans should be further reviewed by the programme teams and shared with stakeholders/partners.

Day 3: Healthy settings

Module 3, Unit 3.1 Healthy settings approach

Discussion (15 mins)

Discussion on the healthy settings approach, its common characteristics and on the framework used to develop healthy settings in urban areas. Participants should be encouraged to contribute to the discussion using their own knowledge from the field and to develop their own vision of healthy settings.

Module 3, Unit 3.2 Healthy communities

Presentation and discussion (45 mins)

Practical exercise and plenary session (60 mins)

Discussion-based presentation on the definition of healthy communities and their main characteristics and the strategies used to develop healthy communities. The focus of this presentation and discussion will be on the concept of healthy communities and will take into account local perspectives and socioeconomic factors.

Practical exercise to develop a plan of action for healthy communities.

Plenary session to review the draft plans and to explore the various ways by which a community can become healthy by adopting both innovative and traditional health interventions.

Module 3, Unit 3.3 Health-promoting hospitals

Presentation and discussion (30 mins)

Practical exercise and plenary session (60 mins)

Discussion-based presentation on the rationale, concept, standards and proposed actions for developing health-promoting hospitals. The discussion should highlight feasible and user-friendly standards and procedures and a list of interventions that can be feasibly practised in the hospital setting through employing the optimal use of available resources.

Practical exercise to develop a plan of action for a health-promoting hospital. This exercise will involve the preparation of a feasible plan of action that can be implemented locally with the aim of improving hospital conditions and improving the quality of care using cost-effective methodologies and integrating disease management with disease prevention and health promotion activities.

Plenary session to review the groups' findings and brainstorm the practical steps which need to be taken locally to improve hospital settings.

Module 3, Unit 3.4 Health-promoting schools

Presentation and discussion (30 mins)

Practical exercise and plenary session (60 mins)

Discussion-based presentation on the concept, rationale, objectives, characteristics and actions of health-promoting schools. The discussion will explore issues related to school health and creative and traditional approaches to promoting school health.

Practical exercise to develop a plan of action for a health-promoting school.

Plenary session to review the groups' findings and to review proposals to ensure that school health is integrated within the programme's approach and procedures. The session will also discuss the capacity of the health and education sectors and whether their contribution is being fully utilized and whether the involvement of the community and the support of partners has been fully enlisted.

Module 3, Unit 3.5 Healthy market places

Presentation and discussion (30 mins)

Practical exercise and plenary session (60 mins)

Discussion-based presentation on the concept, rationale, aims, objectives and the processes involved in developing healthy market places. The content of this presentation will be dependent on local situations and needs.

Discussion on the concept, need, prerequisites and processes involved in developing healthy market places which take into account local needs, sociocultural norms and economic viability.

Practical exercise to develop a plan of action for the development of healthy market places. This exercise will require participants to suggest feasible proposals and appropriate actions that can be undertaken to develop healthy market places.

Plenary session to review the groups' findings and to consolidate recommendations and suggestions into an integrated package to agree on a workable plan for developing healthy market places.

Day 4: General themes

Module 4, Unit 4.1 Sustainability and partnership

Presentation and discussion (30 mins)

Group work and plenary session (120 mins)

Presentation on the concept and the elements of sustainability and the factors involved in intersectoral collaboration and partner coordination. The focus of the presentation will be on sustainable models of the healthy city approach that address relevant issues and involve various partners and stakeholders.

Discussion on the most appropriate strategies to be adopted in order to sustain the programme and ensure workable and effective partnerships.

Group work (1) on the development of guiding principles, feasible strategies and plans of action for establishing partnerships with national and international agencies.

Group work (2) on the development of guidelines and tools for promoting local partnerships and the active participation of communities.

Plenary session on the two group work sessions with the objective of developing feasible strategies and action plans to encourage strengthened and improved partnerships with stakeholders, in particular, with the community.

Module 4, Unit 4.2 Healthy cities networking

Presentation and discussion (45 mins)

Group work and plenary session (60 mins)

Presentation on the concept, scope, functions, roles, criteria and processes involved in developing a healthy city network. The emphasis of the presentation will be on concept clearance.

Discussion on the related aspects of healthy city networking with the objective of locally adapting the concept in order to develop an interactive network of cities implementing the healthy cities approach.

Group work on methods for establishing an effective healthy city network both within countries and regionally. The group work will involve developing strategies and designing methodologies to create an effective and workable healthy city network.

Plenary session to review the groups' findings and to compile a set of recommendations.

Module 4, Unit 4.3 Evidence-based supervision and monitoring

Presentation and discussion (30 mins)

Presentation on the concept, objectives and methodology of evidence-based supervision and monitoring and on the supervision and monitoring tool. The focus of the presentation will be on understanding the need for supervision and monitoring in programme implementation and the role of different stakeholders at various levels of the programme. Discussion on feasible methodologies and adaptation of the supervision and monitoring tool.

Module 4, Unit 4.4 Health impact assessment

Presentation and discussion (45 mins)

Group work and plenary session (60 mins)

Presentation on the concept, needs, methodology, stages and key factors involved in health impact assessments. A model health impact assessment grid will be used as an example. The aim is to discuss health impact assessment and to allow participants to develop their own vision to devise appropriate strategies and tools for undertaking a health impact assessment.

Discussion on the various ways and means and minimum benchmarks required for a health impact assessment to become a regular feature of programme implementation.

Group work on the development of a plan of action and implementation tool for health impact assessment in a healthy city area.

Plenary session to review the groups' findings and to agree on a common format for a plan of action and implementation tool to conduct a health impact assessment.

Day 5: Field visit

Demonstration of model project area(s) and intervention(s). The field visit will complement the theoretical knowledge gained during the course and the practical exercises undertaken during the workshop. (1 day)

Closing session

Closing remarks and certification (120 mins)

Post-training assessment

For post-training assessment purposes, a questionnaire should be filled out by the trainees in order that the knowledge and skills gained by the participants during the training course can be evaluated by the trainers. The same questionnaire that was used for pre-training assessment can be used for post-training assessment purposes. The post-assessment questionnaire should also include a section to assess the following areas of the training course.

- administrative issues;
- technical sessions;
- trainers' support;
- field visit/s.

This will assist in assessing the performance of trainers and will reflect the perceived level of success of the training course. Participants will also be encouraged to provide suggestions for improvements to future training courses and to discuss how the knowledge gained from the course will reflect positively in their future work and programme activities.

Closing session

The closing session of the training, which should be chaired by a local dignitary, will provide an opportunity for participants, individually or in groups, to express their views and provide feedback on the training. Conversely, for the trainers it presents an opportunity to receive feedback and to respond to participants' questions and comments. The feedback received in relation to the training, teaching materials and methodology, the attitudes and skills of the trainers and other relevant issues is crucially important in developing and improving future training sessions and should be actively sought and encouraged by the training facilitators. The distribution of certificates and the settlement of accounts are also important elements of this closing session. It is also the convention that the training session ends with closing remarks by the speaker and an expression of thanks for the trainers and meeting facilitators.



Unit 1.1

Health concepts

Health concepts

Learning objectives

This unit will:

- provide detailed information on health, the Health for All Strategy and primary health care;
- illustrate ways to promote and protect health;
- define the roles of main stakeholders.

Expected outcomes

By the end of this unit you will have:

- a clear understanding of health, the Health for All Strategy and primary health care;
- information on health promotion and protection;
- an understanding of the main roles and responsibilities of stakeholders.

Health

In 1947, the World Health Organization (WHO) adopted a broad definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This definition adopts a holistic view of health and addresses all factors that affect human health and relate to the physical, psychological, social and economic development of the individual or society. This perspective defines health in terms of a productive and creative existence rather than as categories of disease that cause illness or death. It also views economic determinants as important indicators of health. Health is a fundamental human right and the goal of health for all an important aim. It is central to an improved quality of life and human development and can only be achieved through multisectoral and collaborative measures taken by individuals, the community, government and international agencies.

WHO and its member countries have acknowledged that the reasons for continuing inequalities in health are largely due to factors such as poverty, limited national resources, lack of education, increases in population, inadequate sanitation and a lack of awareness of health and environmental issues. It is evident that certain major determinants of health lie outside of the domain of the health sector and health cannot be achieved in isolation from other factors, and accordingly, the goal of achieving health for all needs to take into account all social, political and environmental influences.

Health for All

In 1997, the Thirtieth World Health Assembly decided in resolution WHA30.43 that a main social target should be the “attainment by all people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.” The essential principle of health for all is the concept of equity in health with all people enjoying equal opportunities for good health. Health for all envisages an equitable distribution of health resources among the population so that people have access to and are able to utilize available services in the attainment of better health. Health for all implies improvements, not only in access to health services, but also in respect of social and economic opportunities.

The target of health for all by the year 2000 proved unachievable as a result of strategic deficiencies, and it was acknowledged that the problems of the strategy were the weak role of the community, poor intersectoral collaboration, a top-down approach to development and a focus on the investment of physical infrastructure while neglecting the human dimensions of development. It was acknowledged that health for all could not be achieved by one sector alone and required an integrated multisectoral development approach resulting from active partnerships between communities and other stakeholders. The need for a review of policies, a redirection of available resources and new mechanisms to ensure a more equitable distribution of health services became apparent.

Primary health care

The concept of primary health care was adopted during the international conference held in Alma-Ata in 1978, and was accepted as a key strategy for achieving the target of health for all. World leaders in health agreed that primary health care was essential health care based on practical, scientifically sound and socially acceptable methods and technology that was accessible to communities. The primary health care system encourages the full participation of the community in services provided at an affordable cost. It forms an integral part of a national health system and of the overall social and economic development of a community. It is the first level of contact for individuals, the family and community with the national health system and delivers health care services as close as possible to where people live and work. Primary health care constitutes the first level of any continuing health care process.

The primary health care approach is based on the principles of:

- ensuring equity and universal access to health care services;
- employing socially, culturally and scientifically acceptable methodologies;
- providing nationwide health care at an affordable cost;
- promoting self-reliance and cost-effective methodologies;
- encouraging intersectoral coordination at all levels;
- encouraging the full participation of the community in planning and implementation.

The essential components of primary health care are:

- health education on prevalent health problems and education on prevention and control activities;
- promotion of good nutrition;
- access to safe drinking-water and basic sanitation;
- provision of maternal and child health care facilities, including family planning services;
- immunization against major infectious diseases;
- provision of appropriate treatment for common diseases, injuries and accidents;
- provision of essential drugs.

Health promotion

According to WHO's definition, health promotion is a process of offering, both to individuals and communities, the possibility of having greater control of health factors to improve their health. The Ottawa Charter for Health Promotion which was adopted in 1986 describes the five elements of its strategic framework as:

- building healthy public policy;
- creating supportive environments;
- strengthening community actions;
- developing personal skills; and
- reorientating health services.

Health promotion seeks to improve the well-being and actualize the health potential of individuals, families, groups and communities, regardless of their health status or age. It is the aggregate of all purposeful activities designed to improve personal and public health through a combination of strategies, including:

- health education and awareness;
- environmental modification;
- healthy lifestyles and behavioural changes;
- nutrition.

Health education and awareness

Health education and awareness-raising are vital tools in promoting health and can be undertaken through the following.

- individual discussion;
- group discussion;
- lectures or seminars;
- printouts, pamphlets, booklets and stories;
- displays of banners, charts, message boards, slogans and pictures;
- audiovisual aids;
- role-play and demonstrations.

Environmental health

Environmental health is a complex issue but the following factors are essential in creating healthy environments in any sustainable development process.

- provision of safe drinking-water;
- promotion of sanitary latrines;
- safe disposal of solid waste and wastewater;
- pollution control measures;
- improved housing conditions;
- control of insects and rodents.

Healthy lifestyles and behavioural changes

Changes in community behaviour and the adoption of health lifestyles play a key role in promoting health. The following areas are elements of community behaviour.

- personal hygiene;
- healthy food and diet;
- smoking control;
- physical activity.

Nutrition

Food is vital for human existence and nutritious food is essential for good health. While working for health promotion, the following deficiencies need be addressed.

- reducing malnutrition;
- reducing micronutrient deficiencies, including:
 - iodine deficiency disorders;
 - iron deficiency anaemia;
 - vitamin A deficiency.

Health protection

Health protection creates conditions that allow the healthy mental and physical functioning of people, both as individuals and as groups. It includes prevention of sickness as well as curative and restorative medicine. Health protection involves interventions that aim to:

- reduce the incidence of diseases;
- restore health when it is impaired;
- limit the duration of a disease and the risk of its transmission;
- restrict the potential consequences or effects of illness, including physiological, psychological and social consequences;
- limit the financial burden of ill-health on families and populations.

Health protection saves individuals, families or communities from acquiring disease(s), and refers to actions which protect people against health and safety risks by addressing the causes of disease and problems before they affect health. The following interventions can assist in protecting the health of individuals and the community against specific diseases and risks.

- immunization;
- use of specific nutrients;
- chemoprophylaxis;
- protection against occupational hazards;
- protection against accidents;
- protection from carcinogens;
- avoidance of allergens;
- control of specific hazards in the environment.

Disease prevention

Prevention consists of interventions that have been shown to significantly reduce the likelihood that a disease, injury or disorder will affect an individual or interrupt or slow their progress. Preventive measures intend to limit the number of people who develop a disease by controlling the related causes and assessing risk factors. In disease prevention efforts are directed towards improving the general well-being of the individual, in addition to undertaking specific actions against selected diseases.

Primary prevention

Primary prevention is the action taken prior to the onset of disease and is applied to healthy individuals or groups. Appropriate interventions in the pre-occurrence of health problems are intended to protect individuals against the risk of disease. These measures ensure health protection against specific disease, agents or hazards in the environment. The main interventions include vaccination, family planning practices, sanitation measures and prophylactic treatment.

Secondary prevention

Secondary prevention is the action taken to halt the progression of a disease in its early stages and prevent possible complications. Secondary prevention emphasizes the early detection of disease, prompt intervention and health care for individuals suffering from health problems. It reduces the severity and incidence of disease and the complications or disabilities arising from it. It also prevents transmission of infection to other community members. The main examples of secondary prevention are the screening and detection of diseases such as malaria, cataract, diabetes mellitus, hypertension, breast cancer, growth monitoring of children, and referrals to health facilities for diagnosis and management when necessary.

Tertiary prevention

Tertiary prevention begins after an illness has occurred or when a defect or disability is cured, stabilized or becomes irreversible. It focuses on the rehabilitation of disabled individuals and restoring an optimum level of health within the constraints of their

disability, an example of tertiary prevention is rehabilitative care after fracture or paralysis, etc. The community can play a key role in the social and financial rehabilitation of people in recovery. In order to maximize the mobility of a patient, the community can also assist in the physical and mental rehabilitation of a patient with the assistance of medical advice and guidance.

Early diagnosis and prompt treatment

Whenever an occurrence of disease is discovered or suspected, the primary objective should be to identify the case as quickly as possible and refer the patient to the relevant health facility. Early diagnosis and prompt treatment includes:

- screening surveys and case-finding measures;
- selective examination and diagnosis of the health problem;
- treatment of minor ailments at community level;
- referral of cases to the relevant health facility and follow-up assessments.

Disease elimination and eradication

Disease elimination refers to the interruption of the transmission of a disease and eradication refers to termination of the transmission of infection through the extermination of the infectious agent. Eradication is an absolute process and is characterized by the complete disappearance of the disease or infection, such as with the eradication of smallpox. Currently, WHO is supporting member countries in eradicating poliomyelitis.

Health responsibilities

Health is not a commodity or product which can be provided or purchased but is an outcome of many interrelated activities undertaken by concerned sectors and involving efforts by individuals, families, the community, the government and relevant agencies/organizations.

Individual responsibilities

Although health is a fundamental human right, it is the responsibility of every individual to take care of his/her health. A government or organization is unable to provide good health if an individual does not look after their own health. Self-care promotes health, prevents disease and limits illness. Many activities can be undertaken without professional assistance if an individual has the basic knowledge and skills required. As a result of global changes in all aspects of life and the changing patterns of disease from acute to chronic, there is a demand for more intensive efforts at the individual and family level to protect health. Individual responsibilities for looking after one's own health include:

- paying attention to personal hygiene and body care;
- adopting healthy habits and healthy lifestyles in relation to diet, sleep, exercise, weight, smoking, alcohol and drugs;
- taking specific disease prevention measures, including immunization;
- consulting a physician for periodic medical examination and screening;
- reporting early in case of sickness and accepting treatment;

- undertaking measures to prevent the spread of disease to others;
- using safe water and eating healthy nutritious foods, and promoting breastfeeding;
- improving housing and environmental conditions;
- practising family planning for child spacing and population management;
- adopting precautionary measures for potential risk factors.

Community responsibilities

Health services can not function efficiently and the health of people be protected without the active participation of the community. Therefore, in shifting the emphasis from "health care of the people" to "health care by the people", the active involvement of families and communities is essential in the planning, implementation, utilization, operationalization and evaluation of health services. Community responsibilities towards health include:

- providing facilities, manpower, logistic support and funding for local health systems;
- utilizing available health care services and monitoring their performance;
- developing trained community health workers to ensure primary health care services in every area;
- assisting in the provision of health care services, such as growth monitoring, follow-up of tuberculosis cases and implementation of directly observed treatment, short-course (DOTS);
- maintaining environmental health i.e. stagnant water and solid waste management;
- removing disease-causing factors, such as poverty, poor housing, drug abuse;
- promoting healthy lifestyles, breastfeeding and supplementary feeding;
- ensuring safety of food and water and providing adequate food to the poor and needy;
- adopting family planning practices for population management;
- attaining the necessary skills and knowledge for health promotion and protection;
- reviewing cultural, political and socioeconomic policies and strategies related to health.

Government responsibilities

Individual and community efforts can only be effective if the state undertakes its responsibilities and provides physical, technical and intellectual support and efficient leadership. Government responsibilities are more holistic in their scope in the prevention of ill-health and they include:

- designing needs-based health policies and strategies and providing necessary legislative cover;
- planning services, developing partnerships, mobilizing resources and implementing health programmes;
- establishing health facilities, recruiting staff and ensuring the availability of essential services, particularly for emergencies and for poor patients;
- promoting health education and awareness and the provision of technical and intellectual support to communities for the promotion and protection of their health;
- developing human resources and ensuring opportunities for access to the latest technical and professional knowledge and skills;
- monitoring and evaluating the delivery of health care services;
- identifying major health problems and taking appropriate actions for disease control, particularly intense measures against communicable diseases;
- organizing communities in order to implement health and development programmes;

- adopting measures for poverty reduction to ensure economic growth and a better quality of life;
- sharing experiences with other countries and collaborating with international organizations and agencies to develop mutual understanding and partnerships for health.

International responsibilities

In order to attain health goals, close cooperation and collaboration is required between countries, in particular, neighbouring countries and those facing similar health problems. International organizations should support countries collaborating within the United Nations (UN) system and with other peer organizations. International responsibilities include:

- exchanging experiences and deploying experts;
- providing training and human resources development;
- facilitating technical cooperation between developing countries;
- developing wider understanding between countries and agencies on matters related to health and human development;
- fostering the flow of information;
- providing financial support and material assistance;
- undertaking joint endeavours to develop models and designing feasible solutions to health problems;
- facilitating linkages between different stakeholders and building partnerships in support of communities and countries.



Unit 1.2

Healthy cities approach

Healthy cities approach

Learning objectives

This unit will:

- explain the evolution of the healthy city programme globally and in the Region;
- explain the concept, objectives, strategies and approaches of the healthy city programme;
- highlight common characteristics of the programme in the regional context.

Expected outcomes

By the end of this unit you will have:

- background information on the evolution of the healthy city programme;
- have an understanding of the programme's concept, objectives, strategies, approaches and common characteristics in the regional context.

Background and rationale

Over the past few decades most countries have witnessed extensive growth of their major cities as a result of rural to urban migration and increases in populations. This rapid expansion of urban areas has overstretched existing services and utilities, in addition to causing a multitude of political, social, financial, environmental and health problems that have exacerbated the already poor health conditions. In these rapidly expanding cities, population growths have resulted in unplanned expansion and the mushrooming of urban slums and low-income settlements, particularly in low-income countries. The lack of resources and economic opportunities has restricted good urban planning and the orderly expansion of cities has led to chaotic building with little consideration of the aesthetic in architecture. High-rise buildings with limited parking facilities and insufficient open spaces, coupled with the overuse of private vehicles and poor public transport systems, have added to public health problems. As a result of uncontrolled urban development, green areas have been eroded leaving behind inhospitable environments. Swelling urban populations have also created problems such as congestion, air pollution, water contamination, inadequate sewage disposal and the unmanageable disposal of solid waste, lack of human services, deficient energy resources and insufficient means of communication. Additionally, rapid urbanization has affected traditional social bonds and cultural affinities. People are becoming increasingly anonymous in big cities and the sense of belonging, which once existed in neighbourhoods, is rapidly deteriorating. In the face of these conditions, municipal authorities and services lacking managerial capacity, institutional strength and resources have failed to deal with emerging urban issues. On the other hand, citizens have grown to expect that municipal authorities will improve

conditions and have developed a non-participatory attitude towards the maintenance and welfare of their neighbourhoods and surroundings.

In assessing urban health, it is a notable fact that physical and social factors such as health services, the environment, the economy, population growth, education and awareness all directly or indirectly affect human health (Figure 1).

Cities are never homogeneous entities and are usually composed of different ethnic, social and income level groups. Health levels within these groups vary according to income, age, physical conditions, the environment and popular lifestyles. The urban poor, particularly in low-income and middle-income countries, suffer disproportionately from a higher burden of disease which is indicative of underdevelopment and unhealthy lifestyles. These groups are more greatly affected by poor living conditions and inadequate food and nutrition. As a result, they suffer from a heavy burden of communicable diseases; high maternal, infant, and child mortality; elevated incidences of cardiovascular problems; hypertension; diabetes; cancer; accidents; violence; sexually transmitted diseases and HIV / AIDS. There has also been an increase in tobacco smoking, particularly among women, in certain countries and drug abuse is a serious social and health problem in many areas. Other social and economic factors also contribute to an increased burden of diseases in underdeveloped and developing countries. The dilemma is that the health sector deals with diseases and injuries mostly caused by unhealthy living conditions, and yet it lacks the significant capacity to change these conditions or to play a role in urban development planning. Increasing disparities between the rich and the poor have also been observed all over the world and have highlighted the links between poverty, poor living conditions and ill-health.

In view of the above situation, the international community now recognizes that development needs to extend beyond economic growth and focus on human rights, ecological stability, freedom, community participation and good governance in order to ensure that social justice can strengthen civil society and encourage successful development. It is universally acknowledged that health is a major goal of mankind, expressed as equity in access to health care services with primary health care as a major tool, paying attention to the needs of the most vulnerable and disadvantaged groups while initiating needs-based actions at grass-roots level.

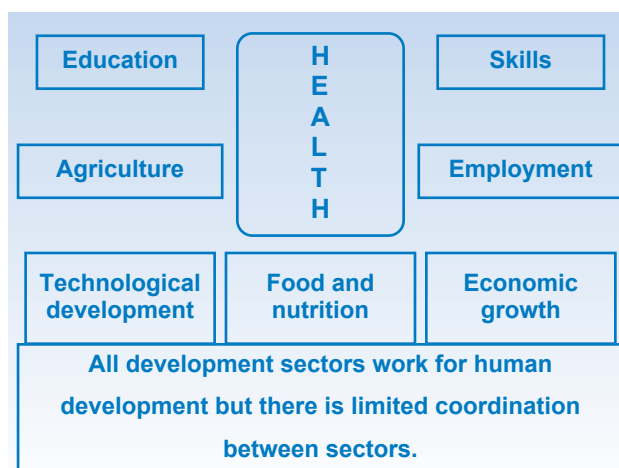


Figure 1. Major determinants of health

The global healthy city programme

In order to address urban issues in a comprehensive manner, the international healthy cities movement was first conceived in Canada in 1984 as an outcome of a symposium on “Healthy Toronto 2000: Beyond Health Care”. Subsequently, the WHO Regional Office for Europe launched the healthy city programme in 1986 with the participation of 11 European cities. The programme was intended to provide a vehicle to test the application of the strategy of Health for All in urban areas. This programme became a global movement and introduced the intersectoral approach for achieving health gains. The programme has been expanded to cover several regions, and now, subsequently involves more than 3000 municipalities throughout the world.

The development of the programme has so far taken different paths in different regions with regional and local adaptation of the guidelines and implementation framework. Initially, the focus was only on large cities but the approach has changed to include smaller cities and towns.

The evolution of the programme

The WHO Regional Office for the Eastern Mediterranean was one of the first offices to promote the healthy cities concept. In order to implement the programme in the Region, preparatory activities began in 1989, when a regional workshop on “Health in housing and urban environment criteria, methods and strategies” was held in Damascus, the Syrian Arab Republic from 20–23 November 1989. This was followed by a technical consultation on urban environmental health in Alexandria in 1989. The formal launching of the programme in the Region took place during an intercountry healthy cities conference, held between 11 and 14 November 1990 in Cairo, where the objectives, strategies and approaches of the programme for the Region were framed and adopted by member countries. The programme quickly gained momentum and in a short space of time had acquired a prominent position in the ladder of priorities of the WHO Regional Office. The increasing enthusiasm and motivation of member countries for the approach has been revealed over the years by the initiation of new healthy city projects and the extension of existing healthy city areas. The programme has been extended to 13 countries in the Region where it is at various levels and stages of its implementation.

Community-based initiatives

The WHO Regional Office for the Eastern Mediterranean is actively promoting among member countries community-based initiatives (CBI) of which the healthy city programme (HCP) is a key initiative. Other programmes include the basic development needs (BDN) programme, the healthy villages programme (HVP) and the women in health and development (WHD) programme (Figure 2).

These approaches intend to create political, physical and economic policies and action plans for all segments of the community in order to improve health and their quality of life.

Healthy cities concept

According to WHO "a healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing their maximum potential". In other words, a healthy city is an urban area which maintains and improves the social and natural environment and enables people to support each other through developing their potential to promote health.

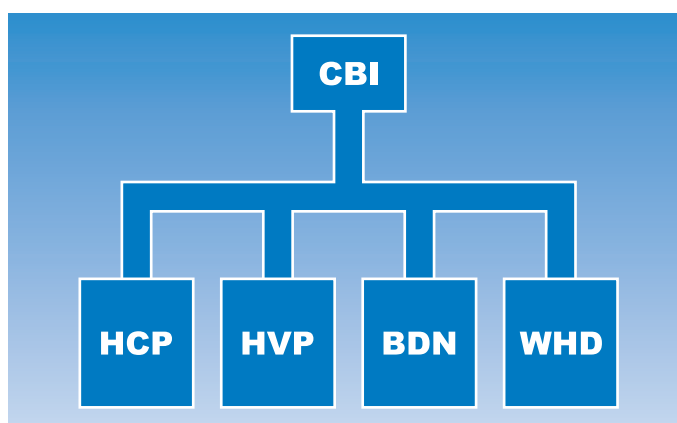


Figure 2. Community-based initiatives programmes

The healthy cities concept is based on community participation and partnership between municipal authorities, civil society, individuals and all other stakeholders to take action to improve health, the environment and the quality of life in cities. Therefore, the programme is concerned with the physical, social, economic and spiritual determinants of health and the essential elements necessary to improve health and the environment. It addresses issues such as improving health services, the water supply, sanitation, pollution and housing. It also focuses on the promotion of healthy lifestyles and supports projects and activities which generate income, improve education, address women's issues and children's needs and enlist the support of volunteer groups. The approach works on the principle that health and quality of life can be improved by modification of living conditions in the home, school, workplace, city—the places or settings where people live and work. Health status is often determined more by the conditions in these settings than merely the lack of or provision of health care services. Looking at the health determinants in urban settings, the programme goes beyond the health sector and looks at related aspects including economic status, employment and social needs. Moreover, it creates an awareness of factors related to the pace of urbanization and population growth rates, as well as the impact of national development plans on cities and poverty in urban slums and squatter settlements.

The creation of a healthy city is a process, not an outcome. Similarly, a healthy city does not represent a particular state of health but rather an awareness of health and an ongoing goal of improving the physical conditions in which people live, with the ultimate goal of achieving health for all. A healthy city can be summarized as a clean urban setting with good health and environmental services. It is a physically safe area where people can live with their own beliefs, customs, lifestyles and social bonds. As countries of the Region are unique, it is important to take into consideration societal and cultural norms and community requirements to ensure the creation of a social and physical environment where people do indeed feel comfortable and safe.

According to WHO, a healthy city should possess the following.

- hygienic and safe living environment, including quality housing;
- stable and sustainable ecosystem;
- healthy, friendly and mutually supportive community;
- high degree of participation and control by the public over decisions affecting their lives, health and well-being;
- basic requirements of food, water, shelter, safety, income, work and welfare for all citizens;
- wide variety of sources of experience, resources, interaction and communication;
- connectedness with cultural heritage and biodiversity;
- a diverse, thriving and innovative economy;
- good public health services providing appropriate health care for all;
- high level of health and low prevalence of preventable diseases.

As the ultimate goal of the programme is to improve health and the environment in cities, it gives priority to upgrading environmental health services and improving the quality of people's life. Health development in urban areas involves health services, the environment, the economy, population growth, social factors, education and awareness, etc. To achieve improved health, the healthy cities concept provides a good opportunity to address all the determinants of health in an integrated and holistic manner. It has its

foundation in community participation and aims to put health at the centre of the city's social and political agenda. The concept also provides public health and environmental leadership, stimulates innovation and relies heavily on community involvement and the mobilization of skills, resources and ideas. A healthy city has a significant level of commitment, facilitated by reliable structures and supported by processes to address all the

determinants of health in achieving improved health and healthy neighbourhoods. There must be manifest efforts by the city and local government, nongovernmental organizations and community groups to work together to address all of the priority issues. Political commitment augmented by intersectoral support and collaboration by stakeholders is an essential factor in the healthy cities model (Figure 3).



Figure 3. Healthy city concepts

Healthy city strategies and approaches

The healthy cities approach incorporates a broad definition of health that emphasizes the prevention of community problems and the development of people. Health is an important part of the development process in a city and is influenced by many factors including housing, education, religion, employment, nutrition, leisure and recreation, health and medical care, good transportation, a clean and green environment, a friendly community

and safe streets and public places. This approach calls for the availability of sufficient resources and dedicated efforts to provide a safe and supportive environment for citizens of all ages, an educated and stable workforce to support economic development and socially aware people capable of addressing the complex issues which face cities today. In other words, the healthy cities approach is a community problem-solving process. It seeks to put health on the agenda of city decision-makers and to build a strong lobby for public health at the local level. It is an effective and popular mechanism for promoting policies and programmes based on the strategy of health for all.

The healthy cities approach plays a unique role in the city's government as it promotes innovative changes in local health and environmental policies and advocates new approaches to public health. The approach explores effective ways to translate principles and targets of the Health for All strategy into practice in order to make urban settings more liveable. It also ensures public health and environmental leadership through mechanisms that recognize and mediate the interests of the different groups of the community. It is important to note that the programme does not replace, take over, or interfere with ongoing health and environmental activities undertaken by different government and municipal agencies, on the contrary, it attempts to generate local and community support to assist ongoing activities. Furthermore, healthy city actions aim at facilitating liaison and dialogue between related sectors to achieve greater coordination. In fact, it is the shared responsibility of the entire community, not just health professionals, and a healthy city recognizes the responsibilities of public, private and non-profit sectors. Being of collective accountability, decisions concerning health must involve local people whose lives will be affected by these decisions. Involving local people also requires focusing on those who are hard to reach, such as the poor, the homeless, the young and the elderly. The programme also encourages partnerships between public, private and voluntary and community agencies with a focus on urban health and related issues. In conclusion, healthy cities require explicit political commitment, leadership and institutional change, intersectoral partnerships, innovative actions addressing all aspects of health and living conditions and extensive networking between healthy cities.

The healthy city approach is based on a philosophy in which:

- improvements in health come principally through improvements in social, cultural and economic conditions coupled with positive changes in people's attitudes;
- people are encouraged to take the initiative in improving their own health and environment; and
- health is viewed as an essential component of overall development within the community.

In this context, the key considerations for the healthy cities approach include:

- placing health higher on the agenda of local decision-makers in cities and other settings;
- building a strong local lobby for public health concerns;
- dealing with health, the environment and development problems through local participation;
- ensuring that all development sectors and agencies, including those dealing with housing, local government, industry, transport and planning address health issues in their work.

There may be a number of options to ensure that these considerations are met. The following is a list of strategies that have been employed in various programme areas in different parts of the world with local adaptations.

- Major emphasis has been placed on the improvement of environmental health services and conditions of cities, including water supplies, sewerage, solid waste, pollution, the control of green areas, housing, etc.
- A strong promotional and awareness-raising process is being developed to ensure that the community, municipal authorities and other stakeholders are made aware of health, the environment and related social priorities.
- The concept of health and the environment as the centre of the political, social and development agenda is being promoted, and health and environmental institutions are being strengthened in the city.
- A city health and environment plan has been designed which aims at improving environmental health services and conditions in the city.
- The participation of city dwellers has been facilitated by the formation of city health and development projects.
- The capacity of the municipal government has been increased in managing urban problems through employing participatory approaches and strengthening other relevant municipal institutions.
- Sustainable formal and informal collaboration and broad social partnerships between stakeholders, such as nongovernmental organizations, international organizations, universities and other interested groups have been developed.
- The community, authorities and resources, involving the private sector, nongovernmental organizations, civil society and universities have been mobilized to implement city health plans.
- Innovative approaches for health and development in the city have been promoted.
- The role of women has been encouraged and the need for the involvement of children and youth emphasized.
- Networking and information exchanges have been established.
- Strong relationships with the media have been created to promote programme objectives.
- Links and contacts between environmental health programmes, urban primary health care, nutrition, accident prevention, women's and children's health have been strengthened and developed.

Common characteristics of the programme

A healthy city is a clean urban locality with a good health status and social services and provides a physically safe environment. Each city is unique and it is therefore difficult to generalize what constitutes a healthy city in specific terms. However, following are some of the common characteristics that can be taken as a baseline for implementation strategies in each programme area.

- commitment to health;
- political decision-making for public health;
- intersectoral actions and partnerships;
- effective community participation and ownership;
- innovative processes for multisectoral development;
- healthy public policy as a major outcome.

This programme generates local and community support and facilitates practical coordination and dialogue between all partners to develop a strong promotional process for social justice and equity in health and the environment.

The main building blocks for a comprehensive model of the healthy city programme include:

- political support;
- community participation and interaction among groups in the community;
- collaboration between concerned agencies and partners at various levels;
- action plans and their implementation;
- regular monitoring and evaluation;
- studies and analyses;
- information exchange;
- advocacy through the media;
- mechanisms for sustainable development;
- development between the community and human development linked;
- establishment of a national and international network.

The programme in the Region

In the Region, the healthy city programme addresses specific issues such as strengthening health services, the water supply, sanitation, pollution and housing and focuses on healthy lifestyles, particularly the prevention of noncommunicable diseases. Healthy city activities provide income generation, improved education, address women's issues and children's needs and enlist the support of volunteer groups. These types of activities directly or indirectly support health development and synergize health outcomes and may assist and promote other projects and initiatives that are concerned with maintaining heritage, preserving culture and architecture, raising social awareness and promoting values which add to the fulfilment and quality of life. The healthy cities concept, in short, is a flexible and all-encompassing approach which supports a variety of activities to support health improvements.



Unit 2.1

Developing healthy cities

Developing healthy cities

Learning objectives

This unit will:

- explain the processes involved in developing healthy cities;
- explain the criteria for joining the healthy city network;
- explain the phases and steps for implementing the healthy city approach in a country.

Expected outcomes

By the end of the unit you will:

- understand the importance of uniform implementation of the programme;
- gain knowledge and skills about all of the steps involved in implementing the programme.

Introduction

The healthy city programme has emerged as a main vehicle and effective tool for achieving improved health in urban areas, particularly in low-income and underprivileged neighbourhoods. It has been involved in the formation of political, professional and technical alliances to achieve health goals and creates a supportive environment in which innovative action for local development can take place under a holistic and integrated approach. The healthy cities approach involves comprehensive and systematic efforts to address health inequalities, focusing on urban poverty and the needs of vulnerable groups. It addresses the social, economic and environmental root causes of ill-health and places health at the centre of the economic regeneration and urban development agenda. In order to accomplish programme objectives and ensure the desired outcome of interventions, basic criteria should be followed when selecting programme areas.

Criteria to join the healthy cities network

Any city can be considered for participation in the programme; its current health status is not the key issue. The most important consideration is whether the city is politically committed to improving the health of its citizens and is willing to adopt the policies, organizational structures and processes required for achieving a healthy city status. In the light of global and regional experiences, the WHO Regional Office has established

the following criteria for cities wishing to implement the programme.
A city must have the:

- presence of an effective, influential and enthusiastic core support group capable of assisting in programme introduction, implementation and monitoring;
- commitment of the highest authority to join the healthy cities network;
- willingness to appoint a coordinator and required staff, facilities and resources;
- interest of the city authorities in establishing a healthy city council with representatives from related sectors and agencies, nongovernmental organizations, international organizations, concerned citizens and community leaders;
- eagerness of city officials and leaders to form a steering committee to implement the programme using a participatory approach and setting feasible strategies;
- willingness to share information about its situation analysis, activities and progress with partners and other cities of the healthy city network in the Region.

Framework for implementation of the programme

An important starting point in establishing the programme in a country or area is tailoring the programme to the specific local requirements under which it has to operate. There is no standard formula to be followed but there is general consensus on common processes that contribute to the successful implementation of the programme. It is recommended that programme implementation be undertaken in a methodical and phase-wise manner that takes the following essential steps (Figure 4). The framework for programme implementation consists of three phases: getting started, getting organized and taking action.

Phase 1: Getting started

Getting started is the initial phase of programme development. It begins with the establishment of a support group and orientation on the healthy cities approach and ends with the approval of the project proposal and the generation of funds. It involves the following steps.

Building a support group

When introducing the programme in a city, a national level technical support committee or a core support group should be formed comprising of public health experts from WHO, partner agencies, the health sector and other key authorities, community representatives or technical people interested in the programme. This group mobilizes government support at national and local levels and provides all necessary assistance for programme implementation.

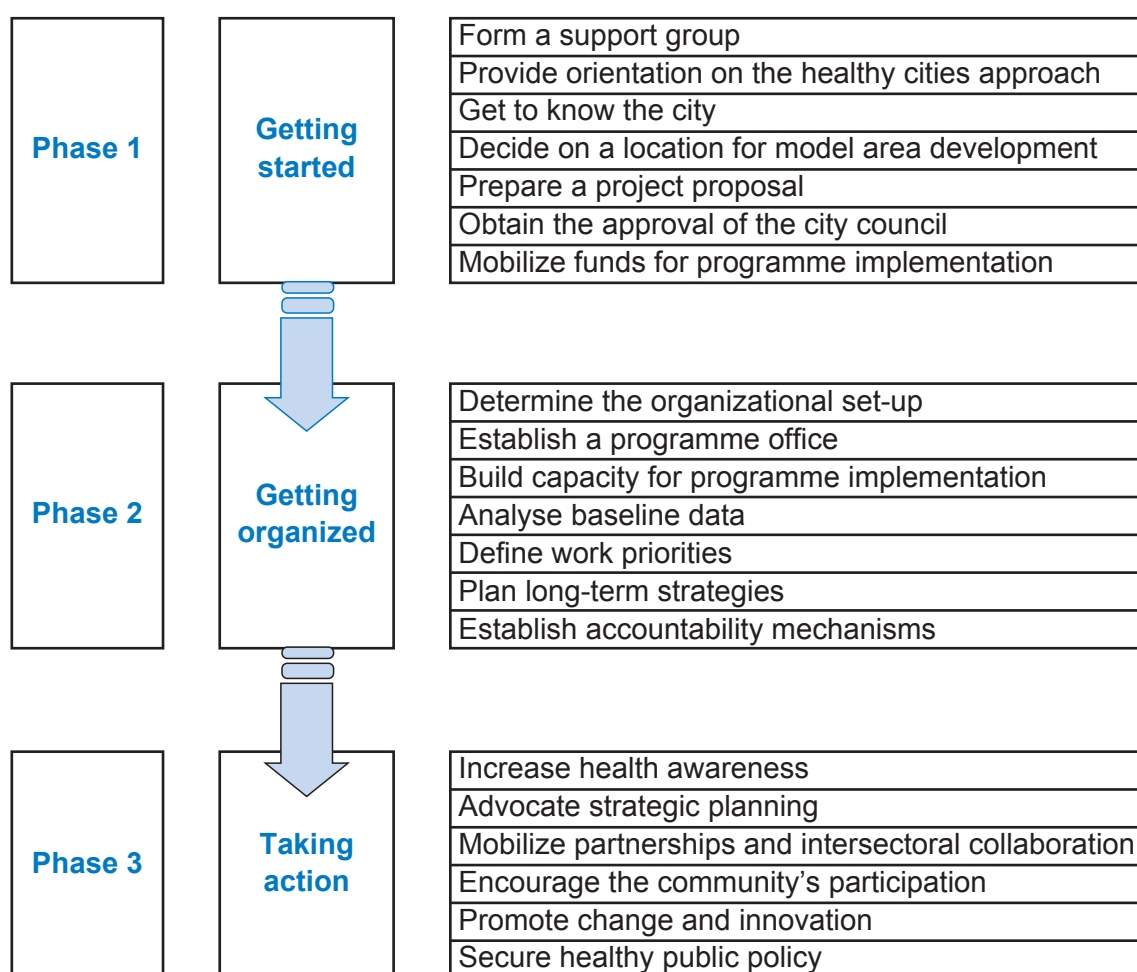


Figure 4. Programme implementation framework

Orientation

The support group provides orientation to the authorities, politicians, the media, partners and communities on the approach and explains its concept, philosophy, principles, strategies and practices. Information on initiatives and experiences from other countries or cities is shared with target groups in order to mobilize decision-makers and implementing bodies in support of the programme. The objective is to gain consensus on the main strategies and areas of work, in addition to exploring avenues to generate national and local resources required for programme implementation.

Getting to know the city

When initiating the programme, it is essential to have a good understanding of the city. It is useful to have background information when developing strategies that are appropriate to local needs. This basic information is a critical ingredient in deciding which areas should be selected for model development and to plan effectively. This stage does not provide in-depth information on the city but enough of an overview of the demographic, health, social, and economic data to give the core team an understanding of different areas in the city. This situation analysis usually involves the following key questions:

- What are the demographic facts?
- How do the politics of the city work?
- How does the administration function?
- What are the roles of different groups/sectors in the city?
- How will national and regional programmes affect the programme?
- In what ways will business, industry and labour support the programme?
- What are the most important health problems of the city?
- What are the prevailing economic and social conditions and how do they affect health?
- How effective is the health system and what support is required for its improvement?

Deciding on a location for model area development

Deciding on a location to develop a healthy city model is an important choice as it determines the future of the programme and gives an indication of the level of interest of the local authorities in the approach. This decision should never be made on political grounds but should be based upon criteria which chooses the best and most suitable area to ensure success and the opportunity for programme expansion. The social dynamics, community participation and a needs-based approach should be the main considerations when selecting the model area.

Preparing a project proposal

The preparation of a formal project proposal or project document is the first step in strategic planning as the proposal will provide a basis for programme implementation. The project proposal should be prepared with technical assistance from the support group and must be compatible with the programme's approach and compliant with all main strategies and procedures. It should reflect health and development priorities and propose innovative approaches to solve problems. The proposal should outline the aims and objectives, its strategies, organizational structure, the role of key partners and the estimated cost of the project, while identifying potential funding sources. It should specify how the programme may be able to assist in the resolution of city problems, how it differs from traditional interventions and how it can be adapted to the present system. It also needs to state the desired results and how these can be measured. The project proposal should also present a feasible, concise and clear workplan that should be realistic to all stakeholders. It must outline organizational structures, the specific goals of the project and explain its methodology. It is important to reiterate that while it is necessary to make the project interesting enough to attract prospective supporters, it is essential that the proposal's objectives are feasible and its targets measurable.

Obtaining approval from the city council

After the proposal has been written, approval for its implementation must be sought from the competent body or relevant authorities. Most cities have a council or body that approves such proposals and determines future courses of action. Approval by the city council will be official recognition of the programme's implementation as an integral component of the national system. It is also indicative of formal political commitment and ownership. The approved proposal represents an important tool in developing local partnerships and mobilizing resources. As the approval process is likely to generate discussion and raise questions, those involved in the preparation of the proposal need to be able to articulately answer any questions which may arise. Preceding the approval

process, it is necessary to orientate stakeholders and city representatives on the programme's concept and to mobilize their support. Following its approval, the programme will gain an official status as part of local public health policy and any future actions can be planned.

Mobilizing funds for programme implementation

Financing throughout the programme's lifespan is a crucial element that requires clear roles and responsibilities for stakeholders. For the successful implementation of the programme much depends on the ability of the programme's leadership to generate funds. In this respect, knowing who will participate in the programme is critical. An analysis of those stakeholders who will be involved should be performed to assess the ways in which they can contribute and support programme activities. The support group should prepare preliminary estimates of project costs and locate potential sources for initial financing. The immediate financial needs should be separated from the long-term requirements, and the project proposal should be convincing and be based on actual requirements and past experiences. Funds can originate from many sources, including city budgets, government support, partners, departmental allocations and community resources. Business groups and local industries interested in city development are another potential source. Organizations unable to provide financial resources can support programme activities through the provision of human resources and technical services. Fund-raising activities, such as exhibitions, variety shows, or cultural events, can be an effective way to generate resources to support project costs.

Phase 2: Getting organized

This phase begins with the formation of organizational structures and administrative mechanisms to provide leadership, encourage intersectoral coordination and to ensure community participation in programme activities.

Organizational set-up

The support group and national focal point facilitate the process of organizing the healthy city council and forming a steering committee. They are responsible for formulating strategies, planning, decision-making and monitoring the implementation of programme activities. The support group's membership should be representative of different groups and members should be assigned clear responsibilities. Support groups require efficient working structures and clear and flexible procedures. For more specific tasks or activities, a number of subcommittees, task forces or working groups can be nominated. The selection of a healthy city programme coordinator at national and city levels is also an essential prerequisite. The healthy city coordinator should be a capable person, sufficiently skilled in coordinating multisectoral programme activities, interacting with authorities and partners, managing programme initiatives and collecting and disseminating relevant information.

Establishment of a programme office

In order to carry out various tasks an office should be set up which employs appropriate personnel, contains necessary equipment and which has operational funds. This office will be the focal point for the programme coordinator, the steering committee and subcommittees, in addition to facilitating the effective participation of communities in

programme activities. Therefore, the office should be in an accessible location and have an enabling environment and simple administrative procedures to facilitate work. The office should also serve as a link between partners and act as a liaison between the healthy city network in a country.

Capacity-building

Capacity-building is the responsibility of the support group, national focal point, steering committee and the healthy city coordinator of the city. They should jointly plan training activities to build the capacity of all sectors and individuals involved, undertake the orientation of stakeholders and develop human resources in order to carry out programme activities. This training manual is the principle tool for imparting training, although other relevant materials can also be used. Training is a continuous process and will be dependent on the availability of funds and appropriate technical support and on the exchange of information and experiences. In this respect, WHO can play a key role and can extend technical assistance in organizing training sessions, providing resource materials and information, facilitating the sharing of experience between different healthy cities and evaluating outcomes.

Analysing baseline data

Analysing the local situation is one of the key factors in building a strong foundation for programme success. The steering committee and healthy city coordinator should undertake a structured survey to review the local situation and this survey should provide an analytical framework comprised of a formal or informal questionnaire aimed at obtaining reliable information on health, housing, the environment, education, social economics and other relevant data. In addition to the above, demographic trends, the political situation, social action, poverty, economic opportunities, development prospects, emerging problems and priority needs should also be assessed. An analysis of this information provides a baseline to determine future strategies, amend health policies and plan appropriate and feasible initiatives to improve the current situation.

Defining work priorities

Any survey of an area should determine a set of priorities that will provide the foundation for future activities. The steering committee should prepare a clear list of priority issues and present this list to the healthy city council for approval. The list of priorities will give recommendations for action to be taken and define ways for the formulation and implementation of community-based initiatives in order to improve health and the quality of life for people. These recommendations also provide valuable information for future planning.

Planning long-term strategies

Planning a healthy city requires the building of partnerships and a road map which lays out the strategies which will be pursued to create a healthier environment. Long-term planning is a necessary component in persuading city politicians and decision-makers to adopt healthy public policies. Strategic planning encourages city officials to adopt a broader view of what can be accomplished through cooperation among sectors and through better relations with the community. These long-term perspectives encourage changes in policies and programmes and determine effective strategies for development,

in collaboration with the healthy city council and partners. Strategic plans are usually prepared by the healthy city coordinator and the planning subcommittee, who work closely with the steering committee. Strategic plans have to consider several elements as they describe the concept of the programme and the problems that need to be addressed. They outline the desired results and, in broad terms, the ways in which these results can be achieved. They also describe the necessary changes to be adopted in the work through the network of partners. When the strategic plan has been prepared, suitable steps should be taken to ensure that it reaches those for whom it is intended and the plans should be widely publicized. An essential element in strategic planning is reaching a balance between high aspirations and limited resources while addressing priority needs.

Establishing accountability mechanisms

Accountability is a critical issue in public health and there must be mechanisms to evaluate impact. Results should be conveyed to decision-makers and the public. The concept of multisectoral health accountability involves all decisions concerning housing, urban planning and transportation to be judged in terms of their implications for health. Mechanisms and methods to measure health impacts are complicated and cannot be performed by a single department or with isolated actions. Accountability is a critical area for the programme, and there needs to be a clear strategy to promote accountability and to build capacity. The reporting system needs to give a clear account of decisions, activities and results on a regular basis, and regular health impact assessments and the preparation of an annual health status report needs to be undertaken. Reports on related sectors should be compiled in a comprehensive manner and should be disseminated to the city council, project partners, financial supporters, and ultimately the public. The report should cover key indicators in areas such as demography, equity, health status, lifestyles and environmental quality. It should also analyse trends in these areas and assess them in relation to city policies and programmes.

Phase 3: Taking action

Taking action can begin when the programme has selected capable leadership and has built organizational capacity. It is important to emphasize the importance of partnership in the programme and the need for the committed efforts of partners. Awareness, advocacy of strategies and public health policy are other significant components of this phase.

Increasing health awareness

The programme promotes a holistic approach to health that addresses physical, mental and social determinants. Access to the prerequisites of health and socioeconomic equity are crucial for the achievement of an improved health status. Health awareness is an important driving force for change as it generates public demand for a good public health policy, which, in turn, leads various departments of the city to take appropriate action. Effective public health depends upon cooperation between organizations and groups from every sector. A comprehensive action plan for increasing awareness may include several strategies and it is the role of the local office to determine ways of promoting health and creating awareness among the community, opinion-makers, the mass media, authorities, partners, organizations and activist groups. Various kinds of projects, activities and campaigns can be arranged using the available advocacy and promotional tools.

Advocating strategic planning

Gaining the maximum benefit from public health policy requires comprehensive long-term planning. A broader view of the future is essential for generating willingness to undertake policy changes that require a re-evaluation of the contributions that departments of city government can make. It is essential that the programme promotes strategic health planning as this will encourage city governments to take an ambitious proactive approach to developing healthy public policy. Strategic plans set goals for achievement over a period of 3–5 years and identify ways of achieving these goals. If they are appropriately prepared, they provide direction for long-term actions, allow flexibility in the response to changing circumstances and address the emerging situations as and when they occur.

Mobilizing partnerships and intersectoral actions

Partnerships and intersectoral actions are indispensable in the public health approach. Through such actions, city departments and other organizations can change their policies and programmes to strengthen their contribution to health. An essential responsibility of the programme is to create organizational structures and administrative systems that mobilize intersectoral actions and assist the relevant sectors with required technical and occasional material support. In addition to intersectoral collaboration, the building of partnerships should be a continuous process and all available opportunities should be explored for cooperation and to reduce the duplication of services and effort.

Encouraging community participation

People participate in health through their lifestyle choices and use of health care services. They also participate by expressing opinions that influence political and managerial decisions, by working with voluntary organizations, self-help groups or neighbourhood associations and also through self-managing community-based projects. The community make a direct contribution to improved health and living conditions in programme implementation as members of committees involved in strategy formation, planning, decision-making and implementation. The healthy city programme is committed to strengthening community participation at every level including in its organizational structures, its administrative systems and in the prioritization of projects and monitoring and evaluation processes.

Promoting change and innovation

Strategies for promoting health through multisectoral collaboration need development and expansion. Many of the concepts involved in the programme are innovative and require new approaches for their successful implementation. The achievements of the programme and healthy public policy are based upon the ability to create innovative projects that provide solutions to some of the communities' problems. This may require challenging the existing ways of doing things, and finding good examples of innovative approaches that can have a beneficial impact in promoting the cause. Achieving success through innovation depends upon creating a supportive environment for transformation and change. This begins with the recognition that innovation is needed and is possible and it requires the dissemination of information on pioneering programmes and practices, and wherever possible, financial and other incentives to encourage experimentation. Successful examples should be acknowledged and the experiences extended to other areas of practice.

Securing healthy public policy

Local healthy public policy is perhaps the most important outcome of the successful implementation of the programme. Healthy public policy uses the leadership and resources of the city to create healthier settings for daily life at home, in schools, workplaces, health care centres and throughout the urban environment. Such policy is essential for the activities of related sectors to be coordinated in order to ensure that the approach is an effective advocate for healthy public policy. Health awareness, intersectoral action, community participation, strategic planning and innovation, all contribute to the planning and implementation of healthy public policy. In conclusion, the programme needs to ensure its ultimate objective that local public policies effectively contribute to the development of an urban environment that promotes a good quality of life and health for its citizens.



Unit 2.2

Healthy city organization

Healthy cities organization

Learning objectives

This unit will:

- highlight the need for effective organizational structures in the healthy city programme;
- explain programme structures at country and local levels.

Expected outcomes

By the end of this unit you will have:

- an understanding of the need for organizational structure in the programme setting;
- the ability to facilitate the establishment of different organizational structures at country and local levels.

Organizational structure

The success of any programme depends upon its organizational structure and on the abilities and dedication of those involved in the programme. In order to ensure the effective accomplishment of programme objectives, the programme's organization should be consistent with government infrastructure and the sociopolitical norms of the country. Although there is no rigid pattern for the organizational structure of the healthy city programme, in order to maintain uniformity the establishment of the following structures is highly recommended.

At national level:

- support group, or later the core group or healthy city team;
- national focal point or national coordinator.

At local level:

- healthy city coordinator;
- healthy city council;
- steering committee;
- subcommittees / task forces / working groups.

National level

Support group

The healthy city support group is initially formed at national level but its membership is later extended to include local expertise, authorities and other influential people, and it may become known as a core group or healthy city team. The support group at national level consists of members from WHO and related UN agencies, the Ministry of Health, representatives from various sectors and other organizations who are able to play an effective role in programme implementation. After initial contact at national level, orientation of the relevant authorities and the formalization of an official agreement for programme initiation takes place, collaboration begins between the main partners, WHO, the Ministry of Health and the government and support is extended to the city selected for model development. At this stage, membership of the support or core group is expanded to local level to include municipal authorities, politicians, opinion-makers and representatives of different sectors of the city. This process ensures ownership and the involvement of all stakeholders involved in the process. It is important to be aware that the dedication and the capability of the members of this core group is critically important for the successful implementation of the programme. In addition to their keen interest and competence, core group members should be highly knowledgeable on social issues and public health and be innovative in their ideas and in finding solutions to the problems faced. They should maintain close links to the political system and be able to devote a significant amount of time to programme activities and promotion.

This core group, supported by experts from WHO, helps to initiate the healthy city process and plays a critical role in advocating the programme's approach and organizing the community. The group orientates, motivates and mobilizes the national authorities and assists in selecting a suitable city for model area development, approaching the city authorities and introducing them to the approach, making project proposals, mobilizing partnerships and generating resources, initially at national level and then at local level. Other main functions of this group include advocacy for the healthy cities concept and building wider support among decision-makers and the community. The core group contacts individuals from the community, religious organizations, municipal and city governments, universities, private sector companies, nongovernmental organizations, international organizations and training/teaching institutions, particularly those concerned with social policy, research and studies, the environment and public health. While working at city level, this group gathers and analyses the necessary information, undertakes a broad promotional campaign to reach potential supporters, prepares a project proposal and workplan and offers technical support for programme implementation.

National focal point

Designation of a suitable officer as a healthy city focal point or coordinator at national level is important for the sustainable implementation and progress of programme activities. He/she must hold a senior post preferably from a lead department such as health and have easy access to national authorities and decision-makers. The national focal point should be nominated by the government, preferably in consultation with partners, to ensure his/her capabilities and capacity to provide leadership to the programme and effectively coordinate related activities in the country.

The main functions of the national focal point include:

- facilitating collaboration between the government, municipal authorities and WHO;
- preparing project proposals and generating resources;
- taking the necessary steps to implement the programme;
- ensuring the effective operation of activities in established areas;
- providing technical and administrative leadership to programme areas;
- monitoring progress and managing all related information;
- creating a healthy city network at national level;
- exchanging information and experiences with other countries.

City level

Healthy city coordinator

Each city implementing the programme should have a healthy city coordinator. He/she should preferably be from the local offices of a lead department, with a sound background and clear understanding of the approach and be capable of implementing programme activities energetically. He/she should have a strong interest in public health, the environment, urban development and strategic thinking. The most important skills required by the healthy city coordinator include communication and negotiation; an understanding of the city's socioeconomic and political system; sensitivity towards the views of different community groups; the ability to work comfortably and flexibly in an innovative and experimental environment; and possessing the capabilities to formulate strategic planning to address priority issues. The healthy city coordinator should also be able to provide continuity and visibility to programme activities through building essential support within the city government and throughout the community.

A healthy city coordinator has the following main tasks:

- implementing the programme in accordance with the regional/national approaches and strategies;
- providing leadership to the healthy cities team/workers and supervising the day-to-day work;
- interacting with the national focal point, healthy city council and steering committee;
- providing support to the community and to working groups;
- coordinating multisectoral activities and development projects;
- mediating, facilitating and enabling local partnerships, generating support and resources;
- designing and implementing innovative ideas to address underlying problems;
- creating a local healthy cities network and exchanging information with the national level network;
- managing the staff and systems in the healthy cities project office;
- monitoring the implementation of strategies and plans;
- exploring opportunities and creating links;
- reviewing progress and keeping the programme on track; and
- acting as a catalyst and an agent for change.

Healthy city council

After the initial orientation and advocacy of the programme at national and city levels, the support group should facilitate the process of organizing a healthy city council. The healthy city council should have wide membership from all groups interested or involved in health and development in the city. The healthy city council usually works under the leadership of the city mayor, and the programme coordinator acts as its secretary. The healthy city council provides an effective political link between the city council and programme stakeholders or potential programme partners.

The members of the healthy city council usually include:

- municipal and city government authorities, political representatives including the mayor and his deputy;
- senior executives in city departments responsible for the environment, urban planning, housing, traffic, education and social services;
- city health counsellor and senior managers in the health care system;
- health care professionals, particularly those concerned with primary care and health promotion;
- individuals and representatives from community groups interested in health and the general welfare of the city;
- religious organizations and local politicians concerned about health;
- academic institutions, universities and training institutes with backgrounds in social policy, public health, urban development and ecology;
- representatives from business, industry, labour and professional bodies;
- social welfare and women's associations, youth groups, civil societies / nongovernmental organizations.

The healthy city council provides leadership and legitimacy to the programme in the city, and is the programme's link to the city's political system. The council is also the vehicle through which partners come together to negotiate agreement on ways to improve health in the city.

The key responsibilities of the healthy city council include:

- formulating the philosophy and the vision of the programme in the city;
- facilitating the preparation of the city health profile, action plans and interventions;
- approving programme proposals, future strategies and the city health plan;
- facilitating the involvement of the community, related sectors and other stakeholders;
- creating and strengthening linkages and collaboration between all players;
- ensuring political, administrative and technical support in favour of the programme;
- mobilizing resources from the city, government and partners;
- ensuring healthy city actions in all aspects of health and environment in the city.

Healthy city steering committee

The support group also facilitates the process of organizing a healthy city steering committee at local level that comprises key representatives of city government, sectors or departments and community groups. It is chaired by the mayor or his deputy and is assisted by the healthy city coordinator. The members of the steering committee should

be representative of all groups, have clear responsibilities, efficient working structures and clear and flexible procedures. Steering committees vary in size and composition but usually have limited membership comprised key people involved in the city's health and development process who are able to spare time for programme activities. Members are selected based upon their role and interest in public health issues and their ability to mobilize support.

Potential candidates for steering committee membership are:

- the mayor or his deputy as chairperson and the healthy city coordinator as secretary;
- key officers responsible for operations in the city from the departments of health, social services, education, the environment, traffic, housing or urban planning;
- representatives of community groups;
- representatives from the private sector and related professional bodies;
- representatives of women's and youth groups.

Because of its structure and functions, some cities refer to the steering committee as a coordinating committee. The steering committee performs several functions such as:

- providing leadership and management of programme activities;
- liaising with individuals, partners and stakeholders, and coordinating activities;
- encouraging the participation of community groups and nongovernmental organizations;
- facilitating collection and analysis of related information and preparation of the city health profile;
- preparing the city health plan, individual workplans and proposals for developmental interventions;
- gaining city council approval of the project document, strategic plans and proposals for interventions;
- ensuring intersectoral support and mobilizing resources;
- managing and controlling the financial and other resources for the programme;
- monitoring and reviewing the progress and achievement of the objectives;
- undertaking health impact assessments and recording feedback;
- making day-to-day decisions on programme operations, tasks of the subcommittees and the programme office.

Subcommittees

In order to carry out its functions more efficiently, the steering committee usually nominates among its key members a core group of people to act as an executive committee who meet more frequently and have direct involvement in planning and in the day-to-day decision-making of programme activities. This provides support to the project coordinator who is responsible for programme implementation on behalf of the healthy city council and steering committee.

In the process of implementing development initiatives and carrying out specific projects pertaining to related sectors, a number of subcommittees, working groups or task forces can be established. These groups carry out the preparatory work that is needed to assist the steering committee in decision-making, the formulation of plans and/or in carrying out activities. These subcommittees also review management and administrative matters,

prepare recommendations for full committee decisions and are involved in the implementation and monitoring of sectoral projects. Subcommittees also work in finance and purchasing matters and submit their recommendations to the steering committee for approval. Subcommittees are appointed to conduct research and to report on particular problems, such as traffic, environmental pollution, housing in poor areas or drug abuse. They gather information on relevant issues, design solutions, identify those people who can help and prepare recommendations for the steering committee. Some subcommittees are formed to implement projects or interventions and to monitor progress. These subcommittees are established for unspecified periods of time or with a limited time frame according to the nature of the assignment. Members may come from the steering committee or from related departments or organizations. It is mandatory that members are knowledgeable and well informed. Maintaining harmony and equity, representation of all related organizations, community groups and stakeholders should also be important considerations.

City health forum

The city health forum is formed to promote health, identify health priorities and goals and prepare city health profiles and plans, assisted by the healthy city council and steering committee. In the forum, priority health and social issues are subjects for discussion and focus on health, the environment and social issues. The forum deals mainly with health development, the prevention of ill-causing factors, the coordination of sectoral activities for health, road traffic accidents, reducing the use of tobacco, the prevention of noncommunicable diseases, nutrition and the promotion of green industries.

The healthy city programme management presents a subject in the forum, provides all relevant information, and raises important concerns, and members who represent many segments of the city (stakeholders, partner agencies and related technical organizations) give their views on the issue. Ultimately, the forum agrees on a set of recommendations which are later followed up on by the healthy city programme management and teams according to need and the available resources. Media coverage should be sought for wide dissemination of the issues and decisions. Healthy city programme management and relevant sectors should answer the questions asked by the media and representatives from technical agencies. The city health forum should ideally meet every 2–3 months. The steering committee should select the theme or the problem to be addressed at each meeting in consideration of its impact on health, which priority issues require corrective measures and the recommendations of the community and partner agencies.

Healthy city programme office

An efficient programme office in the project area is required to cater for the needs of programme management. It should be manned by the necessary staff and contain essential facilities to carry out the functions assigned to the healthy city coordinator and implementation teams. The programme office needs to be able to provide initiative, continuity and follow-up of programme activities and be of assistance in translating decisions into practical interventions. A well-organized office should assign clear responsibilities, adequate personnel, an accessible location, suitable facilities and simple but clear administrative procedures.

Location

Ideally, the programme office should be suitably located, preferably near the city administration offices. Visibility and access are a key concern in choosing the location, and the office should be located in a place which provides easy access for key decision-makers, government officials and community members.

Facilities

A model programme office offers apposite information on the work of the programme, healthy lifestyles, the environment and health care. It should be comfortably furnished and adequately equipped and should encourage the interaction of the community, which can contribute significantly to the success of the programme. It should have a small technical library comprising of health and development-related literature and a conference room for group work and meetings. Ideally, there should be a resource centre which is open for all health-related initiatives and to provide services, information (literature, posters), technical assistance and access to online services.

Personnel

The programme office must be a model of good administration and requires full-time administrative and support staff. The need for other personnel depends upon the local situation, the extent of activities and other specific requirements such as the demands of community development work and the need for information management, research, advocacy and communication.

Administration

An efficient project office should always have simple and clear administrative procedures suited to its functions. The procedures depend upon local practices, particularly those within local government and must facilitate the work undertaken with multiple organizations and the community. The office should be open at times which are convenient for office work and the public.

Responsibilities

The office's functions and responsibilities should coincide with those of the programme. The project office performs its functions under the leadership of the healthy city coordinator and assists the steering committee, subcommittees/working groups, partners and communities in healthy city-related activities. The office is the link between different sections of the healthy cities network and extends programme activities by developing a wide range of contacts throughout the city. Its specific responsibilities and functions include:

- providing professional and administrative support to the steering committee and its subcommittees;
- assisting in planning, implementation, follow-up, supervision and monitoring of projects;
- persuading others to take practical action on the decisions taken by the steering committee and the healthy city council;
- providing technical support and advice;
- documenting all activities and progress and keeping records;
- collecting information and conducting analysis and presentation;

- communicating with partners and stakeholders;
- maintaining the healthy city network and sharing information/ experiences;
- advocating the programme, publicizing its principles, strategies and work;
- acting as a resource centre for public health and human development issues;
- negotiating with potential partners and coordinating intersectoral actions;
- facilitating and supporting the active participation of community groups;
- undertaking health impact assessments of programme policies and initiatives;
- providing information as and when required by the national focal point, the Ministry of Health, WHO and other stakeholders.



Unit 2.3

City health profile

City health profile

Learning objectives

This unit will:

- provide information on the concept, objectives and characteristics of a city health profile;
- provide information on developing a city health profile, highlighting key strategies, responsibilities, data sources and subject areas;
- explain the analysis and interpretation of the data involved in a city health profile.

Expected outcomes

By the end of this unit you will have:

- knowledge of the concept and details of a city health profile;
- knowledge on subject areas and data sources;
- the ability to develop a good city health plan and adequately analyse and interpret data.

Introduction

The city health profile is a public health report that collates key information on a city's health status and health determinants and presents the information in a useful format. According to WHO, the city health profile is a report which identifies health problems and suggests potential solutions in a specific city. The profile clearly describes the current health status and other related information on the city. Analysis of the information identifies possible areas for action according to priority. The city health profile includes both indicators and health-related measures with an in-depth appraisal of the information. Data related to the selected core indicators are collected from all sources and analysed in order to provide an overview of how the city functions and of its health status. A good city health profile identifies health problems and their potential solutions and provides direction to policy-makers as to where to employ resources to improve the city's health status.

As an important starting point, the city health profile stimulates action to improve health and can form the basis of a city health plan by setting out strategies and interventions to improve health. Therefore, a city health profile becomes an important precursor to the development of a city health plan and creates unique opportunities for intersectoral collaboration, community participation and media involvement. It also becomes a valuable tool for all partners involved in the programme as it stimulates public interest and political

commitment and identifies targets for the future. As a result, it helps in developing collaboration and cementing alliances for health, highlighting health problems and utilizing resources to provide solutions to health problems. It also stimulates public and media interest and improves the general understanding of health issues. In conclusion, a good health profile describes a city and the factors affecting its citizens' health in a way which recognizes and sets out proposals for change. It is essentially a tool for change and thus must be an integral part of local decision-making and the strategic planning processes.

Objectives and purposes of a city health profile

A city health profile provides a quantitative and qualitative description of the health of citizens living in an urban area and of the factors that influence their health. It identifies problems, proposes areas for improvement and stimulates action.

A city health profile aims to:

- summarize relevant health information;
- identify factors that affect health;
- identify health problems;
- suggests areas for action to improve health;
- act as a stimulus for making health changes;
- set targets related to health;
- coordinate intersectoral actions;
- mobilize the public, politicians, professionals and policy-makers for health development.

The main purpose of a city health profile is to stimulate actions to improve health by:

- providing accurate, up-to-date, unbiased and independent information about citizens' health;
- analysing information with respect to its impact on health;
- identifying courses of action to improve health;
- inviting community participation in planning for health;
- inspiring relevant groups to take action to improve health;
- setting targets to monitor progress.

Characteristics of a good city health profile

A city health profile is a vital source of information but the information can only be effective if it is of high quality. The presentation of the information and the analysis should be compelling enough to motivate the population and policy-makers into taking action. The profile should be cohesive and encourage all groups to decide on the contribution they can make to facilitate the development of alliances for health across the community. It should also measure the progress of improvements in health and related sectors and requires a sophisticated and systematic approach in the assessment of the many factors that determine a city's health.

Developing a city health profile

Strategies

There are a number of approaches in producing a good city health profile but the following actions represent the key strategies required for the process.

- identification of a lead agency to manage the production of the city health profile;
- involvement of all relevant agencies and organizations at an early stage;
- earmarking of required funds and human resources;
- identification of target audience(s) and a decision on how many copies of the profile are needed;
- setting of a timetable for production and dissemination;
- decision on contents and methods for information analysis;
- identification of relevant data sources;
- assessment of the availability of local assistance (schools, universities, voluntary groups);
- preparation of reports and recommendations.

Responsibilities

The group responsible for gathering information should have high professional standards. Data should be collected and analysed independently, and the team producing the city health profile should include, or be supported by, people with expertise in statistics, epidemiology and data analysis who can advise on the selection, technical use and interpretation of health information.

Identification of a lead agency is essential, and the agency or department that assists in producing the city health profile should be acknowledged by others in the city. The healthy city coordinator should play a central role and undertake efforts to secure political support for the preparation of this profile. The involvement of relevant agencies is equally as important, and at an early stage contact should be made with other relevant groups in the city such as agencies responsible for health services, environmental health, housing, social services and education and with voluntary organizations concerned with health and health-related issues. A core group or committee can be appointed to lead and support the production team.

Time frame

The group responsible for the city health profile should set a timetable with a specified timeline for the various tasks and activities involved in the process which should be agreeable to participating organizations and agencies. The intention is to streamline activities for the convenience of all involved and to ensure a cost-effective use of resources for the timely production of a report. Stakeholders should also agree on the frequency of production and on the updating of the city health profile. Ideally, a city health profile should be produced annually.

Data sources

Formal departments and agencies in the city usually have access to important data sources and national statistics. Much of this information is not collected specifically for health or

health care purposes but is of great value in describing the population and understanding the determinants of health. Statistics derived from the utilization of health services and health facilities are also valuable and local organizations may have data from surveys and other sources that can also be used in compiling the city health profile. Whatever the source of the data, its epidemiological and statistical quality should be maintained.

Subject areas

Cities are not homogeneous and their health status and its determinants vary, and therefore, it may not be useful to follow strict patterns in obtaining statistical data. Each healthy city should produce its own individual profile that represents its graphic situation, reflects the availability of data and local priority concerns. Although a city health profile cannot include information on all areas, it should present evidence on the most important and identify the factors that affect and contribute to health and health-related development. The profile should include a comprehensive statistical description of health in the city, cover a broad range of health problems and issues, in particular, those which are of immediate concern and provide valuable reference material. There is no prescribed format for a city health profile; each city will choose its own areas taking into consideration the following main areas.

- population;
- health status;
- public health services and policies;
- lifestyles;
- living conditions;
- physical environment;
- socioeconomic conditions;
- inequalities;
- physical and social infrastructure.

Population

Demographic statistics, such as population numbers, are fundamental in describing a city. They are universally defined and so form useful indicators for comparisons between cities. Population is the starting point for the profile and is useful in analysing the information. This information is usually available from national or regional censuses and may be compiled according to the following classifications.

- total number of population;
- age and sex ratio of the population (preferably by 5-year age bands);
- percentage of children (0–1, 1–4, 4–5 years);
- percentage of older people (over 65, 75, and 85 years);
- past trends and future population projections;
- ethnic origin of major population groups (if relevant).

Health status

There is no single indicator that can be used to determine the health of a population but multiple indicators are useful in presenting an overall picture of the health status, including vital statistics and rates of morbidity. Vital statistics record births, deaths and ratios that allow comparisons with other areas. They cover:

- birth and fertility rates;
- mortality rate (overall and by age group and cause);
- years of life lost (this is derived from statistics on mortality and represent the difference in years between age at death from specific causes and national life expectancy);
- avoidable deaths (deaths arising from conditions for which there are effective forms of prevention and/or treatment).

Measures of morbidity measure illnesses among the population and can be obtained through special epidemiological studies or through indirect measures, such as disease registration (notifiable diseases, cancer) or from health services data. They cover:

- burden of disease (communicable and noncommunicable diseases);
- public health services usage;
- other primary health care measures;
- statistics from statutory procedures, such as compulsory admission to hospital due to mental illness or statutory notification of infectious diseases and cancer registration.

Public health policies and services

Public health policies and services aim broadly at health promotion and disease prevention. It may be useful to include a list of the policies that exist and a commentary on the effectiveness of their implementation. Areas for inclusion may be grouped according to:

- policies and services aimed at disease prevention among the population;
- educational policies and services;
- environmental policies and services;
- public health policies (immunization, family planning and stress management services, health education in schools, AIDS-awareness programmes, education on smoking and the abuse of harmful substances, nutrition and diet).

Lifestyles

There is good epidemiological evidence available on the influence of lifestyles on the major causes of morbidity and mortality across the Region. The main areas include smoking, alcohol use, drug abuse, exercise and diet.

Housing

Adequate housing has long been recognized as an important prerequisite for health. The patterns of tenancy (home ownership, private and public rented housing) vary considerably from country to country and there will be different sources of data from countries. Information may include:

- patterns of tenancy;
- numbers of homeless people in the city;
- physical characteristics of housing;
- density of occupation.

Physical characteristics of housing should also be measured according to the:

- availability of basic amenities (water, toilet, kitchen);
- number of people per household;
- number of people per room;
- number of people sharing a bathroom.

Physical environment

The physical environment of a city has a major effect on both its health status and on citizens' perception of health. A variety of measures are available and statistics can usually be obtained from the local environmental health office on:

- air quality (average and peak levels of pollutants, morbidity, hospital admissions from pollution-induced respiratory diseases);
- water quality (levels of chemical and biological pollutants and outbreaks of waterborne diseases);
- wastewater and sewage services (proportion of households with mains water supply and sewage disposal);
- noise pollution (monitoring of noise—average and peak levels);
- radiation levels (if a potential source is near);
- open spaces (areas of designated public open space per hectare);
- infestations (notifications of infestations of rodents, insects, etc.);
- food quality (data from routine monitoring of food sources and distribution centres, outbreaks of food poisoning and other foodborne diseases);
- environment policies and services (such as alcohol, smoking in public, air and water quality, solid and wastewater management).

Socioeconomic conditions

Living conditions are also influenced by socioeconomic factors. The information may include:

- education (rates of enrolment, drop-out and literacy, participation in adult education programmes, policies and services);
- employment (number of people registered as unemployed by sex and age, major employers and industries in the city);
- income (range of income levels);
- crime and violence (police statistics on crime and rates of violence);
- cultural participation (availability of cinemas, clubs, theatres, sporting events and other places of entertainment, attendance at art galleries, museums and exhibitions).

Inequalities

Any assessment of a city's health will reveal that different population groups experience very different states of health. If the status of the most deprived could be brought closer to that of the most affluent, many of the city's health targets would be achieved. It is therefore extremely important that the city health profile identifies, and if possible quantifies, the inequalities in and determinants of health. Many of the statistics set out above can be analysed according to population characteristics to demonstrate the gradients across groups.

Physical and social infrastructure

A city's infrastructure influences and in some respects determines living conditions, the physical environment and lifestyles in the city. This section of a city health profile may be more descriptive and qualitative rather than statistical and quantitative. It may include information about transport, communications and city renewal and planning. Social infrastructure topics may include training opportunities, descriptions of community development projects and evidence on social isolation.

A city's physical infrastructure includes:

- transport systems (public and private);
- communications (the number of households with telephones, including households with children and elderly people living alone, as a measure of social isolation);
- urban renewal (re-housing programmes, slum clearance, commercial development);
- city planning (coordination of cultural and education facilities and open public spaces within urban renewal programmes).

A city's social infrastructure includes:

- city council employment and training programmes;
- devolution of budgets for city services and work to localities;
- community development projects;
- development and involvement of community groups.

Analysis and interpretation of data

Data collected from different sources should be compiled in a systematic order, be verified for their validity, analysed by technical experts and interpreted and presented in a city health profile. In this process the following points should be considered.

- Criteria should be agreed for the assessment of data.
- Statistical information is usually best presented as rates or ratios.
- Trends and projections are useful in developing plans.
- Comparisons between national figures or with data from other cities can identify areas for detailed examination.
- Graphical presentation adds interest to the report.

Data sources vary widely from city to city and it is the responsibility of the production team to research these sources, such as national data from government departments, census data, city statistics, university research data, health service data derived from hospital or primary health care facilities, environmental monitoring services data, voluntary agencies and commercial organizations and local surveys, etc. When selecting data, the following criteria must be met.

- relevance to health;
- statistical validity;
- statistical reliability;
- availability of data relating to historical trends;
- potential for future projections;

- relationship with other health data (social isolation, alcohol, health, poverty, housing and health);
- availability of comparative data within the country at national, regional or city level and with other cities and countries.

The most appropriate methods for data analysis should be used while taking into account the following factors.

- Raw numbers of events are rarely useful but they should be included in the text to enable readers to assess the data. Whenever possible, rates should be used which relate the event to the population.
- Ratios, such as the standardized mortality ratio, allow comparisons to be made between populations with different demographic characteristics.
- Trends are usually interesting and informative.
- Projections of future data should be carefully expressed and compiled with expert assistance.
- Comparisons with similar cities or with regional or national figures can provide valuable insights and generate questions about the causes of significant differences which may lead to action.
- Data presented graphically as histograms or pie-charts or on maps gives a better impression and improves readability.
- Technical details of statistical tests, sample sizes, response rates, etc. should only be referred to briefly for the reader's convenience.
- More detailed tables of data should be included as an appendix for those who wish to examine the figures in depth.

The publication and presentation of the city health plan should be influential and the dissemination of information should reach libraries, health facilities, religious places, academic institutions, departments, nongovernmental organizations and agencies. As the city health profile is important to the public, policy-makers and opinion-makers, it should be presented through formal and informal meetings with city and health authorities, related sectors, partner agencies, media, voluntary organizations, local community groups and the general public. Press briefings may be distributed for publication in the newspapers. The intention is for widespread advocacy for changes in policy and corrective measures to achieve improved health in urban settings.



Unit 2.4

Healthy city planning

Healthy city planning

Learning objectives

This unit will:

- explain the concept, objectives, principles and benefits of a city health plan;
- explain the steps, roles and related processes of healthy city planning;
- highlight the subject areas and processes involved in healthy city planning and in preparing a plan of action.

Expected outcomes

By the end of this unit you will have:

- an understanding of the concepts, objectives and other related aspects of healthy city planning;
- an understanding of the subject areas and processes involved in healthy city planning;
- the ability to undertake healthy city planning and prepare a plan of action.

Introduction

The city health plan is a key tool for health improvement in the urban setting. It is also an important tool in operationalizing city health plans and becomes a key component of municipal plans for the overall development of the city, identifying priority areas for action to develop healthier public policies. The production of a city health plan sets out the city's vision for health and the steps it intends to take to achieve it within the context of overall sustainable urban development. The city health plan becomes part of comprehensive integrated planning at the local level that is a core feature of the work of urban health policies. The city health plan links the health for all strategy with a local analysis of health priorities and sets out commitments by local authorities and other agencies to improve health at the local level. Urban planning can have a major impact on the conditions in which people live and work, and can also determine people's access to facilities and services, their lifestyles and ability to develop strong social networks, the policies and initiatives of urban planners and related professions. At the same time, it provides opportunities to improve the key factors which determine the health, well-being and quality of life of people in urban settings.

The city health profile is an important precursor for the development of a city health plan. As a strategic document, the city health plan is developed in consultation with a wide range of stakeholders concerned with health. The participatory process allows all stakeholders to contribute their knowledge, skills and services from the outset. Stakeholders cover a wide range of people from city managers, who are usually secondary stakeholders

or indirect beneficiaries, to the poorest groups, who are usually primary stakeholders or direct beneficiaries.

What is a city health plan?

City health planning is about planning for health and development and generating resources to achieve the desired goals. It places the needs of communities at the heart of the urban planning process and aims to find the correct balance between social, environmental and economic determinants to ensure effective planning for sustainable development. Effective city health planning is based on equity, intersectoral cooperation, community involvement and sustainability (Figure 5).

The city health plan is a health-based strategy document that presents a comprehensive picture of a city's concrete and systematic efforts to develop and improve health. Its political purpose is to demonstrate that improving health is a core value of the city's administration and to demonstrate that the vision, values and strategies are being translated into action through operational planning. City health planning sets out strategies and programmes of interventions to improve the health of cities, defines targets and timetables for achieving proposed actions and identifies monitoring mechanisms.

The city health plan adapts WHO's health for all strategy to the local situation. It integrates health and health-related activities by linking health with the sectors that affect it. The plan should have explicit and broad support within the city, not only from the usual decision-making structures of the city council and administration but also from the public. Where possible the plan should include targets. It should also include mechanisms for evaluation and a process for incorporating evaluation results into subsequent planning processes. It is important to note that the city health plan is one element in a process and not an end in itself; planning is a dynamic process. The city health plan should be based upon the current health situation in the city as assessed in the city health profile. The city health plan is not just a collection of policies and activities influencing or relating to health, it is more than the sum of its parts and provides the basis and a means to create a vision of health and to integrate policies and strategies through which to achieve it. In summary, the preparation of a city health plan is a key activity for the development and implementation of the health agenda in the context of sustainable urban development. A city health plan should:

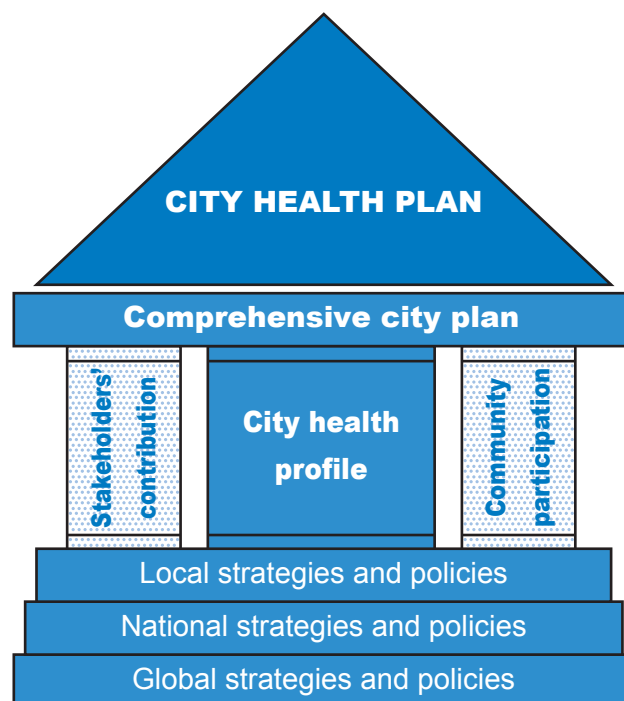


Figure 5. City health plan

- describe the current health status of a city's population;
- outline the key factors which positively and negatively affect the health of a population;
- describe aspects of health which need to be improved and the goals to be reached;
- determine key priorities;
- present an overall framework for change;
- explain the operational plans within an agreed timescale;
- provide examples of good practice; and
- present a process for monitoring and evaluation.

Aim and objectives

The aim of city health planning is to create a vision for the health of people across all sectors and to develop integrated policies and strategies through which to achieve it.

The objectives of city health planning are to:

- develop a city health profile, including qualitative and quantitative data, that describes the health of the people in the city and the conditions in which they live.
- identify the challenges related to health, for example, to present planned health activities and policies of statutory sectors and the facilitation of new integrated approaches to, and coordination of, all health and health-related activities in the city.
- enable communities to participate in, and to influence, decision-making processes concerning health and the provision of health-related public services.
- provide a rational basis for decision-making which is geared towards investing in health and reducing inequalities in health.
- develop a monitoring and evaluation framework that indicates the progress of strategies for action and measures the outcomes.

Principles of health planning

When preparing the city health plan, the following principles need to be considered.

Equity

All people should have the right and the opportunity to realize their full health potential.

Health promotion

A city health plan should aim to promote health by using the principles outlined in the Ottawa Charter for Health Promotion—build healthy public policy, create supportive environments, strengthen community action, develop personal skills and reorientate health services.

Intersectoral actions

Health is influenced by the actions and by the decisions of many sectors involved in local development and the provision of services.

Community participation

Informed, motivated and actively involved communities are a key element for setting priorities and for making and implementing decisions.

Supportive environments

A city health plan should address the creation of supportive physical and social environments. This includes issues of ecology and sustainability as well as social networks, transportation, housing and other environmental concerns.

Accountability

Decisions of politicians, senior executives and managers in all sectors have an impact on the conditions that influence health and responsibility for such decisions should be made explicit in a clear and understandable manner and in a way that can be measured and assessed after time.

The right to peace

Peace is a fundamental prerequisite for health and the attainment of peace is a justifiable aim for those who are seeking to achieve the maximum state of health for their community and all citizens.

The plan should be consistent with any national urban health/planning guidelines. The strategy behind the framework places the issue of health on the agenda of urban planners, promotes healthy public policy and serves as an initial step towards addressing the complex problems that shape the health of cities.

Benefits of healthy city planning

City planners who have developed city health plans have found that the task has facilitated the creation of a vision for a healthy and sustainable community and has identified the strategies needed to bring this about. City planning has helped to move health planning outside the realm of the health and environmental health sectors where it has traditionally been developed.

City planners acknowledge that the process of preparing a city health plan:

- enables local government to examine its role in relation to public health;
- encourages communication between organizations and promotes partnership;
- raises awareness of the factors that affect health and the implications for policy and practice;
- provides the opportunity of counteracting inequalities in health;
- improves professional development and planning skills;
- facilitates closer links with communities and users of services; and
- creates the basis for services that are more flexible and responsive to needs.

Producing a city health plan requires progression through a series of stages developed through collaborative work and community participation. Passage through these stages may not be linear but may involve both forward and backward movement. A city health plan represents a developmental, qualitative and visionary perspective on the health of a city and is not a simple route or marker.

Steps in producing a healthy city plan

A city health plan is much more than a fixed description or an inventory of problems, resources and solutions. It provides the opportunity of making cities healthier and sustainable through a dynamic and innovative process of planning involving many partner organizations and communities. It can link collaborative work with policy direction and model interventions and ideally is developed as part of a comprehensive city plan enlisting broad consultation and consensus. It may be more appropriate to develop descendant plans for each sector and integrate them in the overall health plan. Figure 6 shows the basic steps in developing a city health plan.



Figure 6. Steps in developing a city health plan

City health plan task force

The city health plan draws on the contribution of the many different statutory and non-statutory sectors and agencies whose policies and activities have an influence on health. There are a number of stakeholders including politicians, municipal organizations, voluntary organizations and communities who have their own distinct focus on factors affecting health and their own set of skills. City health planning demands a new vision of health in cities that recognizes a social model of health involving all related stakeholders. This opportunity highlights city partnerships for health by emphasizing the role of these actors in improving health and the quality of life in the city. It also provides a process and a framework for generating and strengthening partnerships for health and healthy public policies. In this respect, a multisectoral team of community representatives and organizations, Ministry of Health staff, nongovernmental organizations, universities, representatives of the mayor's office, representatives of hospitals and the media should be assigned to prepare a health plan for the city which is acceptable and feasible for all concerned to follow and implement.

Community participation is also critical for drawing up the health plan. In addition, the plan must consider the limitations that are placed on the city government, as many

policies are directly or indirectly determined at provincial or national level. A well-prepared city health plan becomes a valuable tool for guiding interventions but it must be flexible enough to be adapted to changing circumstances during the life of the project. The development of inclusive community participation is a key factor for the success of collaborative approaches to health planning in the city. Representatives of city communities should also be involved in the process of developing, implementing and evaluating the city health plan.

Data collection

Developing a city health plan requires a complete overview of the current state of health in the city, and necessitates a city health profile that should provide a broad picture of health by examining all determinants affecting urban health. The collected data should provide a broad overview of the state of health, in addition to data on poverty, housing conditions, access to transport and food, provision of health and social services, employment figures and economic statistics. The data should be analysed and presented according to class, gender and geographical location.

In addition to the collated and categorized data, the challenges and problems affecting health outcomes should be identified and set in order of their priority, taking into consideration their magnitude, extent and adverse effects. Future predictions can be better made through analysis of past trends and an in-depth review of similar situations in other cities. The objective should be to form a complete picture of the current situation and future expectations which can provide a foundation for sound planning and innovative solutions.

Developing a vision for health

The development of a vision for health should be undertaken taking into account local, national and global health trends and expected future needs. The health plan needs to address problems systemically adopting a long-term perspective and be workable for all the organizations and groups involved, acting synergistically through integrating the efforts of stakeholders to achieve common health goals. The process should be linked to, and be consistent with, the municipal planning process and goals, objectives, strategies and measurable targets should be stated.

Aims are general statements about an outcome and should be broad and compatible with the vision and philosophy of the planning process. Objectives are commitments to produce a specific outcome by a specific time. All the actions necessary to produce the outcome should be indicated in a clear and manageable strategy and objectives need to be achievable. Guidelines for developing strategies provide a framework of principles to work within. In order to develop effective strategies, the issues should be thoroughly understood in the context of current policies, attitudes of key players and social factors. There should be a clear perception of the characteristics of the target groups, including age, gender, culture, attitudes and beliefs. Current strategies and their success need to be evaluated. Proposed strategies should be achievable and be able to provide “early gains” or short-term achievements and already existing processes and collaborative work should be given due priority when determining future strategies.

Targets are important for ensuring that the aims and objectives of the plan are achieved and should be set for all strategies. Strategies need to identify measurable targets as part of their development and targets need to be specific, measurable, achievable, relevant and time-bound and be supported by stakeholders.

Background information

The development of a city health plan requires a process of consultation, data gathering and analysis that facilitates the cooperative work of community groups, municipal agencies, universities and colleges and the private sector. Background information related to the development of the city health plan may include the following.

- introduction to the city and its characteristics related to topography and climate, history, culture, heritage, demographics; etc.
- a review of living conditions in the city, with attention to housing, neighbourhoods, schools, workplaces, recreational areas, food markets; etc.
- urban infrastructure, administrative structure and political set-up;
- natural environment and land use;
- local economy, education, income and family living expenses;
- community activities and social services;
- related legislation and regulations.

Relationship to other plans

There are usually existing plans and strategies in place which address the various issues faced by the city and the city health plan needs to complement, not be in conflict with, existing plans. Key features of the overall development plan should be highlighted with a clear explanation of how the healthy city project can contribute to local development. Consistency between a healthy city plan and an overall development plan will strengthen the effective implementation of the programme. Linkages between the city health plan and other plans should contribute to greater consistency in decision-making, mutual reinforcement and the avoidance of duplicated efforts.

In addition to this, a summary of current or previous plans for the healthy city project and their implementation and monitoring, evaluation mechanisms, coordination, communication and reporting mechanisms and systems should be taken into account. Simultaneously, the relationship between health and environmental policy (if any) should also be studied as it will influence future projections.

Health status

The findings of the health assessment and city health profile should form the basis of the city health plan. The health and environmental situation of the city should be summarized, listing the population's health status, lifestyles and preventive activities, health care

services, welfare services, environmental health services, living environment, environmental quality, etc. In addition, health resources should be identified and a list of the institutions, local/city government agencies, national agencies, international and national nongovernmental organizations, community-based organizations, etc. that are active in the field of health, provided.

Priority health problems

Priority health problems in the city can be identified through a systematic review of the available information on the city's health status, including communicable diseases, noncommunicable diseases and psychological and social health problems. A list of 10 top causes of mortality and morbidity with the specific problems suffered by different population groups, such as the poor, the elderly, children, etc. can help in deciding priorities. During this process the reasons, methods and criteria used should be well explained. Development of priority health issues in the city should also include an assessment of the environment and living conditions and links to socioeconomic determinants and should also consider community perceptions of health issues.

Process, principles and procedures

The process of developing a city health plan and the principles on which the plan is based should be clearly defined as this will help to create a sound and feasible plan and will enhance the activities of implementing bodies. The procedures for follow-up and the processes for monitoring, evaluation and review should also be clearly explained.

Plan of action

A healthy city plan of action should cover the following areas: objectives; activities; responsibilities; time frame; cost; sources of funding; performance indicators; and desired outcomes.

Planning goals, objectives and targets

The health vision for the city should state its goals, aims, objectives and targets to be followed in the plan of action. This exercise requires consultation between key players and needs to consider the facts, predict future trends and make projections.

Activities and actions

The plan should further identify activities and actions required to solve priority health problems and develop healthy settings such as schools, workplaces, market places and hospitals. The activities for achieving the objectives and targets need to be clearly defined with clear parameters. The components of the plan of action should include a range of activities, covering the following key areas.

- promoting community awareness, organization and partnership;
- providing health promotion and protection;
- encouraging healthy lifestyles;
- supporting the social and cultural environment;

- providing adequate health services with healthy and functional hospitals/health facilities;
- focusing on specific diseases in the city and women's and children's health;
- protecting the environment, managing solid waste and sanitation, improving the physical environment, settings and structures;
- ensuring a safe water supply and food safety;
- creating healthy settings, including healthy schools and healthy market places;
- encouraging women's and youth development;
- implementing initiatives for economic development for better health outcomes;
- providing social welfare addressing the problems of the poor and underprivileged.

Roles and responsibilities

Tasks can be performed by specific individuals or by groups of individuals, and to ensure clarity, responsibilities and roles should be fixed and assigned for proposed actions or activities, indicating who will be responsible for implementation and execution, who will be responsible for assisting or supporting and who will be responsible for supervising and monitoring.

Time frame

A time log is essential to keep the project time-bound and cost effective. The time allocated for each activity should be realistic and consider all related factors, retaining a sufficient level of flexibility to accommodate contingencies and delays, however, activities must be accomplished in a timely manner to produce the desired outcome. As a number of activities are usually carried out in the process of a project, the time frame for each activity or task should be assessed in conjunction with others.

Cost

Costing and resource allocation is of crucial importance and key concern in a plan of action. While calculating the cost of activities or materials, market trends and future projections need to be duly considered.

Sources of funding

Resource allocation needs to match the requirements but also necessarily be set according to the availability of the budget. Identifying financial sources is an essential prerequisite for the sustainable implementation of project activities. References to sources of funding must be based on a clear commitment and not on the mere assumption of funding.

Performance indicators

Project management requires a systematic mechanism for implementation and each activity and task should be performed to specific standards. The plan of action should make reference to the indicators that will be used as tools for measuring performance in accordance with set indicators.

Outcome measures

The implementation of an action plan should result in certain outcomes according to predetermined objectives. The plan should indicate the parameters for measuring outcomes and taking action based on feedback.



Unit 3.1

Healthy settings approach

Healthy settings approach

Learning objectives

This unit will:

- broaden understanding of the concept and characteristics of the healthy settings approach;
- explain the framework for developing healthy settings;
- identify healthy settings in urban areas.

Expected outcomes

By the end of this unit you will have:

- an understanding of the concept and characteristics of healthy settings;
- the ability to identify feasible healthy settings in project areas;
- knowledge of the key steps and activities necessary to develop different kinds of healthy settings.

Healthy settings approach

The healthy cities approach is distinguished from other health programmes because of its holistic development approach which results in positive health outcomes through the improvement of physical, social and psychological environments. The concept of healthy settings is a key ingredient of the healthy cities approach and aims to improve the quality of life and health of city dwellers through the development of health-promoting infrastructure and the strengthening of environmental health in all settings in which people live, learn, work, play or spend time. It is an acknowledgement of the fact that the health of people living in towns and cities is strongly determined by their living and working conditions and the quality of their physical and socioeconomic environments, in addition to the accessibility of health care services.

The healthy settings concept aims to create a healthier environment by solving health and related problems closer to their source and to establish effective working relations between health and other sectors. This concept recognizes that people are an integral part of the earth's ecosystem, and therefore their health is linked to the environment. It has been suggested that a healthy and productive life is determined by two types of factors—those that are within the control of individuals such as behaviours, and those caused by the social, physical and economic environment surrounding individuals.

The healthy settings concept recognizes the complex relationship between human settings and health risks. It also acknowledges the fundamental importance of the role of

communities in bringing about positive changes in health. This is confirmed by the remarkable health improvements that have been witnessed in the model areas implementing CBI programmes in the Region. It is now universally acknowledged that for effective and sustainable solutions to health and environmental problems, coordinated multisectoral actions should be implemented in settings such as homes, neighbourhoods, workplaces and places of recreation. An integrated approach involves the local community, local governments and organizations and needs to consider social, political and economic factors and be more aware of gender-sensitive policies. Past experiences have shown that the healthy settings approach is an effective strategy in the promotion of health and can be applied to any setting which provides a channel or mechanism through which to reach people. In conclusion, this approach views health as an essential component of sustainable development and promotes healthy and supportive environments for the health and well-being of communities.

Common characteristics of healthy settings

There may be a number of factors determining the effectiveness of a healthy setting and the following are some of the common characteristics which should be considered in the development of any healthy setting.

- well-defined and clear social goals;
- health promotion as a key objective;
- clear roles and responsibilities of members and partners;
- the involvement of organized communities in decision-making;
- regular interaction between all stakeholders;
- formal and informal communication as an important implementation tool.

Framework for developing healthy settings

The framework for developing healthy settings should include the following steps that can be adapted for different countries and settings.

- development of a task force comprising experts and concerned stakeholders;
- awareness-raising to build public support;
- situation analysis to collect baseline data and identify priority issues;
- needs-based planning and future vision;
- preparation of an action plan detailing strategies and objectives;
- development of partnerships and potential support explored;
- approval from government and consensus by partners for harmonious working relationships;
- implementation of plans through the mobilization of resources from different sectors, such as the community, the government and the private sector;
- evaluation and assessment of progress and impact in order to make necessary adjustments and improvements.

Healthy settings in urban areas

The following settings are the main settings for health promotion which have been advocated for in urban areas (Figure 7).

- healthy communities (cities, towns, neighbourhoods);
- healthy health facilities (hospitals, dispensaries and clinics);
- healthy educational establishments (schools, colleges, and universities);
- healthy market places.

Other healthy settings may include healthy workplaces and homes and healthy sport and leisure facilities, such as parks, recreational centres, hotels and tourist resorts.

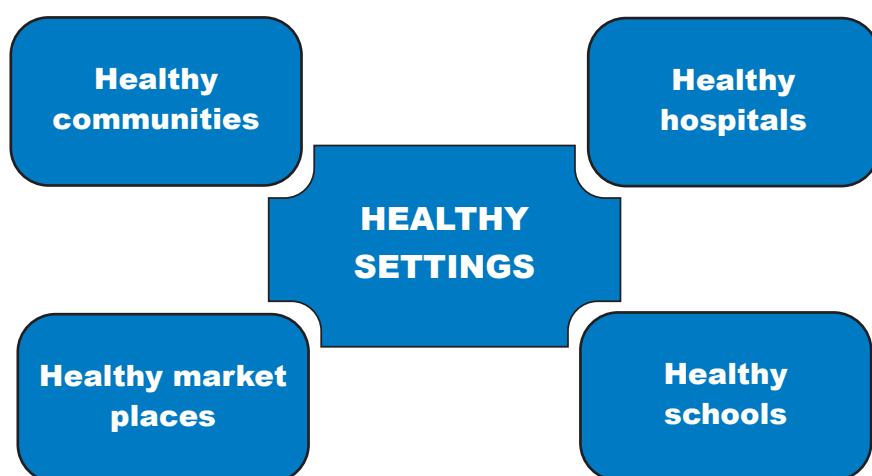


Figure 7. Healthy settings



Unit 3.2

Healthy communities

Healthy communities

Learning objectives

This unit will:

- explain the concept, characteristics and key strategies involved in the development of healthy communities;
- raise awareness of the main elements and components of healthy communities.

Expected outcomes

By the end of this unit you will:

- be orientated on the concept, main characteristics and strategies involved in the development of healthy communities;
- possess the knowledge and skills to facilitate the development of a healthy community.

Healthy communities

There is no universal definition of a healthy community as the definition is dependent on relative conditions and the perceptions of community members. Although in general, a community can be considered healthy when the majority of the community are without disease and the rates of infectious diseases are low, and when community members have access to basic services, including environmental and health care services, and live in a state of reasonable harmony. In other words, if physical, social, economic and psychological well-being prevails in the community and a reasonable level of socioeconomic and recreational opportunities exist, a community can be categorized as healthy.

Main characteristics of a healthy community

The following conditions are important factors for a healthy community.

- physical environment is clean and safe;
- people's basic needs are met;
- environment promotes social harmony and the involvement of all community members;
- people have a common understanding of health and environmental issues;
- community participates in identifying solutions to local problems;
- people have access to varied experiences, interaction and communication;
- health services are accessible and appropriate;
- majority of the community are literate and have access to health education;
- historical and cultural heritage is promoted and celebrated;
- local economy is diverse and innovative and provides equal opportunities for all;
- development is sustainable with a rational use of resources.

Strategies for a healthy community

In developing a healthy community, the following key steps should be undertaken.

- set goals and advocate for the concept;
- organize community action groups;
- analyse the current situation, identify problems and their underlying causes;
- establish priorities and design possible solutions;
- explore avenues for technical support, partnerships and resource generation;
- prepare strategies, master plans and workplans;
- establish systems which involve all social groups;
- implement multisectoral actions;
- monitor and evaluate the progress and impact.

Development of healthy communities

The following key steps should be undertaken in implementing the healthy communities approach.

- mobilize and organize communities;
- establish sectoral support systems;
- promote health and hygiene;
- provide health care services;
- improve housing conditions;
- ensure a safe water supply;
- ensure wastewater is drained effectively;
- ensure effective excreta disposal and solid waste management.

Organizing a health committee

Under the healthy city programme approach, each area should organize the community and select a health committee, or health promotion or health and environment committee. Committee members should be influential people from within the community who are respected, willing to donate their time and be able to represent the interests of different community groups. The committee should be gender-balanced and encourage representation of all social groups and stakeholders.

The main roles and responsibilities of the committee include:

- conducting a situation analysis;
- planning activities;
- mobilizing resources;
- implementing projects;
- supervising and monitoring;
- mobilizing the community;
- providing leadership on health and environmental issues;
- evaluating projects and making strategic changes.

Establishing a sectoral support system

Good health is the outcome of related activities, which are the responsibility of individuals, the community and the health sector, who all have a role in coordinating efforts to achieve better health through individual efforts and collaborative action. This requires the development of joint plans and integrated development efforts by related sectors. In order to achieve healthy settings and institutionalize efforts, a common forum should be created through which development partners and stakeholders can communicate and discuss ideas. The programme provides the opportunity for this through the creation of a healthy city council or steering committee, and for more specific tasks a specialized taskforce or intersectoral team who are assigned to design and carry out multisectoral actions.

Promoting personal, domestic and community hygiene

Good hygiene is important in the attainment of improved health and well-being and in preventing disease, and improved personal and community hygiene promotes positive attitudes towards cleanliness. Activities to promote hygiene include education and learning programmes that are important in encouraging individuals and the community to develop improved hygienic practices. The actions listed below are important in improving the hygiene of a community.

- The promotion of personal hygiene includes hand-washing (after toilet and before eating or handling food), regular bathing with soap, clean clothes appropriate to the weather and the avoidance of habits, such as spitting.
- Domestic hygiene covers clean houses, ventilated living places, clean sleeping places, food hygiene and the use of fresh and nutritious food, use of insecticide-treated bed-nets and the control of rodents and flies.
- Community hygiene includes the protection of water sources, proper disposal of solid waste and excreta, wastewater drainage, controlling animal rearing and market hygiene.

Health education

In addition to the promotion of hygiene, health education on health issues that are of public concern is important in preventing common ailments and managing health problems at an early stage. Health awareness encourages communities to adopt responsible behaviour towards their own and the health of others, and mobilizes communities to participate in health actions to identify root causes and to reduce problem-causing factors. Health education is the best tool for reducing unsafe behaviours and the prevalence of preventable diseases.

The programme should take lead in the planning of health education, selecting relevant educational materials and resources and conducting regular educational sessions. The use of modern communication techniques and multi-media are invaluable in these efforts. Innovative approaches need to be adopted in spreading health messages; these approaches can involve the organization of mothers' groups for regular health education sessions on maternal and child health issues; family health forums; school health programmes; the use of health centres and clinics to screen priority diseases and for imparting health education; the selection of community volunteers as health promoters; and the use of the media to raise awareness of health issues, particularly in relation to risky behaviours such as unsafe sex, poor hygiene and the abuse of alcohol and harmful substances/drugs.

Providing health care

Inevitably people become sick and require access to health care facilities for treatment, women have special needs related to pregnancy and childbirth and children require immunization against common diseases. Regardless of the nature of the health issue, health outcomes depend to a large extent on the individual's ability to access health care services. Therefore, health services should be planned through consultations with the community who use and pay for these services. These services should be accessible and affordable and meet the community's need. The following factors should be given due consideration when planning health care services.

- Health care facilities should be within easy walking distance of the community, particularly for women and children.
- Outreach or primary health care workers, such as health visitors and promoters, are invaluable front-line community health workers if they are provided with adequate training and support, particularly if they are from the community they are serving.
- Other health care service providers (pharmacists, physiotherapists, traditional healers) can also provide health care and advice if they are given adequate training and support and are supervised by medical staff.
- Referral systems between different levels of the health care system (primary, secondary and tertiary) should be clear and comprehensive to both users and providers.

It is essential that primary health care workers are acceptable to the different community groups that they treat and have unrestricted access to the population. They should possess sufficient knowledge to recognize illnesses that are beyond their ability to treat and it is imperative that they are well supported and are able to refer patients to higher-level health care facilities for expert advice and treatment when necessary.

Improving housing conditions

Good-quality housing is a key element for ensuring healthy communities. Cramped and over-crowded conditions lead to many health and social problems. Poor housing gives rise to poor hygiene and is associated with the transmission of infectious diseases, such as tuberculosis, in addition to creating other health problems such as fleas, ticks and other vectors. Food and water contamination is also more common in congested housing and inadequate lighting can lead to problems with sight. People living in poor housing and poverty suffer disproportionately from psychological problems, stress and depression. People should have access to good quality housing in order to create a pleasant home environment for their health and happiness. The following specifications are necessary for good-quality housing.

- The dwelling should be large enough for the number of people who are living in it.
- There should be adequate ventilation.
- The windows should allow in plenty of natural light;
- The home should be clean inside and out and vector control measures should be in place.

Water safety

Water, as a limited resource, is critical for life and several factors threaten its availability. These factors include climate change, increasing demand, lowered water tables and environmental degradation. It is important, therefore, that communities manage their water resources effectively. The objective is to ensure availability of sufficient safe water to meet the needs of all the community, estimating the average need as 25 litres per day per person for drinking, cooking and personal hygiene. Water for laundry and for other uses is not included in this calculation. Water may come from a variety of different sources depending on the area, such as a piped water supply, protected springs, dug wells, boreholes or ponds and lakes, and it is imperative that the community protect the source of their water, particularly their drinking-water. The following are characteristics of low-risk water sources.

- The water source is fully enclosed or protected (capped) and no surface water is allowed to run directly into it.
- People do not step into the water while collecting it.
- Latrines are located as far away as possible from the water source and preferably are not on higher ground. If there are community concerns, expert advice should be sought.
- Solid waste pits, animal excreta and other pollution sources are located as far away as possible from the water source.
- There is no stagnant water within 5 metres of the water source.
- If wells are used, the collection buckets are kept clean and off the ground, or a hand pump is used.

It is essential that the water supply should be protected or the water should be treated before use to ensure its safety for drinking and other domestic uses. In addition to communal measures, it is always preferable to improve water quality by household water treatment before use for drinking and cooking. The main methods that can be used to treat the water are boiling, filtration and disinfection by adding chlorine. Safe handling of water at communal points, during transporting and in the home are also important for water safety. The community should play an active role in managing water resources and there should be periodic laboratory testing of water samples to monitor water quality in areas.

Drainage of wastewater

Poor drainage of household wastewater and rain water causes a number of environmental and health hazards. Poorly-drained water forms stagnant pools that provide breeding sites for disease vectors such as mosquitoes. Household wastewater contains pathogens that can pollute groundwater sources and increase the risk of serious diseases. Every household generates wastewater or sullage. It is estimated that each person generates 15–20 litres per day. Wastewater or sullage may be disposed of using a drainage system. Rainfall is heavy in many areas and rainfall-water averages can be easily calculated. Therefore, the designing and constructing of drainage systems requires expert advice from engineers to ensure that the system allows water to drain away easily and quickly. A drainage system installed by one community should not create problems for other communities downstream, nor should it affect ecologically important sites. Environmental factors should be given adequate attention and take into consideration predicted changes

and population growth. It is also often essential that community members participate in maintaining drains as this can help to take the pressure off a system.

Excreta disposal

The safe disposal of excreta is essential in order that bacteria does not contaminate the environment, water, food or hands, and ensures a healthy environment and the protection of personal health. The safe disposal of human faecal matter is essential for breaking the faecal–oral transmission route of disease and good sanitation is necessary to prevent the spread of disease. The location of sanitation facilities and the treatment of waste must be considered in the context of cultural practices. The correct use of sanitation facilities is important in improving health but sanitary latrines need to meet the social and cultural needs of community members and at an affordable cost. There are several technologies recommended for excreta disposal such as cartage, pit latrines, and pour–flush latrines. The disposal of excreta is possible through construction of septic tanks or sewerage systems as this waste requires treatment before disposal in order that it does not contaminate the surface water or groundwater sources.

Solid waste management

In order to keep households and the environment clean and to reduce health risks, solid waste (refuse) should be disposed of properly. Untreated refuse is unsightly and smelly and degrades both the quality of the environment and the living conditions of the community. It also provides a breeding ground for disease vectors, such as mosquitoes, flies and rats. If waste is not properly disposed of, it can contaminate water, food and living spaces and cause disease. To be effective, solid waste disposal programmes require action at both household and community levels.

Fruit and vegetable waste, animal dung and even leaves from trees can be broken down to form a valuable soil conditioner and fertilizer (compost). Suitable containers or covered pits can be used to make this fertilizer. Vegetable waste, including vegetable peelings and dried weeds, can be chopped up and compressed into small bricks and dried in the sun. Animal dung, too, can be spread thinly on the ground and dried in the sun. Once dried, the waste can be stored and used to replace charcoal or wood as a cooking fuel.

Ideally, a communal refuse pit can be dug away from residences and filled with the refuse. The pit should not be located close to a water source as toxic chemicals could leach into the water. The disposal site itself should be fenced off to prevent access by scavenging animals and at the end of the day, new waste should be covered with a layer of clean soil which is 0.1 metre deep. When the pit is full, the waste should be covered with a final layer of soil to prevent flies from breeding. Communal collection is another method. Communities themselves can organize waste collection through adopting different systems. Communal collection points are particularly important at places such as markets and bus stations, where large numbers of people congregate and food is prepared, sold or eaten. Communal containers, such as empty oil drums, skips or concrete bunkers, can be located strategically so that solid waste is collected at a single site. All waste from communal collection points should be collected several times a week and taken to a designated disposal site. It is essential that the community members who perform the service are provided with protective equipment and are trained to handle waste safely. This type of approach improves the environment and reduces health risks.

Health care wastes can also be generated by medical facilities. Often, these wastes contain infectious pathogens and they should ideally be incinerated or safely buried immediately. Incineration can be carried out at a health centre or clinic and it is preferable to use purpose-built incinerators with chimneys. If incineration is not an option, an alternative is to put bandages or other waste into a strong disinfectant. If health care wastes are buried, they should be disposed of in a pit that restricts the access of people and animals. Needles should be blunted before disposal to prevent them from becoming a hazard to others, and then burned or buried. People who are engaged in this process must adopt all precautionary measures and must be provided with protective equipment.

Slaughterhouse wastes contain decaying animal carcasses, blood and faecal matter and are a significant source of pathogens and bad odour. The collection and disposal of slaughterhouse wastes should be carried out by trained staff, and the waste should be disposed of in properly maintained sites. The local health authorities should inspect the premises of slaughterhouses to ensure that the proper procedures are followed.

Industrial wastes often contain toxic chemicals that can create health risks and pollute the environment. Community members should recognize the hazards of these wastes and request support to ensure that they are properly disposed of. Ideally, environmental protection agencies should be consulted on ways of disposing of industrial waste and of reducing the risk of pollution.



Unit 3.3

Health-promoting hospitals

Health-promoting hospitals

Learning objectives

This unit intends to:

- explain the concept and rationale of health-promoting hospitals;
- set out the standards and necessary actions to develop a health-promoting hospital.

Expected outcomes

By the end of this unit you will have:

- an understanding of the concept and the need for developing health-promoting hospitals;
- the ability to develop existing health facilities as health-promoting hospitals.

Health-promoting hospitals incorporate health promotion through a number of strategies and ethical directions, such as encouraging patients' participation, fostering patients' rights, involving a range of health professionals and promoting a healthy environment within the hospital. The healthy hospital initiative was created to improve hygiene and general sanitation within hospitals, establish effective hospital waste management systems, ensure hospital-associated infection control, improve housekeeping services, and, above all, upgrade the quality of care for patients and improve efforts in staff development. The healthy hospital concept also aims at improving hospital registration procedures, maintaining records and facilitating an easier exchange of information between health authorities and partners.

Rationale

The definition of health promotion as “the process of enabling people to increase control over, and to improve, their health” (Ottawa Charter for Health Promotion) advocates for more effective health education, disease prevention and rehabilitation services in community settings and health facilities, and the empowerment of patients, relatives and employees in improving their health-related physical, mental and social well-being. Hospitals play a critical role in promoting health and preventing disease as they have the necessary facilities and environment to influence and mobilize communities and individuals. As a result of changes and the increased prevalence of lifestyle-related and chronic diseases, hospitals need to widen their scope and provision of services and develop strategies to work with communities in order that communities are enabled to take a more active role in disease-management. Changing the current situation requires ongoing support and the redefinition of underlying problems with activities aimed at improving health. It also

requires a clearer focus on holistic health care and integrated actions by related stakeholders. Hospitals, as centres for the provision of health care services, should play a leading role in assisting community development efforts which are essentially linked with improving the physical, social, mental and spiritual well-being of communities (Figure 8).

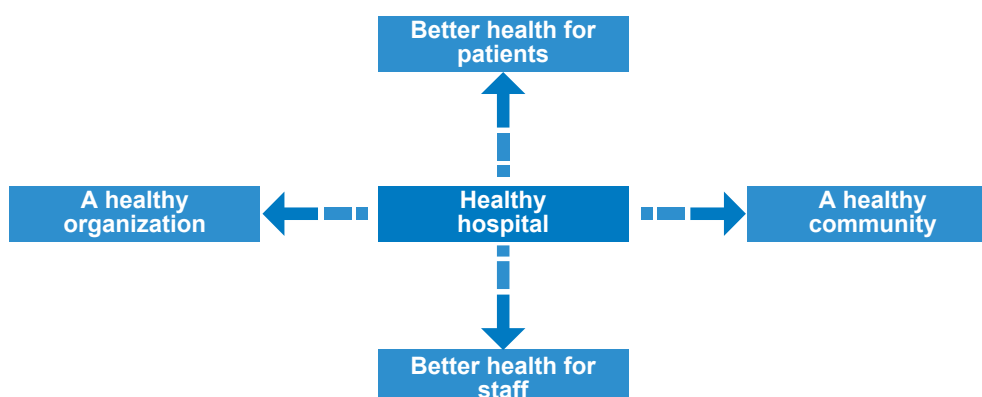


Figure 8. The healthy hospital model

Standards for health-promoting hospitals

As the healthy city programme was initiated in Europe, the WHO Regional Office for Europe played a leading role in establishing the standards for health promotion in hospitals. Standards were established in the following areas.

Standard 1: Management policy.

Standard 2: Patient assessment.

Standard 3: Patient information and intervention.

Standard 4: Promoting a healthy workplace.

Standard 5: Continuity and cooperation.

Standard 1: Management policy

The health care facility should have a written policy for health promotion which should be implemented as part of an overall organizational quality improvement system aimed at enhanced health outcomes. (This policy addresses patients, relatives and staff.)

Substandards

- 1.1 The organization identifies responsibilities for the process of implementation, evaluation and regular review of the policy.
- 1.2 The organization allocates resources to the processes of implementation, evaluation and regular review of the policy.
- 1.3 Staff are aware of the health promotion policy and it is included in induction programmes for new staff.
- 1.4 The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.

- 1.5 The organization ensures that staff have relevant competencies to perform health promotion activities and supports the acquisition of further competencies as required.
- 1.6 The organization ensures the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities.

Standard 2: Patient assessment

The health facility should ensure that health professionals, in partnership with patients, systematically assess the needs for health promotion activities.

Substandards

- 2.1 The organization ensures the availability of procedures for all patients to assess their need for health promotion.
- 2.2 The organization ensures procedures to assess specific needs for health promotion for diagnosis-related patient groups.
- 2.3 The assessment of a patient's need for health promotion is undertaken at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request.
- 2.4 The patient's needs assessment ensures awareness of, and sensitivity to, social and cultural background.
- 2.5 Information provided by other health service partners is used in the identification of patient needs.

Standard 3: Patient information and intervention

The health facility should provide patients with information on significant factors concerning their diseases or health conditions and establish health promotion interventions in all patient pathways.

Substandards

- 3.1 Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed.
- 3.2 Patients are given clear, understandable and appropriate information about their actual condition, treatment, care and factors influencing their health.
- 3.3 The organization ensures that health promotion is systematically offered to all patients based on assessed needs.
- 3.4 The organization ensures that information given to the patient, and health-promoting activities are documented and evaluated, including whether expected and planned results have been achieved.
- 3.5 The organization ensures that all patients, staff and visitors have access to general information on factors influencing health.

Standard 4: Promoting a healthy workplace

The management should establish conditions for the development of the hospital as a healthy workplace.

Substandards

- 4.1 The organization ensures the establishment and implementation of a comprehensive human resource strategy that includes the development and training of staff in health promotion skills.
- 4.2 The organization ensures the establishment and implementation of a policy for a healthy and safe workplace providing occupational health for staff.
- 4.3 The organization ensures the involvement of staff in decisions impacting on the staff's working environment.
- 4.4 The organization ensures availability of procedures to develop and maintain staff awareness on health issues.

Standard 5: Continuity and cooperation

The health facility has a planned approach for collaboration with other health service levels and other institutions and sectors on an ongoing basis.

Substandards

- 5.1 The organization ensures that health promotion services are coherent with current provisions and health plans.
- 5.2 The organization identifies and cooperates with existing health and social care providers and related organizations and groups in the community.
- 5.3 The organization ensures the availability and implementation of activities and procedures after patient discharge during the post-hospitalization period.
- 5.4 The organization ensures that documentation and patient information is communicated to the relevant recipient/ follow-up partners in patient care and rehabilitation.

Proposed actions for the healthy hospital initiative

In order to create healthy hospitals, the following set of interventions can be carried out in accordance with local needs and situations.

- establishment of a healthy hospitals committee;
- empowerment of the community and stakeholders in health promotion and decisions;
- development of standards and indicators;
- situation analysis and identification of priority areas;
- preparation of a master plan and individual workplans;
- mobilization of resources and partnerships;
- technical and professional support and a review of systems;
- implementation of standardized treatment and quality care for patients;
- provision of health education and lifestyle development services;
- improvement of general sanitation and hygienic practices in hospitals;
- improvements in standards of housekeeping, particularly in the area of food safety;

- control of hospital-associated infections;
- efficient collection, storage, transportation and disposal of hospital waste;
- improvement in registration procedures, record keeping and information exchange;
- initiation of regular medical audits and action based on feedback;
- participation of the hospital in the development of the community or other settings such as schools, workplaces and market places.



Unit 3.4

Health-promoting schools

Health-promoting schools

Learning objectives

This unit will:

- explain the concept, rationale, objectives and characteristics of health-promoting schools;
- highlight the main activities involved in developing a health-promoting school.

Expected outcomes

By the end of this unit you will have:

- an understanding of the concept, need, objectives and characteristics of health-promoting schools;
- the knowledge and capability to develop existing schools as health-promoting schools.

Health-promoting schools

A health-promoting school aims to strengthen its capacity as a healthy setting. It facilitates health promotion through providing health education and healthy life skills and provides the best environment to promote good health while addressing the physical, social and psychological determinants of health. The healthy schools approach creates a highly supportive social setting which influences the future vision, perceptions and actions of all individuals who work, play and study in the school. A healthy school enables pupils, staff and the community to take actions to create a healthier life in the school and in society. The concept emphasizes that the entire organization of the school is user-friendly and focuses on the health promotion of individuals. This concept embodies a broader concept of health and requires a holistic approach, addressing the physical, social and psychological factors that impact on both the body and the mind of students. Healthy schools create positive environments that can influence how young people develop relationships, make decisions and develop values and attitudes. They encourage the development of healthy, well-educated individuals who, as future adults, can help to reduce inequities in society and ultimately contribute to the health and well-being of the population at large.

Rationale

It is a universal fact that health and education are inextricably linked, and schools provide a setting that can be used to improve health and to provide education. The school as an important social setting provides an educational environment in which children pass through at different stages of their physical, social and mental development. The years

around puberty represent the most vulnerable years in a young person's life and require special attention and sensitivity. Development of healthy lifestyles and health-supporting behaviour starts at school, in addition to environmental-related awareness. The time that children spend at school varies from 25 to 45 hours a week and extends over a period of at least 10 years. This accounts for a major segment of an individual's life and whatever he/she learns during this period has life-long implications for the rest of his/her life. Surveys have revealed a strong association between the number of years a girl spends at school and the life expectancy of her children. Therefore, in order to prepare individuals to be active partners in healthy life development, it is necessary to develop health-supporting behaviour among school-age children and to improve their life skills. For this purpose, schoolchildren need information and education to make them aware and to familiarize themselves with issues around health, the environment, development and quality of life. Simultaneously, activities, facilities and environments need to be created to enable children to exercise their knowledge and skills and to develop health-supporting behaviour.

A school is like a community and the health of students and staff should be promoted through the fostering of a positive and caring atmosphere. In addition, schools have the potential to be the focus for health promotion activities for the wider community. School health education presents an opportunity of reaching a wider audience and creates an awareness-raising role to reach families and community members in order to provide them with education to develop healthy behaviours and practices. In this way, schools can provide a setting for actively involving parents and active parental involvement can be a resource in promoting the health of children and increasing the effectiveness of school health promotion activities.

The objectives of a health-promoting school

Healthy schools are venues through which practical life skills can be taught in addition to more traditional subjects and health-promoting schools aim to meet the following objectives.

- improve school facilities and the physical environment;
- educate students on health, the environment and quality of life;
- promote students' self-esteem and enrich their contribution in school and to society;
- develop good relations between staff and pupils in the daily life of the school;
- incorporate social aims and health education in the school agenda and curriculum;
- promote the health and well-being of students and staff;
- develop healthy links between the school, the home and the community;
- provide stimulating challenges for students through a wide range of activities;
- create an innovative environment to enrich the potential of students.

Characteristics of a health-promoting school

A health-promoting school is a model for incorporating health into educational perspectives and should possess the following characteristics.

- promotes health and learning;
- focuses on care of students, staff and the community;
- creates conditions that are conducive to good health (through policies, services and modifying physical and social conditions);
- builds capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice, sustainable development;
- prevents leading causes of death, disease and disability;
- influences health-related behaviour, knowledge, beliefs, skills, attitudes and values;
- engages health and education officials, teachers, teachers' unions, students, parents, health care providers and community leaders in making the school a healthy place;
- provides a healthy environment, school health education and school health services;
- organizes in-house and outreach/ community projects for health promotion programmes, nutrition and food safety programmes and programmes for counselling and social support;
- creates opportunities for physical education and recreation;
- implements policies and practices that respect an individual's well-being and dignity;
- provides students with opportunities for success and personal achievement;
- works with community leaders to enhance the role of the community in health and education.

The development of healthy schools

In order to implement the health-promoting school initiative, the following key steps can be adapted according to local situations and requirements.

- create a healthy city committee or healthy school task force;
- promote the concept of health-promoting schools;
- undertake a comprehensive situation analysis of the socio-emotional and health situation, current school activities and initiatives;
- explore needs and expectations and the establishment of priorities and future vision;
- prepare a project proposal, action plan and protocol for developing a school as a healthy setting;
- identify required support and mobilize resources from government, the community and private donors;
- develop local partnerships and involve the community in a common forum;
- transform ideas into reality.

Ideas can be transformed into reality through projects involving:

- curriculum development which integrates health as a key component of education;
- training for teachers on health and development;
- ecological changes and improvements in the environment in and around the school, including maintenance of buildings, equipment and furnishings and the immediate surroundings;
- social interaction and communication within and between various groups and individuals in the school;
- communal action and collaboration between schools, organizations and institutions and community groups/ organizations;

- health promotion and protection measures and links with local health services;
- improved school facilities which are user-friendly and promote health;
- programmes for personal health care, including personal hygiene and dental health;
- screening for health problems and referral to health facilities if required;
- career and life-counselling services with a focus on mental and emotional health;
- education in life skills, including training on personal relationships;
- nutrition education and initiatives to encourage growth monitoring and food supplementation;
- addressing abuse of addictive substances (legal or illegal);
- promotion of physical activities such as regular exercise, parades, sports, competitions; etc.
- environmental improvement through planting trees and encouraging floriculture;
- first aid and safety education and accident-prevention measures.



Unit 3.5

Healthy market places

Healthy market places

Learning objectives

This unit will:

- create awareness of the concept, rationale and objectives of the healthy market place;
- provide information on the various steps and elements involved in developing healthy market places.

Expected outcomes

By the end of the unit you will have:

- a clear understanding of the concept, need and objectives of developing a healthy market place;
- the ability to develop existing market places as healthy market places.

Healthy market places

Market places often reflect local traditions in their structures, services and settings, and a healthy market place strives to improve the physical and social environment and to develop the setting in which the market is located to empower market communities to achieve their maximum potential while promoting health and safety.

Rationale

Market places are economic centres where people trade goods and provide various services. There is also a lot of social interaction and sharing of information in the market place and they provide a significant amount of government revenue through the collection of taxes. Market places are also important from a health point of view as food supplies are found in and around them and outlets for serving food are often located there. As people often work long hours in markets and customers visit and use the utilities and services, the working and environmental conditions of a market can contribute considerably in determining the health of people who use or work in them. The market place is also a unique setting because of the fact that public and private partnership is at its maximum in ensuring healthy and favourable choices for customers. The nature of the market also has particular effects on its surrounding communities and is itself affected by the surrounding environment, culture and trends.

The healthy market initiative addresses health issues by revitalizing the planning process and filling in any gaps. It is considered a major tool in protecting health; creating safe working conditions with minimum risks; providing access to basic hygienic facilities and

health services; enhancing self esteem; decreasing stress; improving morale; developing job satisfaction; increasing opportunities; and creating more desirable working environments. It also develops a better understanding of health, well-being and awareness of others. A healthy market place when implemented in its true spirit helps to build a cooperative environment, organizes community networks and encourages common participatory actions by stakeholders. It also creates a supportive environment for the practice of healthy habits and healthy lifestyles. In addition to the above, it improves the health of the local and surrounding communities and benefits the local economy and increases business which reduces poverty and improves people's quality of life.

Aims and objectives

The development of a healthy market place aims at creating supportive public health policies for developing a healthy and conducive environment to health, productivity and opportunities through the efficient use of resources. It also aims at strengthening community action and reorientates health and environmental protection services, in addition to enhancing local skills, building capacity, creating awareness and raising consciousness for the welfare and development of the self and society. The ultimate objective is to have an effective and improved system in place with reduced health risks and maximum benefits.

Developing healthy market places

There is no single approach to developing a healthy market place and actions must be adopted according to local contexts, taking into consideration the social, cultural and political values of the local community (Figure 9).

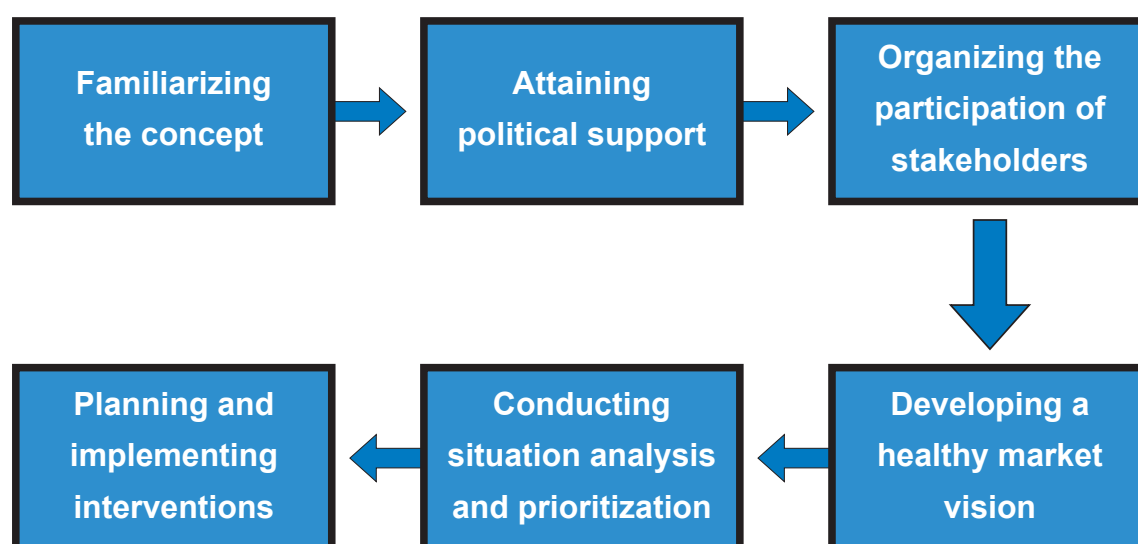


Figure 9. Steps in developing a healthy market place

Familiarizing the concept of a healthy market place

Advocacy of the approach and concept clearance is the basic requirement as the idea may be new for many people. The objective is to mobilize the community and involve all concerned in the process to attain support, commitment, participation and resources.

Attaining political support

Political support for the basic concepts of the healthy city programme and of the healthy market place, including strategies and priorities, is of key importance for the success of the initiative. Political support is also vital for the development of partnerships and consensus on the specific roles of each stakeholder, as development of a healthy market place must be a joint venture intended to bring about change and a standardization of structures and services.

Organizing the participation of stakeholders

There is diversity in the nature of market stakeholders as some are market-based and others are non-market based. Market-based stakeholders include: market vendors, traders, wholesalers, retailers/shops, service providers, managers, owners, security staff, cleaners, maintenance personnel, contractors, drivers, service people/labour, municipality staff and other serving officials and visitors to the market. Non-market based stakeholders include: a variety of government agencies and departments, mayors, local consumers, councillors, politicians, nongovernmental organizations, academics, workers' unions, youth groups, tax collectors, banks and financial institutions, the media and aid organizations. It is important to define the market community in order to ensure their empowerment and participation.

The development of healthy market places requires the participation of local government, related departments, trade unions and organizations of market communities for situation analysis, formation of policies, development of plans and implementation of actions. Establishing a healthy market committee and subcommittee is a process of formalizing the involvement of the market community and should include representation of all stakeholders with clear roles for everyone involved in the process.

The government at national, provincial and city level is responsible for:

- promoting the approach and facilitating the process;
- providing guidance and technical assistance;
- mobilizing resources and developing partnerships;
- introducing and enforcing regulations and standards;
- assisting in implementation and monitoring;
- exchanging information and experiences;
- evaluating outcomes and feedback.

The market community and healthy market committee is responsible for:

- developing a vision of healthy market places;
- assisting in advocacy efforts and in the promotion of the concept;
- analysing the situation, prioritizing needs and designing action plans;
- exploring avenues for further resources and additional partners;
- implementing planned activities;
- monitoring, supervising and documenting progress and results;
- facilitating the evaluation of impact and defining corrective measures.

Developing a healthy market vision

The healthy market committee should be responsible for developing an improved physical and social environment based on the principle of broad collaboration to improve the current situation. It should be sensitive to consumer needs and safety aspects, and promote income opportunities through greater productivity. It should be committed to the promotion and protection of health, ensure social equity, provide improved facilities and ensure the provision of efficient systems.

Situation analysis and prioritization

The local situation should be thoroughly assessed through conducting a structured survey or study. The indicators need to be well defined and should cover all aspects relevant to the healthy market place. Table 3 provides guidance on the relevant topics and elements for assessment and complementary action.

Table 3. Assessment of healthy market places

Topics	Elements for assessment and complementary action
Building, construction	Standards, design and layout, materials, access, corridors and streets, basic facilities.
Air and light	Ventilation, dust and pollution control, smoke exhausts, odour, natural light.
Security	Fencing, policing, security system, alarms, methods of protection against theft and robbery.
Fire safety	Standards, electrical connections, extinguishers, access and evacuation, awareness and training.
Chemical safety	Pesticide regulations, protective measures, education and awareness.

Table 3. Assessment of healthy market places (cont.)

Consumer goods and food safety	Regulation and standards, quality assurance, safe storing, monitoring and quality testing.
Food safety	Standards and regulations, education and awareness, good hygiene practices, safe storage, quality testing service.
Health services	Health facility, health education, first aid training, safe sex counselling, healthy lifestyles promotion, health as a central theme.
Communicable diseases	Prevention and protection, management and treatment, health services for specific diseases.
Occupational health	Regulations, safe work policies and practices, work environment, noise control, exercise facilities and healthy life style promotion.
Green environment	Garden and green areas, open spaces for rest and recreation, control of encroachments and misuse of open areas.
Water supply	Quality and quantity, protection and safety, management and maintenance, wastage control.
Sanitation facilities	Improvement of infrastructure, maintenance of hygiene, training for disinfection, body and hand-washing facility.
Drainage system	Design and construction, management and maintenance of roads and drains.
Waste management	Standards, waste collection and disposal system, recycling and reuse, pest control, hygienic measures and training.
Pest control	Construction standards, stores and waste management, chemical control.
Zoonoses	Segregation of birds and animals, cleaning and disinfection, infrastructure improvement, disease control, monitoring.

Planning and implementing interventions

The healthy market place committee prepares an action plan reflecting a clear understanding of future market vision and defining goals. It should earmark the activities, the time frame, the responsibilities of stakeholders and expected resources and contributors. The plan should also present standards for achieving and measuring the outcome. The activities should address priority issues and at the end of the process evaluation is necessary to assess whether the set standards have matched the outcome.

Healthy market place interventions

There may be a number of interventions required to develop a healthy market place, however, they must address the actual needs and be implemented according to available resources and expertise. Table 4 presents the main components of the healthy market place and relevant corrective actions or interventions which may be tailored according to local situations and requirements.

Table 4. Healthy market place components and relevant interventions

Component	Possible interventions
Improve physical structures and provide basic facilities	<p>Developing and implementing minimum standards for the construction of buildings with proper ventilation, natural light, secure electrical connections, safety and fire protection measures.</p> <p>Constructing footpaths, rest areas, open spaces and green parks designed for the correct volume of people.</p> <p>Providing safe water for drinking and washing, wash basins near food places, and sanitation facilities appropriate for the number of people, with separate facilities for men and women, solid waste management and an effective drainage system.</p>
Create an effective operational atmosphere to protect and promote health and the environment	<p>Creating a system for regular hygiene, keeping livestock and poultry in isolated areas, safe parking of motor vehicles.</p> <p>Training and awareness of stakeholders on quality control and standardized procedures for different operations.</p> <p>Monitoring of law enforcement related to healthy market places.</p> <p>Controlling congestion and noise by adequately managing the flow of customers.</p>

Table 4. Healthy market place components and relevant interventions (cont.)

<p>Provide basic health services, prevent health risks and promote healthy lifestyles</p>	<p>Ensuring strict law enforcement to restrict the sale and use of drugs, tobacco, alcohol, etc.</p> <p>Developing a first-aid post and providing training to volunteers.</p> <p>Ensuring the health facility is functional and a focus for health protection and promotion, imparting health education, providing health counselling and vaccination against preventable diseases.</p> <p>Organizing facilities for fitness and exercise.</p> <p>Ensuring all measures are in place for environmental protection and hygiene.</p>
<p>Ensure food safety</p>	<p>Promoting and ensuring awareness of regulated standards for handling food, serving, precautions for food stores, hygiene maintenance, protection from contamination, such as bacteria, dust, chemical, flies, etc.</p> <p>Providing periodic medical check-ups for people involved in food preparation and serving.</p> <p>Undertaking regular hygiene inspections of cooking places, screening for the quality of materials, ensuring temperature control, environmental conditions and the use of safe water, food stores, eating places (cafes, restaurants or canteens) and bakeries/sweet shops/confectionaries/fruit/vegetable shops and slaughterhouses/butchers.</p> <p>Providing facilities for hand-washing near food serving places.</p> <p>Discouraging unlicensed food vendors as they often serve poor quality food with serious health risks.</p> <p>Ensuring strict control of quality and food hygiene and maintaining environmental precautions.</p> <p>Ensuring collaboration between the healthy market place committee, local government and health authorities for monitoring the health and hygiene standards.</p>
<p>Protect negative effects on external environment</p>	<p>Ensuring periodic review of cooperation with neighbourhoods.</p> <p>Ensuring efficient solid waste management, handling of hazardous materials, traffic control, pollution reduction measures and air quality maintenance, noise control, etc.</p> <p>Maintaining open areas and recreational spaces.</p>



Unit 4.1

Sustainability and partnership

Sustainability and partnership

Learning objectives

This unit will:

- provide a definition of, and explain the concept of, sustainability;
- present the basic and key elements of sustainability in the programme.

Expected outcomes

By the end of the unit you will have:

- an understanding of the concept of sustainability;
- knowledge of factors essential for programme sustainability and skills to facilitate the process.

Sustainability and partnership

The healthy city programme not only focuses on integrated human development and the improvement of health and social conditions, it also emphasizes the sustainability of the development process and continuity of programme activities. A successful healthy cities initiative relies on the principles of sustainable development which involves a process that continues independent of external support, develops from within and uses renewable resources in order to meet the needs of the present without compromising those of future generations, and is adaptable to emerging problems and change. The application of these broader principles applies to mobilization of both local and external resources and partnerships between stakeholders. The ownership and involvement of the community in the process of the planning, implementation, supervision and monitoring of development initiatives is crucial for programme sustainability.

Sustainability

The sustainability of a programme is its capacity to continue to deliver its intended benefits over a long period of time, maintaining its set objectives and providing continuing benefit to communities through improving health and development within available resources. Programmes can be graded as sustainable when they are able to deliver an appropriate level of benefit (quality, quantity, convenience, comfort, continuity, affordable, efficiency, equity, reliability), and continue beyond the life-cycle of the resources invested. Usually, its management is institutionalized (i.e. community management, gender-balanced, partnership with local authorities and the involvement of the formal/informal private sector) and its operational, maintenance, administrative and replacement costs

are covered at different levels through alternative financial mechanisms. In addition, the programme can be graded as sustainable if it can be maintained at local level with limited external support (technical assistance, training, monitoring), does not negatively affect the environment and meets the desired goals and targets. Sustainability is a process and also an outcome and requires a combination of different factors that comprise essential elements of the programme and its implementation. The following factors are key elements for the success of the programme.

Political commitment

Political commitment is one of the basic requirements for the successful execution of a programme or project. An initiative cannot accomplish its objectives if it is not supported by strong political commitment both at national and local levels. Political commitment, in turn, brings about strong leadership and facilitates the integration of the programme within government strategies and its administrative framework. Strong political will and commitment need to be coupled with multisectoral collaboration and the full participation of the community. Experiences from healthy city projects have demonstrated that strong political support is crucial to the success of the programme and needs to be ensured throughout the programme's lifespan.

Community ownership and participation

Community participation in the programme gives people a proactive role in development activities in order to achieve common goals. Community participation is of paramount importance in the local development process and in ensuring community ownership of the programme. The community, who are ultimately the beneficiaries in the process, should have broad-based involvement in project area selection and in the prioritization of needs, as well as in the planning and implementation of activities. In addition to this, programme sustainability is more likely to be guaranteed if a broad range of community groups and citizens are involved in collective efforts to improve health and the quality of life. Community ownership and participation also enhances overall community competence and capacity and develops an enabling environment from which local leadership can emerge. As community participation requires citizens to become an integral part of the decision-making and implementation process, it creates and facilitates the development of active and motivated communities. Community participation draws on the energy and enthusiasm from within communities to define what it is that the community wants to achieve and how it wants to operate. It also ensures that planners avoid bad decisions and provides a vital means for more popular and evidence-based actions to ensure the continuing ownership and sustainability of the programme.

The depth and range of involvement of the target community also influence the programme's impact and viability; community participation should not be confined to a response to initiatives or agendas set by others but on the potential energy and enthusiasm that exists within communities. This enthusiasm can be channelled through motivation, awareness and education to enable communities to become active and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and

delivering services and in taking action to achieve change. The involvement and participation of the community is essential for programme success.

Decentralization and local empowerment

Decentralization facilitates local empowerment and is a significant prerequisite for rapid development and for solving problems, as and when they occur. Through empowerment, people can solve problems through their own innovative approaches and find ways to generate necessary resources. A centralized approach represents a major constraint in identifying local priorities and mobilizing authorities to decentralize administrative processes is one of the major challenges faced by the community-based initiatives programmes. Administrative processes must be made more flexible and adaptable to local situations. This may involve the application of motivational tools, an exchange of views, ongoing dialogue and by balancing local and national priorities. Any move to decentralize power must be supported by a comprehensive programme of mobilization, education and training to empower local structures and communities.

Institutionalization

Institutionalization of the programme involves the inclusion of the programme as an integral component of the administrative framework of the government. It is positively related to programme sustainability as it provides a strong organizational base with formal structures consistent with stated goals and the different actors in the programme's organization are given clear and defining roles. The links within and outside are formal and the country's legal system provides a sufficient degree of back-up support. Institutionalization of the programme assists in achieving the confidence of different stakeholders and promises validity and viability of actions. A well-structured programme with formal institutionalization also encourages related sectors to work together and to contribute to achieving the common objectives of community development. The structure's effectiveness in the planning and management of the city can be achieved with high-level administrative and political support and assigning key roles to the community and nongovernmental organizations.

In the institutionalization process of healthy cities, the exact nature of the structures and their relationship to others differs from country to country. However, the approach should be flexible and enable the structures to fit in existing systems and accommodate available resources. It should also provide an efficient system for timely problem-solving and for directing the focus towards advancing the healthy cities agenda and achieving programme goals with a more flexible approach in order to ensure a sustainable development process.

Effective leadership and governance

Effective leadership and governance are important for the success of healthy cities and need to be coupled with clear accountability mechanisms and strong institutional capacities. Consistency in leadership is also important as leadership itself assists in the continuity of the initiatives and is often a significant feature of sustainable projects and programmes. The effective leaders in the healthy cities are those who can work with people from a

range of sectors and can promote effective participation of the community. They must be skilled in management techniques and capable of inspiring others. Other attributes which are needed include: flexibility and an ability to compromise; transparency; good communication and negotiating skills; vision; enthusiasm; willingness to question current practices; an innovative approach to problem-solving; a willingness to take risks; and the ability to deal with bureaucracy. Leadership should be well versed in the programme's approach and consider health and sustainable development as central to their vision for the healthy city. They must be advocates of the integrated development approach and capable of mobilizing people and resources to attain healthy city goals.

The healthy city leadership should be chosen from local structures or city councils and the selection of good programme leaders will only be effective if coupled with good governance based upon the application of the principles and rules set for programme implementation. These values include commitment, dedication, integrity, honesty and respect for organizational principles and procedures.

Under the healthy cities approach, efficient and capable leadership sends an important signal to the municipality, related sectors, agencies, organizations and communities that it is committed to the health and development agenda. This signal becomes an important message and tool for others to consider and results in confidence, cooperation and improved partnerships. Above all, efficient leadership and good governance strengthens the programme's cause and its framework for actions to promote sustainability in development.

Partnerships and intersectoral collaboration

Health is an outcome of development but development is a process and an outcome of integrated actions by a number of different sectors and partners. Health itself is not the sole responsibility of the health sector as many determinants that improve or have a negative influence on health are out of its domain. Health is a shared responsibility and can be achieved through the active participation of key players. Strong partnerships and intersectoral collaboration at all levels are the right approach for integrating efforts to achieve sustainable development and health goals. It is also true that the programme cannot be sustained as a vertical entity as it addresses a wide spectrum of health and development issues. Cooperation and coordination are prerequisites for a successful community programme and as an integral part of the programme, intersectoral collaboration and partnerships with different stakeholders are central to the approach, as are operational linkages with existing programmes or services within the government system. As effective coordination and partnership require clear roles for partners, the healthy city framework possesses formalized organizational structures to enhance the capacity of the programme to mobilize cooperation and resources. Partnerships in the healthy city programme should contain the following stakeholders.

- local, provincial/state and national government authorities and politicians;
- government service providers from a variety of sectors;
- community service providers;
- educational institutions;

- the media;
- nongovernmental and community-based organizations;
- private enterprise interests;
- community groups and members.

Awareness and capacity-building

Implementation of the programme is a continuous process and all those who have been involved or have benefited from the programme have a better understanding of its concept and procedures. Awareness-raising is required for ensuring wider consultation and the mobilization of people and resources. Enhancing the skills and capacities of related structures and community organizations is a key feature of successful and sustainable programme implementation as this enables them to subsequently transmit knowledge and skills to other members of the community, thereby benefiting all members of the community at large.

Training and skills development programmes in healthy cities should be flexible and needs-based and cover the following areas: health and its determinants; strategic planning and implementation; problem-solving, communication and negotiation; management and leadership skills; marketing and financial management; surveillance; and monitoring and evaluation, etc. In addition, the community can also receive training in life skills, health promotion and protection, healthy lifestyles and environmental protection.

Participatory and evidence-based planning

The planning process should be carried out in a systematic order involving all partners and stakeholders and should encourage consultation and consensus. It should be evidence-based, considering the prevailing situations and priority needs. This can be ensured through a structured and formal survey and needs assessment of the project area. While predicting future projections, trends and health and development visions for the city, the availability of resources, capacities and capabilities, legal implications and government policies are important determinants to be considered. Planning should be feasible and technically sound and in order to ensure popular consensus, the planning committee should involve representatives of all stakeholders and community groups. This process should be followed by presentations through the media and high levels of discussion and review by the authorities, stakeholders and recipient communities. The planning of activities for holistic development through a participatory approach is a continuous process and an essential factor in achieving programme goals.

Adaptation to sociocultural norms

In order to promote sustainability, projects must be undertaken in accordance with communities' social and cultural norms. The importance of sociocultural norms must be taken into consideration when designing programme strategies and various interventions. It is also essential in obtaining community acceptance, ownership and commitment. If elements of the programme are in conflict with the local culture, the programme is likely to be rejected by the community. If activities are in line with sociocultural values and in accordance with the administrative organization of the city, it will gain wider acceptance.

Environmental stability

A sustainable healthy city must be environmentally sensitive as it has been shown that environmental stability plays a key role in the overall development process. The contexts which contribute to the creation of health, also directly relate to the environment and ecology. The environment and health interact and are interdependent, and this complex interrelationship needs to be appropriately addressed in programme areas to achieve the desired goals and for the sake of programme sustainability.

Technological development

The world is moving faster than the response of developing countries, and development gaps, in particular those related to technology, are so large that the situation is becoming more and more discouraging. Today, technology has become a critical element of sustainable development, as it not only relates to economics, but also directly relates to society and health. In order to cope with progress, it is essential that healthy cities promote technologies that are appropriate to their local environments, needs and use. The transfer of knowledge, skills and technologies should be promoted as a comprehensive package and partner sectors should be encouraged to value modern technologies and to create conducive environments for their use. Technology can also provide solutions to poverty, underdevelopment and deprivation, and can help to reduce environmental degradation to improve health and the quality of life. In pursuit of the transfer of technologies for sustainable development, the concept of being environmentally-friendly should be promoted in order to reduce any possible negative effects on the bio-physical environment, and it is essential that appropriate technologies are pollution-free and based on the use of renewable energy.

Socioeconomic development

Programme activities need to display their usefulness in terms of quality and quantity, and in addition to their impact on health, they should impact on social and economic development, particularly for the poor and other vulnerable groups. Socioeconomic development should be holistic and equitable to ensure that everyone can experience its benefits and that the harmony of the community is maintained. In order to ensure integrated and holistic development a comprehensive development package encompassing all key sectors and their components should be designed and implemented with a focus on health and the environment.

Continued availability of resources

The continued availability of resources is an essential element of programme sustainability. Programme activities rely on the mobilization of local resources and the adoption of innovative and creative approaches, such as community financing through cost sharing, community development/social welfare funds and other cost-recovery mechanisms to ensure a level of self-reliance and self-sufficiency. The programme needs to be incorporated into national agendas and be supported through regular country and municipality funds. Alternative sources of financial support should also be explored during programme

implementation. It is more feasible to gain gradual independence from external funding as community financing is built up. Raising funds depends on careful planning, guarantees and commitments from donors, the introduction of user-fees, exploring alternative sources of funding, diversification of services and contracts with both the public and private sectors. The cost-effective and efficient use of funds can be ensured through transparent implementation, the avoidance of wastage, duplication and recurring operational expenditures. Sources of funding for the programme arise from a mixture of internal and external sources. Resource mobilization is necessary to avoid excessive external funding that may ultimately inhibit programme sustainability by limiting the generation of local resources.

Exchange of information and experience

Programme information and experiences should not only be documented but also be shared with other areas and stakeholders. This provides an opportunity to learn from others' experiences and ensure greater feedback. In the healthy cities framework, the networking process is an excellent tool for learning from successes and failures and for avoiding the duplication of efforts. Through this process, innovative and new ideas evolve and can be adapted by others. This process also creates an effective forum for advocacy to influence decision-makers and stakeholders.

Monitoring, evaluation and feedback

The progress of healthy city activities should be monitored continuously by stakeholders and the community, and the periodic reporting of individual activities is useful in recording the progress and for identifying weak areas which require corrective action. In addition to this, a mechanism should be established for periodic review and evaluation of the programme in term of its inputs, processes, outputs and outcomes. The progress and evaluation reports need to be reviewed in meetings to facilitate the amendment of strategies, to take appropriate action based on feedback and to redesign the plan of action. Programme sustainability is absolutely dependent on the extent to which the leadership is willing to critically review the programme and to take appropriate actions based on feedback. Monitoring, evaluation and feedback are essential components of the programme and if programme procedures are followed correctly, programme activities will remain viable and sustainable.



Unit 4.2

Healthy cities networking

Healthy cities networking

Learning objectives

This unit will:

- explain the concept, scope and functions of healthy cities networking;
- describe the process of developing a healthy city network, the objectives, the criteria for member selection and the responsibilities of related stakeholders.

Expected outcomes

By the end of the unit you will have:

- an understanding of the concept and functions of healthy cities networking;
- knowledge of the process of developing a healthy cities network.

Healthy cities networking

The healthy city programme represents a continuous process and requires the sharing of information, experiences and ideas. The development of healthy city networking has produced a valuable mechanism for promoting commitment and innovation and is a source of valuable expertise, legitimacy and continuous learning. Healthy city networking has proven crucial in ensuring the efficient use of available data from various partners at city and national levels. It is therefore important that each country should establish an information system that is linked to the national and regional healthy cities network. National networks and thematic networks at the international and national levels should be dynamic enough to adopt innovative approaches and develop cooperation that cuts across conventional political, professional, territorial and sectoral boundaries. The healthy city project office in each programme area represents the basic unit of the network and should be well equipped and manned by trained staff.

The scope and functions of healthy city networks

The scope of healthy city network activities varies from country to country. Healthy cities participating in these networks should share a wide range of information regarding their programmes, such as information on city health profiles, city health plans, strategic directions based on intersectoral cooperation, community development initiatives and programmes to address priority needs and the promotion of healthy lifestyles, a safe environment and good health. This has assigned an important role to the healthy cities networks as protecting and improving public health and facing the challenges in a period of unprecedented political, economic and social transition. Usually healthy city networks assist in the following functions.

- establishing city information centres and websites;
- establishing databases and information exchange mechanisms;
- establishing and fostering linkages with regional city networks and other international programmes dealing with urban health, the environment and development issues;
- building alliances, sustainable partnerships, cooperation and maintaining liaisons;
- initiating and fostering regular contacts and working relations with donors and external support agencies for mobilization of resources;
- creating databases of good practice for national healthy cities networks;
- producing guidance documents for healthy cities;
- providing training courses for healthy cities and national healthy cities networks;
- strengthening communication systems and websites for each national healthy cities network;
- developing partnerships and exchanging projects between cities;
- increasing cooperation and creating twin cities between national networks.

The three main functions of the healthy city network are political, strategic and technical, and these functions are supported through an exchange of information and the monitoring, evaluation and training processes.

Developing a healthy city network

The establishment of healthy city networks is intended to create a forum for sharing information through the networking of various healthy city projects from within and outside the country which enables communities to share information and benefit from each other's experiences to promote and protect health and to improve the quality of life of urban populations in a sustainable manner. The specific objectives of healthy city networks are to:

- share information and experiences among members;
- enhance cooperation between national networks and their members;
- improve communication between national networks and between cities;
- assist in improving the quality of healthy cities;
- improve the quality of national healthy cities networks;
- develop and provide the tools for healthy cities activities;
- work in partnership with WHO to influence related national policies;
- facilitate partnerships with other international organizations and bodies;
- strengthen healthy cities initiatives;
- develop collaboration with universities and centres of learning.

Becoming a member of the healthy city network

All healthy cities should be included in the national healthy city network and should be encouraged to fulfil the membership criteria. Initially, the membership may be provisional. Programme areas should be actively supported to meet the minimum criteria for joining the national network. Members should have access to resources and have developed partnerships for health. They will be able to demonstrate that they have exchanged information, shared experiences and mutual support and developed new strategies for the dissemination of products and ideas.

Healthy cities can become members of the healthy city network through:

- formal request and agreement with objectives and terms of reference;
- commitment to the healthy city objectives through a signed political declaration;
- evidence of viable programme activities;
- paying membership dues;
- providing an information sheet and submitting documentation;
- formal agreement to fulfil the responsibilities of the network;
- abiding by the by-laws, and / or constitution of the national network;
- demonstrating that they are active in participatory activities, attending national network meetings and maintaining liaisons with other members and partners;
- continuing to provide basic information and regularly updating that information;
- performing systematic monitoring and evaluation, producing periodic and annual reports, disseminating case studies, publications and other documents;
- facilitating demonstration visits and training programmes;
- acting as a link between the national healthy city network and the city's authorities and communities;
- establishing a centre for information collection, compilation and dissemination;
- developing an action plan on the basis of needs and new opportunities, reviewing its progress and sharing the plan.

Roles and responsibilities

Developing and maintaining the healthy cities network involves three key players: the healthy city project office, the national healthy city programme office and the country and regional offices of WHO. The project office should initiate the process and apply for membership while ensuring it meets the criteria to join the network. The national office of the healthy city programme will establish a national healthy cities network and provide leadership and strategic support. It will also liaise closely with the programme areas and register membership of regional and international networks. This office will also assist and facilitate WHO in its provision of technical support and explore and develop partnerships with related stakeholders and mobilize resources. In addition to advocacy efforts, it will also share information and experiences at country and international levels.

WHO has the role of leader, enabler, facilitator, mediator and an advocate of change at national, regional and international levels. To make healthy cities networks viable, WHO will provide technical support to individual programme areas and to the national healthy city network, in addition to developing regional and international healthy city networks. WHO will also assist in the development of partnerships, the promotion of international cooperation and in forging relationships with other international organizations and national authorities. It will monitor progress and support member countries in utilizing forums to achieve the programme's primary objective of placing health at the centre of the overall sustainable development process.



Unit 4.3

Evidence-based supervision and monitoring

Evidence-based supervision and monitoring

Learning objectives

This unit will:

- provide an understanding of the supervision and monitoring mechanisms in the programme;
- explain the supervision and monitoring process and tools in the programme.

Expected outcomes

By the end of the unit you will be:

- orientated on the rationale and the concept of supervision and monitoring;
- able to establish the supervisory system in healthy city programme areas using the standard methodologies and tools.

Evidence-based supervision and monitoring

Supervision and monitoring involves observing and comparing the work at operational level with predetermined criteria and stated goals. It is a continuous process and should comprise an in-built mechanism to facilitate the regular assessment of progress, problems and procedures. Supervision and monitoring as a continuous process involves the systematic collection of data in order to provide management and the main stakeholders with indications of the extent of progress. This process should be carried out through the delegation of authority and responsibilities, setting examples, recognizing changing roles and in the commitment for community development. As the healthy city programme requires a multidimensional and intersectoral community-based approach, the process of supervision and monitoring should include all concerned partners, in particular, communities, government sectors and sponsoring agencies. Programme activities should be closely monitored by the community itself in a process supported by intersectoral teams and overall programme activities should be supervised by the lead ministry.

Methodology

There is no definitive methodology for supervision and monitoring, however, it is important to focus on the achievements of programme objectives. As supervision and monitoring is conducted at central, city and local levels, methodologies used in the process can be modified and adapted according to local circumstances. It is important to recognize that supervision and monitoring should not merely be based on personal observation but on information from reliable sources.

The main methods used for evidence-based supervision and monitoring include:

- field visits by authorities and partners;
- interviews and focus group discussions;
- supervisory questionnaires and checklists;
- analysis of available data and records;
- performance and financial audits;
- regular surveys on specific indicators.

Main objectives

Evidence-based supervision and monitoring should not be carried out without tangible objectives, outcomes and effects. In fact, it should be purpose-based aiming to provide concrete findings and feasible recommendations which lead to appropriate actions to improve situations.

The specific objectives may include:

- systematic screening of the existing situation;
- appraisal of achievement of programme objectives and goals;
- identification of weak areas, their potential causes and ways to rectify the situation;
- acknowledgement of strengths and significant achievements with a focus on replicating successes in the same area and in other areas;
- analysis of the policies and strategies in programme planning, implementing and management to ensure timely feedback in order to avoid failure;
- identification of potential health impacts and exploration of the ways by which these impacts can be augmented;
- keeping the programme on track in accordance with set objectives, processes and procedures;
- maintenance of transparency in financial aspects and project management;
- development of recommendations to further improve the situation and prioritization of proposed action;
- decision-making to reinforce the value of the recommendations and adoption of appropriate measures within a process of continuous evaluation.

Programme supervision and monitoring

A programme or institution cannot work effectively without a check and balance system. The transparent implementation of the programme can only be maintained through a clear mechanism of supervision and monitoring. The involvement of local structures is of paramount importance in augmenting the efficiency and credibility of the programme, and monitoring and supervision are key elements in strengthening the programme. Supervision and monitoring must be based upon well-defined indicators and a checklist that covers the inputs and efforts needed for achieving the desired goals, the process for materializing the plans and the application of standards.

Efforts must be made to ensure the community is on the front line of implementation and management and for the intersectoral team to provide technical support in their respective areas. Financial transparency is also a key element for the success of the programme. In this respect, the community must be encouraged to plan and decide on the most effective way of overcoming lingering problems. This process can be achieved through active community involvement, dialogue with all parties involved, informed decisions and social actions which are needs-based and taken at the local level. All of this cannot be achieved unless the government authorities are actively involved in the monitoring and supervisory process and ensure that the recommendations of supervisors are implemented correctly. This will enable the Ministry of Health and WHO to recognize any major problems and assist in developing appropriate interventions to streamline programme management. The members of local departments and communities should also be aware of supervisory tools and understand the expectations as this will encourage them to streamline programme implementation and management more effectively and transparently.

Evidence-based supervision and monitoring tool

Table 5 represents a valuable tool for evidence-based supervision and monitoring and is intended to be used to assess the implementation of healthy city activities in accordance with the set rules and guidelines. The checklist can be used by all supervisors and partners visiting programme areas, it is comprehensive and able to address the weak and strong areas of the programme and suggest appropriate actions for programme improvement.

Table 5. Evidence-based supervision and monitoring questionnaire

Area : _____ **Visit date** : _____
District : _____ **Visited by** : _____
Province : _____ **Signature** : _____

Questions	Status		Remarks
	Yes	No	
<p>Are the healthy city structures at national level (support groups/national council and national focal point) formed, trained and functioning?</p> <p>Are the healthy city structures at local level (healthy city coordinator, healthy city council and healthy city steering committee) notified, trained and functioning?</p> <p>Have all major development sectors¹ notified which of their representatives are members of the healthy city councils or committees and are they contributing in their sectoral role?</p> <p>Are members of the community involved in needs' assessment, programme implementation and management?</p> <p>Have any refresher courses been organized for the community representatives in the last 6 months?</p> <p>Are the members of different sectors capable of providing technical support to the healthy city projects? Are the community representatives satisfied in this respect?</p>			<p>Review the records concerning their notifications, training schedules and work performance.</p> <p>Review the records concerning their notifications, training schedules and work performance. Check notifications in community records.</p> <p>How? Ensure that the community provide evidence of this.</p> <p>If yes, give dates.</p> <p>Discuss with the community and check inputs of sectoral members. How often do they visit project sites?</p>

¹ Major sectors are: health, education, agriculture, social welfare, local government, public health

Questions	Status		Remarks
Healthy city organization and partnerships	Yes	No	
<p>Are there subcommittees or task forces established to deal with specific sectors/issues such as health, the environment, education, social welfare, etc? Is their work integrated with that of the healthy city council?</p> <p>Are there sustainable working relations between youth and women's groups, health workers and social leaders?</p> <p>Has a meeting of the healthy city council been scheduled for the next 3 months and have members been notified?</p> <p>Is there a scheduled plan for the steering committee that indicates the next 3 months' activities?</p> <p>Are there any other nongovernmental organizations or partners involved in healthy city programme implementation?</p>			<p>How effective is their guidance and support? What types of committees have been formed? Who are their members? How often do they meet? What is their work performance?</p> <p>How do they work? Clarify the process.</p> <p>Check members' invitations.</p> <p>Check documented plans for the next 3 months. (Who is responsible for what? When?)</p> <p>Who? /How will they contribute?</p>
Development interventions			
<p>Has the healthy city profile been prepared in accordance with programme criteria, and is it readily available?</p> <p>What is the planning process? Which needs have been prioritized? Were all stakeholders involved in the exercise?</p> <p>Is there a list of all the social and income-generating projects that are being implemented in the healthy city programme area?</p>			<p>Check the document and confirm it is available in the programme area.</p> <p>Confirm through meetings with the stakeholders and review documents.</p> <p>Check the list and randomly select some project sites to visit.</p>

Questions	Status		Remarks
	Yes	No	
Healthy city organization and partnerships			
Are women's vocational and literacy centres functional in the programme area?			Visit some of the centres. Ensure that the trainees are satisfied and that training is based on their needs.
Has any action been taken by the healthy city teams on strengthening health, nutrition and the environmental health status? (Refer to records.)			Discuss with the community and intersectoral teams and monitor some of the planned interventions.
Does the community have easy access to primary health care services such as: growth monitoring, Expanded Programme on Immunization (EPI), antenatal care, safe delivery, family planning services, nutrition advice and preventive measures for communicable and noncommunicable diseases?			With the assistance of health workers calculate some of the health indicators, e.g.: EPI coverage of children under 1 year of age, percentage of pregnant women receiving antenatal care, percentage of children under 3 years of age who are weighed regularly, etc.
Have workable relationships been formed between the city health team and healthy city programme structures?			Check the minutes of any meetings or joint health support activities.
Is there any intervention for economic development or income-generating projects for individuals and cooperatives?			Check the list of projects and the beneficiaries.
Is the financial status of the revolving fund and community development fund documented regularly?			By going through the financial records is it clear to you how much has been received during the last year? How much has been disbursed and how much is in the balance?

Questions	Status		
Healthy city organization and partnerships	Yes	No	Remarks
Are the community informed regularly on the status of the revolving fund, the community development fund and on the status of defaulters?			When/How? Is there any evidence for the sharing of this information? Is there a mechanism for informing all members of the community on the financial status of the programme?
Is there a list of defaulters?			Check the list and its availability with the community representatives.
What actions have been taken against defaulters?			Check some of the actions that have been taken by the community and the healthy city teams.
What is the percentage of loan recovery?			Can it be calculated by going through the financial reports?
Has the programme been expanded to any other areas during the last year?			Where? Name the place and population coverage.
Was any new investment made in social projects in the last year?			Name the new projects and the number of beneficiaries.
Was any new investment made on income-generating projects in the last year?			Name the new projects and the number of beneficiaries.
Are any development activities being funded through the community development fund?			Which activities? /How?
Are the community representatives involved in loan recovery?			How? Is there a report or any evidence available?

Questions	Status		
Healthy city organization and partnerships	Yes	No	Remarks
Has a development plan been prepared for the next year?			Check documents and see where the plan has been routed and what was the output and response from the competent authorities?



Unit 4.4

Health impact assessment

Health impact assessment

Learning objectives

This unit will:

- explain the concept of health impact assessment in the programme;
- explain health impact assessment methodologies, stages and contents.

Expected outcomes

By the end of the unit you will have:

- been orientated on the concept and the need for health impact assessment;
- the skills and ability to perform health impact assessment using the standard methodologies and tools.

Health impact assessment

Health impact assessment can be described as a combination of procedures, methods and tools through which a policy, programme or project may be appraised as to its potential effects on the health of a population and the distribution of those effects within the population. In the healthy city programme, it is a process of assessing changes in health indicators or estimating the effects of specific action/s on the health of a defined population resulting from policies and activities implemented in the healthy city programme area. The results from the evidence-based assessment determine a set of recommendations that facilitate the decision-making process and offer a practical and flexible framework to address the problems. In other words, health impact assessment is a practical approach in judging the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations also guide decision-makers and stakeholders to: change policies, strategies and plans to modify the physical environment; alter lifestyles; strengthen people's control over their own lives and foster empowerment; improve access to public services; and enhance relationships between local residents and the public sector.

In summary, health impact assessment aims to identify potential health impacts (both positive and negative) as a result of programme policies and actions and suggest recommendations to improve public policy decisions and revise actions/initiatives/interventions to enhance positive impacts and minimize negative impacts on health and the well-being of populations being served. Health impact assessment

results reveal information to decision-makers on a range of related tasks, such as:

- policy development and analysis;
- strategy development and planning;
- programme and/or project development;
- commissioning or providing services;
- resource allocation and capital investment;
- community development and planning, including:
 - community participation/service user involvement;
 - preparing or assessing funding bids;
 - developing sustainable approaches and initiatives.

Health impact assessment methodology

There is no one definitive methodology for health impact assessment although it is important to focus on the process. Health impact assessment methods can be adapted and tailored to individual circumstances. The examples of evidence and data collection methods are:

- interviews;
- focus group discussions;
- equity audits;
- surveys/questionnaires;
- secondary analysis of existing data;
- health needs assessment;
- community profiles;
- expert opinion;
- review of documents, records and other sources.

Time period

The time needed to undertake a health impact assessment can vary depending on the scale and significance of the exercise and on the resources available to those carrying out the assessment.

Stages of a health impact assessment

The various stages involved in undertaking a health impact assessment are listed below.

Stage 1: Screening

Screening is the systematic first stage in deciding whether to undertake a health impact assessment and whether health impact assessment is worth conducting. A quick review of the possible health impacts is made, taking into consideration the size and importance of the proposal and the availability of resources to undertake the assessment. A good way to screen is to use a checklist that includes the following questions.

- Does the health impact assessment impact on one or more determinant of health?
- What population subgroups will be affected by the proposal?
- What is the geographical and population scale of the proposal?
- Is there time, money and expertise to undertake a health impact assessment?

Screening can be done by: (1) an external, independent person who is not involved in designing programme policies or in the implementation of initiatives, or (2) those involved in designing a proposal as part of the planning process.

Stage 2: Scoping

Scoping means setting the boundaries of the health impact assessment such as the geographical scope, the population groups whose health is being considered and the time scale over which to predict impacts. The boundaries of a health impact assessment are usually set simply by agreement between the stakeholders involved.

The key tasks involved in Stage 2 are:

- setting the boundaries for the appraisal of health impacts;
- agreeing on the way in which the appraisal will be managed;
- allocating responsibility for decision-making; and
- agreeing on how to monitor and evaluate the health impact assessment process and outcome for health.

Stage 3: Appraisal

Appraisal is identifying a range of evidence for potential impacts on health. In other words, this stage is for identifying impacts or identifying possible health consequences in order to inform recommendations to improve health consequences. A systematic method should be adopted for identifying the possible health impacts.

The key tasks involved in Stage 3 are:

- analysing the policy, programme or project;
- profiling the affected population;
- identifying and characterizing the potential health impacts;
- reporting on the impacts in order to make recommendations to management.

Further information on the impacts could include:

- quantifying the number of people who will be affected by each impact;
- exploring the pathways by which impacts occur;
- identifying what value people place on each impact;
- formally prioritizing the impacts, against each other or against other factors.

Stage 4: Developing recommendations

Health impact assessment is not done solely as an academic exercise but its purpose is to make recommendations to maximize health benefits from a proposal and also to minimize harm. The stakeholders involved in the health impact assessment usually agree on appropriate recommendations as part of the work. The recommendations must be

based on the best available evidence and discussion based on consensus, deciding on and prioritizing specific recommendations for decision-makers.

Stage 5: Decision-making

This stage involves meetings with decision-makers to help reinforce the value of the evidence-based recommendations and to encourage their adoption or adaptation in programme planning and implementation. Decision-makers should be involved and adequately orientated on the process and the health impact assessment results. The programme steering committee should encourage decision-makers to follow the recommendations and to carry out potential changes in strategies and policies that can be made to minimize harmful impacts and maximize health gains.

Stage 6: Monitoring and evaluation

Once the recommendations are implemented, the programme should be monitored and evaluated as an ongoing process to study the health impacts and outcomes. Ongoing monitoring and evaluation will assess the result and contribution of the adoption (or adaptation) of any specific health impact assessment recommendations for their positive effect on health and quality of life.

Key factors for evaluation

Health impact assessment involves the systematic collection of data that appraise the value of a programme or interventions and cover three main aspects: process, impact and outcome. Health impact assessment should measure the key values and the best available evidence while practising ethical principles. During this exercise, a wide variety of evidence should be collected and assessed using the best possible methods. This provides the basis for a set of evidence-based recommendations on the proposal which can be provided to decision-makers. Health impact assessment goes further than examining the evidence and practice of recommendations to create conducive environments for partnerships and stakeholders to contribute and engage in the development process. The following key factors which affect the health and well-being of the population within the catchment area should be studied and evaluated through suitable evaluation techniques and methodologies (Table 6).

Table 6. Health impact assessment grid

Major areas/factors	Potential health impacts/health determinants
Demographic/ community profile	<ul style="list-style-type: none"> • age groups; • sex/gender; • racial groups; • vulnerable groups; • gender development status.
Physical environment	<ul style="list-style-type: none"> • air quality; • water quality; • noise levels; • climate; • housing and living conditions; • working conditions/health and safety at work; • infectious and toxic hazards; • food contamination; • public safety; • radiation; • passive smoking; • traffic and accident risks; • broader environmental issues (e.g. CO² emissions).
Lifestyles	<ul style="list-style-type: none"> • diet; • physical activity; • smoking; • sexual behaviour; • life skills; • health behaviour (e.g. dental hygiene); • drug abuse (e.g. alcohol, drugs).
Social services	<ul style="list-style-type: none"> • social and community networks or organizations; • access to emergency services; • access to health services; • access to education services; • leisure and entertainment facilities; • access to other services such as markets and food places; • means of communication including transport and telecommunications; • community services for specific groups (e.g. the vulnerable and socially excluded groups).

Table 6. Health impact assessment grid (cont.)

Major areas/factors	Potential health impacts/health determinants
Psychological	<ul style="list-style-type: none"> • stress and anxiety; • choices; • status; • cultural and spiritual participation; • crime.
Economic	<ul style="list-style-type: none"> • income and poverty; • employment; • social exclusion; • access to marketable opportunities; • finance/savings (personal income/spending).

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