

Health for All by All From Theory to Action

WHO HEALTHY CITIES PROGRAMME IN THE EMR
FROM PAEDIATRIC TO GERIATRIC: EXPERIENCES AND SUCCESS STORIES



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**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**



a call for
solidarity
and action



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The main purpose of this rapid assessment of our Healthy Cities Programme work is to offer a strategic overview of the Healthy Cities Programme, its developments and its potential in the Eastern Mediterranean Region. Information used came from three main sources: a questionnaire that was addressed to all countries in the Region with currently active Healthy Cities programmes; interviews with representatives of ministries of health in these countries; including healthy cities focal points and additional officials from ministries and cities invited by the national focal points; and already existing documentation in the Eastern Mediterranean Regional Office. This was not meant to be a rigorous scientific evaluation effort but rather an attempt to capture a sense of the 'energy', the strategic outlook, the innovative approaches, and the main organizational features of Healthy Cities Programme across the currently active countries. The interviews offered the opportunity to hear not only how national and local leaders perceive, explore and utilize the potential of the Healthy Cities Programme to aspire for better health for all by all, but also to learn how they are putting theory into action.

First, we would like to thank all the Ministry of Health representatives, national and local focal points and invited city and other ministerial officials who shared their time, thoughts and stories with us. Taken as a whole, these inputs reveal how the Healthy Cities Programme's systematic approaches to multisectoral working and community engagement have enhanced and continue to enhance population resilience through the COVID-19 pandemic and beyond. The stories make a strong case to further activate and reactivate development of the movement in more cities and countries in our Region. A list of these colleagues and contributors can be found in Annex 1.

Second, we would like to thank our independent external consultants and their teams for taking on this intensive review project. Dr. Agis Tsouros with his wealth of experience and knowledge in the Healthy Cities Movement was the lead author. He was joined by Dr. Franklin Apfel, Director, World Health Communication Associates, Ltd. and the WHCA communication and design team; including, Tuuli Sauren, Art Director and designer (INSPIRIT® Creatives), design concept and cover illustration; Sabrina Cecconi (WHCA), linguistic consultant and editor; and, Kelly Fanarioti, journalist and researcher.

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Finally, we extend our gratitude to all healthy cities' volunteers, committees' teams and catalytic community members. Your proactive action and engagement set an example on how to advance 'Health for All by All', translating our vision into action, in the cities of the WHO Eastern Mediterranean Region.

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Acronyms and Abbreviations



AQI	Air Quality Index
CBIs	Community Based Initiatives
CPH	Community Participation House
EMR	Eastern Mediterranean Region
EMRO	Eastern Mediterranean Regional Office
EMS	Emergency Medical Services
EPA	Environment Public Authority
FIFA	Fédération internationale de football association (French for 'International Association Football Federation')
GCC	Gulf Cooperation Council
GPW13	Thirteenth general programme of work
HC	Healthy Cities
HCO	Healthy Cities Office
HCP	Healthy Cities Programme
HCI	Healthy Cities Initiative
H.E.	His/Her Excellency
HiAP	Health in All Policies
INHCN	The Iranian National Healthy Cities Network
KPIs	key performance indicators
KSA	Kingdom of Saudi Arabia
KU	Kuwait University
MEW	Ministry for Electricity & Water
MoH	Ministry of Health
MOHME	Ministry of Health and Medical Education
MOU	Memorandum of Understanding
NCD	Non-Communicable Disease
NGOs	Non-governmental organizations
PHC	Primary Health Care
PPE	Personal Protective Equipment
RA	Regional adviser

RD	Regional Director
RHCN	Regional Healthy Cities Network
SABIC	Saudi Basic Industries Corporation
SCPD	General Secretariat of the Supreme Council for Planning and Development WHO-World Health Organization
SDGs	Sustainable Development Goals
SDH	Social Determinants of Health
UAE	United Arab Emirates
UHC	Universal Health Coverage
UN	United Nations
YEARS	Yarmouk Emergency And Rescue Squad
YHC	Yarmouk Healthy City
YHCET	Yarmouk Healthy City Executive Team
WHO EMRO	World Health Organization Eastern Mediterranean Office



Foreword



It is my pleasure to introduce to you this publication on the Healthy Cities Programme in the Eastern Mediterranean Region. I have commissioned this publication for two purposes. First to document and share publicly the role of healthy cities in promoting the implementation of comprehensive public health programmes in a rapidly expanding number of cities and provinces in our Region over the last five years. Secondly as an advocacy piece because I believe that the systems and approaches being developed and implemented by our Healthy Cities Programme must be shared and disseminated to a wider audience to showcase the benefits of adopting a comprehensive public health approach in promoting health and well-being.

It is widely known that addressing population health and its determinants requires the involvement of many sectors and the active engagement of the community. It is also increasingly recognized that local governments can play a critical role in health and sustainable development. Our vision 2023 “Health for all and by all” provided an all-inclusive framework for multi-level and multi-stakeholder action in the pursuit of health and sustainable development that is based on 21st century public health values, principles and approaches.

The Healthy Cities Programme (HCP) is an outstanding example of a high impact multi-sectoral programme that has attracted the attention and secured the enthusiastic support of national leaders in the seven active countries described here. National leadership and local governments collaborating on the HCP have pledged to expand the movement throughout their countries. In several countries Healthy Cities features as a priority in national development plans and national health strategies. The programme’s values and approaches are strongly aligned with the sustainable development goals agenda and functionally linked with primary health care as well as a host of community- based initiatives and healthy settings projects.

Healthy Cities have unleashed the energy and creativity of local communities by offering open platforms for dialogue, participation and volunteerism. Healthy Cities demonstrated the relevance of its programme and added-value during the Covid-19 pandemic, with numerous life-saving interventions and innovative solutions.

I am convinced that the Healthy Cities Programme has ample experience and know-how to enable it to play a pivotal role in recognizing and building capacities to sustain strategic actions to achieve the goals of health and wellbeing at the local level in our Region. It can also add tremendous value in the pursuit of effective solutions to dealing with emerging crises such as the effects of climate change .

I would like to strongly encourage all countries that have not so far introduced the Healthy Cities Programme to initiate the process. The Regional Office and the exceptional Healthy Cities team are ready to assist you in achieving this goal.

Dr. Ahmed Al Mandhari,

WHO Regional Director for the Eastern Mediterranean



Introduction



The constitution of the World Health Organization (WHO) defines health as the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Additionally, the vision of the Eastern Mediterranean Regional Office (EMRO) of the World Health Organization (WHO) is “to achieve health for all by all”. Strengthening and expanding our Healthy Cities Programme (HCP) has been among the EMRO approaches

to achieve this goal. The Programme aims to establish comprehensive mechanisms at the local level to ensure that cities or other settings provide the enablers for promoting health and well-being. This publication aims to document and share the experience of the EMR with establishing and implementing the HCP and to showcase the relevance of adopting a multisectoral approach to health promotion, particularly emphasizing the roles of different sectors and communities to achieve health for all.

The year 2023 marks the thirty-fifth anniversary of the WHO Healthy Cities movement. Since 1988, Healthy Cities Programmes have been developing, testing and sustaining, in a multitude of contexts and countries, practical ways of centralizing multi-sectoral action and community participation in public health practice. They have provided frameworks for joined action between governmental and non- governmental actors on a wide range of initiatives ranging from tackling obesity and physical inactivity to ecological transformation projects and emergency preparedness related to climate change. They have created inclusive platforms for communities to voice their needs and have a say in local policies and plans

Today, the Healthy Cities Programme is more relevant than ever because its values, systematic approaches and networks are now well positioned to address the most pressing public health priorities and threats of our time where it matters the most – at the local and community level. The essence of health promotion is to create social and physical environments that support health and wellbeing, which make people’s and systems’ healthy choices easier. Building safer and greener health promoting neighborhoods, where people can be physically and socially active; for example, has repeatedly been shown to make a huge difference in our efforts to encourage eco-friendly practices and healthier behavioural changes.

The HCP has flourished during the past five years in EMR. It is stronger politically, having achieved top level support in all seven countries where it is currently active and in the Gulf Cooperation Council (GCC); it has enhanced its strategic standing in national development and health policies and strategies; it has produced impressive activities in all nine Healthy Cities action domains (see p. 10); it has brought tremendous value to local efforts to deal with the pandemic; and, it has energized communities, inspired and engaged many partner agencies and hundreds of community -based volunteers.

We have been very pleased to see an increasing number of cities in our active countries go through our WHO EMRO Healthy Cities awarding process. From 2019 to date, the Healthy Cities Network has grown by 70% to cover 111 cities, 35 of which are awarded, 69 are registered and 7 are under evaluation as Healthy Cities across 15 countries. Our goal now is to encourage and systematically support more countries in our Region to activate and/or reactivate Healthy Cities activities as a core part of their public health programmes. We want to interest more countries to join the Healthy Cities movement.

Finally, this would not have been possible without the strong political leadership of ministries of health, local governments, cities authorities, civil societies, communities and individuals in the participating countries and cities. Documenting your efforts is a testimony to your commitment to making this world a healthier place for all by all.

With our sincere wishes for a healthier future,

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Message to Mayors and Governors



Health is a precious public good and goes hand-in-hand with all aspects of development. Achieving health and well-being is the responsibility of all sectors and requires, not only strong political will, but also the skills to make the right political choices.

You, mayors and governors, can make a tremendous difference in the health and well-being of your people. You are in a unique position to listen to and understand the community needs and expectations as well as to encourage and motivate people to engage and participate in community-based developmental and health work.

Have you learned about the tremendous value Healthy Cities programmes added to the local management of the COVID-19 pandemic? Do you want your city or province to be smart, modern, equitable, inclusive, healthy, active, prosperous, caring, green, clean, safe, attractive and sustainable? Do you want your city or province to be a place for all, where individuals, men and women, families and the entire population can have access to good living and working conditions, and to high quality services? Do you want all children to have a healthy start in their lives, regardless of their families' social status? Do you want your people to reflect on their assets and needs and play an active role in health and wellbeing? Do you want to be well-prepared to deal with public health emergencies, such as those relating to the climate crisis or pandemics? Do you want the neighbourhoods, streets and public spaces of your city or province to be child-friendly and age-friendly?

All Healthy settings including cities, villages, schools, universities, workplace, shopping malls and markets can flourish in cities and provinces that have embraced the Healthy Cities Programme concepts. Healthy Cities provides you with a unique opportunity to fulfil your aspirations and goals.

Healthy Cities—a value-based, programme that has become a global movement—can help you put health, equity and well-being at the heart of your policies and strategies. It offers you a well-tested framework and platform for working with different sectors and with the society as a whole on solutions that are known to make a difference.

It also offers an opportunity to align your policies and plans with the United Nations Sustainable Development Goals (SDGs) agenda, an imperative for national and local governments across the globe.

To realize these goals your visionary local leadership and commitment are essential, as are your advocacy and diplomacy skills at national and international levels. Commitment to Healthy Cities should be wholehearted and comprehensive in order to fully benefit from its potential.

If you are already committed to Healthy Cities, we encourage you to scale up your efforts and leave no city or province behind. If you are considering joining the movement let us welcome you as an active member of the Regional Healthy Cities Network with other cities and provinces of the region which are strongly committed to health, equity and well-being.

Message to Ministries of Health

You, Ministries of Health, have a key role in coordinating the work of the Healthy Cities movement in several ways: leadership and support for encouragement of cities to become engaged; acting as the national counterpart for WHO; mobilizing resources for healthy cities initiatives at city and national levels; engaging different MoH departments and ministry agencies in healthy cities activities; promoting partnerships with other sectoral ministries; organizing conferences and training events and workshops for coordinators and multi-disciplinary professionals; establishing and running national networks; and, connecting healthy cities with key urban-related national and international agendas including the United Nations 2030 agenda (1).

Healthy Cities has the proven potential to become a strategic and dynamic national vehicle for change and an innovative multisectoral action platform for health and sustainable development across a country. The Healthy Cities Programme provides a well-tested systematized framework for promoting whole-of-government and whole-of-society approaches.

Its widely praised value during the COVID-19 pandemic makes a strong argument for giving Healthy Cities political and operational prominence going forward (2).



Section I

Healthy Cities in EMR: an Overview



Section I – Healthy Cities in EMRO: an Overview

Regional Healthy Cities Network

History to Date

Principal Goals and Action Domains

Healthy City Leadership and Sustainable Development

Healthy Cities' Unique Role in the Fight Against COVID-19



Regional Healthy Cities Network



Vision and Mission of the WHO EMR Healthy Cities Programme

- WHO EMR's Vision 2023 pledges the Organization to work towards health for all, by all so that everyone in the Eastern Mediterranean Region can enjoy a better quality of life (3).
- Our vision for Healthy Cities is to inspire and motivate all sectors, mayors and governors and communities to commit and engage in making the health and wellbeing of city dwellers a top priority; to create and enable environments inside the cities that promote health and wellbeing for all; and, to work together with public sectors, local health care and public health services, private organizations and communities.
- Our role is to support Member States in putting health high on the social, political agenda of cities and implementing policies and programmes to promote health, equity, wellbeing and sustainable development.



The EMR Healthy Cities Network includes a total of 111 cities in 15 countries, out of which 35 are awarded and 7 are under evaluation. The awarded cities have shaped their development processes around the 9 action domains (see Box 1) and the 80 qualifying criteria (see Annex 2) identified and agreed by the Regional Office and member states. This systematic process helps cities establish their intersectoral and engagement activities, better understand the needs and assets of their vulnerable populations and enhance their capabilities to address climate change challenges and the SDG's. Actions built on these capabilities, as will be described in this text, have also helped cities address COVID-19 challenges, reduce infection rates and save lives.



History to Date

Healthy Cities is a thriving and dynamic movement around the world with a rich 35-year history. It is rooted in the principles and concepts of the Alma-Ata Declaration on Primary Health Care (1978) (4), the WHO Health for All Movement (1980) (5) and the Ottawa Charter for Health Promotion (1986) (6). Its evolution and implementation during the past 35 years have been deeply innovative and diverse. It is more relevant today than ever in addressing the established and emerging public health challenges of the 21st century.

The Healthy Cities Programme was conceived with the goal of placing health high on the social and developmental agenda of cities by promoting health, equity and sustainable development through innovation, community engagement and multisectoral action. Its creation was based on recognition of the importance of action at the local, urban level and of the key role of local governments. The Healthy Cities Programme provides a strategic and supportive framework for developing a wide range of healthy-settings-based initiatives including healthy villages, health promoting schools, healthy universities, healthy workplaces, healthy malls and healthy markets. One of the great strengths of the Healthy Cities movement is the diversity of political, social and organizational contexts within which it is being implemented within and across different regions.

Healthy Cities and local governments gained new attention and significant prominence in the context of the implementation of the Sustainable Development Goals (SDGs) and health promotion agendas, as well as in the implementation of the World Health Organization (WHO) Thirteenth general programme of work 2019–2023 (GPW13)(7) and, in particular, the Triple Billion pillars dealing with Universal Health Coverage (UHC), protection from health emergencies and better health and well-being. The Healthy Cities Programme in EMRO is a principal vehicle for promoting community participation in assessment of health needs and effective planning in line with the WHO/EMRO Regional Director's Vision 2023 "Health for All by All".

Healthy Cities was introduced in the Eastern Mediterranean Region in 1990. The Regional Healthy Cities Network was established in 2012 then expanded after implementation in Tehran, Iran to 14 other countries (Afghanistan, Bahrain, Egypt, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Sudan, Tunisia and United Arab of Emirates) with different implementation phases.

The programme started gaining programmatic prominence from the year 2018 and has reached an impressive political and strategic momentum since then.

Healthy Cities Programme has been, one the highest priorities of WHO's agenda in the Region in the past five years. It is managed within WHO/EMRO in the division of Healthier Populations but remains a cross-cutting programme and relevant to all aspects of GPW13. Special emphasis has been given to increasing its resources; strengthening its governance, leadership and management structure; widening its partnerships base; and, building evidence for informed policy-making. Investment in the Regional Healthy Cities Network (RHCN) has proved to be a valuable asset in both strengthening collaboration between countries as well as with the counterpart networks in other WHO Regions.



Principal Goals and Action Domains



Explaining Healthy Cities (8)

Advocacy and communications are vital to the Healthy Cities Programme. Explaining its unique goals and approaches to the wider public and non-specialist audiences should be clear and compelling.

Healthy Cities is about:

- making the health and well-being of our people a top priority at the local level;
- working together – public sectors and communities – for the health of our city;
- caring for all our people and promoting equity, social support and inclusion;
- creating city environments where people live, work and play – that support health and encourage healthy choices;
- making high-quality services available to all who need them;
- making the city clean, safe, attractive and sustainable;
- giving our people a say, as well as knowledge and skills for health and well-being; and
- promoting community engagement and participation and enabling them to play an active role in health and wellbeing.

Goals and Action Domains (9)

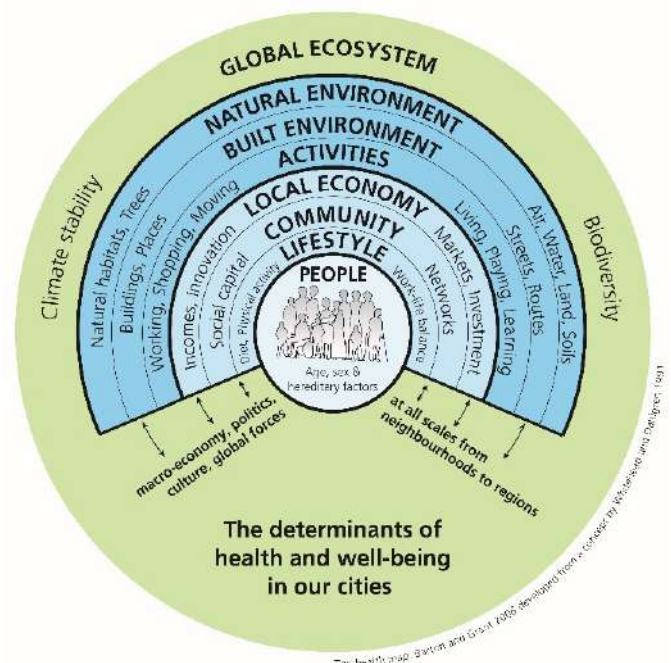
Healthy Cities is a value-based programme and multi-level dynamic movement. It provides a platform and mechanism for engaging and working with local and municipal governments and communities on issues impacting health and well-being.

A healthy city is one that puts health, social well-being, equity and sustainable development at the centre of local policies, strategies and programmes based on core values of the right to health and well-being, peace, social justice, gender equality, solidarity, social inclusion and sustainable development and guided by the principles of health for all, universal health coverage, intersectoral governance for health, health-in-all-policies, community participation, social cohesion and innovation.

From its inception, Healthy Cities has been underpinned by a firm set of values and principles: the right to health and well-being; equity and social justice; gender equality; solidarity; social inclusion; and sustainable development. The Healthy Cities approach is founded on the overarching principles of intersectoral collaboration, community participation and empowerment. Healthy Cities approaches and strategies employ the most up-to-date public health concepts and methodologies including the social determinants of health, health-in-all-policies, whole-of-government and whole-of-society approaches, population-based health promotion and disease prevention, environmental health and ecological transformative interventions and healthy urban planning.

Healthy Cities recognizes the urban and built environment as a key determinant of health (figure 1) and it emphasizes the importance of local action for health and sustainable development.

FIGURE 1 (10)



In translating Healthy Cities to the sustainable development agenda, the main goals of the programme are extensive and can be articulated as follows:

1. Promoting health and equity in all local policies impacting social determinants of health (SDH) and fully aligning with the Sustainable Development Goals (SDGs).
2. Creating environments that support health, well-being, healthy choices and healthy lifestyles.
3. Providing Universal Health Care (UHC) and social services that are accessible and sensitive to the needs of all citizens.
4. Investing in health promotion, behavioural and cultural insight and health literacy.
5. Investing in a healthy start in life for children and providing support to disadvantaged groups and vulnerable population such as migrants, the unemployed, and people living in poverty.
6. Strengthening disease prevention programmes with special focus on risk factors such as physical inactivity, tobacco use, unhealthy nutrition, mental stress, road traffic injuries and violence.
7. Promoting healthy urban planning and design.
8. Investing in green policies, clean air and water, as well as child- and age-friendly city environments and addressing climate change-related issues by lowering emissions and identifying climate-resilient pathways.

9. Supporting community empowerment, participation and resilience; and, promoting social integration, peace, inclusion and community-based initiatives.
10. Strengthening the city's public health services and capacity to create resilient communities, prepare and respond to public health emergencies.

Since the implementation of the Healthy Cities Programme entails innovative actions addressing health determinants, WHO/EMRO developed guidelines for programme implementation (11). This incorporated 80 indicators (12) under 9 action domains (see Box 1) in line with social determinants of health (SDH) and SDGs including: community organization/mobilization for health development; intersectoral collaboration; availability of information; environmental health; health development; education and literacy; skill development and capacity building; microcredit activities; and emergency preparedness and response.

The process of being awarded WHO Healthy Cities status involves showing evidence of having put in place all the necessary mechanisms and resources as well as evidence of working on the nine action domains of the programme. The detailed assessment framework is based on a list of 80 criteria/indicators that were introduced in 2010 (13) (see Annex 2).

Box 1. Healthy Cities Nine Action Domains

1. Community organization and mobilization for health and development;
2. Intersectoral collaboration, partnership, and advocacy;
3. Microcredit activities;
4. Education and literacy;
5. Health development;
6. Water, sanitation, food safety, and air pollution;
7. Community-based information center;
8. Skills development, vocational training, and capacity-building, and
9. Emergency preparedness and response.



Healthy Cities Leadership and Sustainable Development



The Importance of Leadership for Health and Sustainable Development (14)

Leadership for health and wellbeing takes many forms and involves many actors; for example, international organisations setting standards, heads of national or sub-national governments prioritising health and wellbeing, health ministers reaching out to ministers in other sectors, parliamentarians expressing an interest in health, and cities authorities reaching out to local sectors, business leaders integrating health considerations in their business models, community and civil society organisations becoming increasingly active in disease management and health development, academic institutions providing evidence for the determinants of health and interventions that work, community leaders and local authorities taking on the challenge of universal health-in-all-policies (15).

Citizens' health and wellbeing depend to a great extent on integrating health-in-all-policies and addressing equity and the determinants of health. Ultimately, health is a political choice that should match city leaders' aspirations for protecting and constantly improving the health and well-being of all citizens. This means creating supportive social and physical environments that enable all people to reach their maximum potential for health and wellbeing.

Healthy Cities cultivates an environment of awareness, sensitization and participation on issues relating to the ecological transformation of urban settings and sustainable practices to mitigate and anticipate the consequences of climate change.

Today, municipalities/governorates world-wide are evolving as key drivers of health, equity and sustainable development, providing leadership and innovation, and often inspiring and leveraging action nationally and internationally. It is important to constantly make the case that health is vital to individuals and the whole of society and is a prerequisite for sustainable individual, social, and economic development. Local leaders acting beyond their formal powers have the potential to make a difference to the health and well-being of local communities by harnessing the combined efforts of a multitude of institutional, corporate and voluntary actors.

Currently, local leadership for health and sustainable development means:

- having a vision and a good understanding of the importance of health in sustainable social and economic development;
- advocating and actively implementing an agenda to address health inequalities and foster sustainable development;
- possessing the commitment and conviction to forge new partnerships and alliances;
- promoting accountability for health and sustainability by statutory and non-statutory local actors; aligning local action with national policy;
- anticipating and planning for emergencies and hardships; and
- ultimately acting as a guardian, facilitator, catalyst, advocate and defender of the right to maximum health and wellbeing for all residents.



A Sample Manifesto for Health and Well-Being for Local Leaders (16)

We Mayors and Governors recognise that:

- Health is a fundamental human right, and that every human being is entitled to enjoy the highest attainable standard of health;
 - Health should be a core value in our city vision statements, policies, strategies and plans;
 - The health status of our people and communities is profoundly affected by the conditions in which individuals are born, live and work;
 - Knowledge and experience of the social, environmental, urban, cultural, commercial and political determinants of health provide the basis for how we, as decision-makers, should understand and deal with health and well-being;
 - Effectively addressing the public health challenges of the 21st century such as the noncommunicable diseases epidemic, climate change and pandemics, requires the full engagement of our municipal and provincial governments;
 - Our local governments are well-placed to provide effective leadership and capacity for intersectoral work for health and sustainable development, and they can promote voluntarism and enable community involvement and empowerment;
 - Our local governments have a key and central role to play in implementing the United Nations sustainable development goals (SDGs) agenda; and
 - Our full commitment to the values, principles and nine action domains of Healthy Cities can provide an effective strategic vehicle for national-local cooperation and multi-level governance for health and wellbeing.
-



Healthy Cities' Unique Role in the Fight Against COVID-19



Healthy Cities has demonstrated its value and usefulness during the pandemic in spectacular ways. All the countries that are implementing the Programme in the Eastern Mediterranean Region fully explored its multi-faceted potential in addressing the public health challenges of the pandemic at the local level and in mobilizing and engaging their communities to ensure compliance with public health measures during the pandemic. Whole volumes can be written on the rich experiences of these Healthy Cities in dealing with the pandemic (17). These are stories of commitment and innovation that demonstrate the relevance and power of the Healthy Cities approach to making a significant difference at times of emergencies and crisis. Key learning points from the experiences are outlined as follows, which include many new and vital insights about how and why Healthy Cities Programme approaches work.

- Mechanisms and processes for intersectoral action and community engagement that were established and systematized in Healthy Cities were tremendously valuable in complementing and facilitating comprehensive local efforts to manage the pandemic;
- Healthy Cities' values and principles helped draw attention and effective responses to the needs of vulnerable groups during the pandemic;
- Healthy Cities related community engagement, mobilization and volunteerism attracted significant resources, skills and expertise which made a huge difference in responding to the crisis;
- Priority areas of Healthy Cities investment focused on building community resilience through local preparedness and response systems and measures to deal with public health emergencies; and
- Resulting improved community awareness and sensitization helped to address key challenges of the pandemic; such as, vaccine hesitancy and the need for increased vaccine coverage.



Examples of Practices from Countries with Active Healthy Cities Programmes

Bahrain – the Muharraq Governorate Case

During the COVID-19 pandemic, the entire Muharraq Governorate took decisive measures to confront the challenges posed by the pandemic and ensure the safety and health of its residents. These measures included **systematic community awareness** campaigns; **quarantine measures and special support to affected people** and their contacts; and **enhanced communication and transparency** by establishing platforms for continuous communication with the public. Special emphasis was given by the governorate on providing social and health support to community members to understand and comply with preventative measures. The response was very positive and compliance very high.



Iran – the Sahand city Case

Sahand's experience identifies many benefits of healthy cities contribution to the pandemic response. As a result of Sahand community mobilization, the city and Osku county, reported lower numbers of hospitalized cases and less mortality due to COVID-19, compared to the rest of the counties in East Azerbaijan province. In addition to the health system's response to the pandemic, some of the relevant actions under the healthy cities programme in Sahand included: **Community resource mobilization** – a Healthy Cities developed charity centre produced and supplied personal protective equipment (PPE), in times of scarcity for the local community and healthcare facilities – all funded through community donors. **Planning and consistent implementation of virtual physical activity sessions for students** in Sahand's health promoting schools through online classes and recorded videos to promote healthy lifestyle during the pandemic. For students who had no access to virtual classes (often from lower-income households) one classroom was kept with strict COVID-19 protective measures and students were provided with free PPE to safely keep up with the rest of the classmates during the pandemic. **Multiple communication channels and social media groups** developed by the community healthcare workers in collaboration with community health volunteers and health ambassadors that made public awareness and virtual consultations a reliable means of receiving correct information and awareness content about COVID-19 protection and care. **Engaging health volunteers** (from the community) in door-to-door needs assessment, distribution of PPEs, delivering food and medicine to the high-risk community members during COVID-19.



"I would like to express my particular gratitude towards the Healthy Cities Programme of Sahand for their work during COVID-19 pandemic. Their facilitated collaboration of different agencies from the municipality actually provided the equipment and supplies required for disinfection, mask production and sanitation. They also addressed, through a participatory model the problems of households with financial problems by providing training and distributing to them hygiene and food packages. As a result of these activities the number of those affected with COVID-19 in Sahand was actually decreased compared to the other cities within the province of Eastern Azerbaijan."

Hossein Firouzi,
the Governor of Oskou city and the supervisor of Sahand
Healthy Cities Programme



Kuwait – the Yarmouk Healthy City Case

The Yarmouk Healthy City is outstanding in every aspect. The response of the city to the pandemic was systematic and multifaceted. First the Yarmouk Healthy City emergency committee convened all stakeholders to discuss potential risks, fostered solidarity and developed a comprehensive plan. Second the Yarmouk Healthy City Executive Team (YHCET) supported healthcare centres in raising COVID-19 awareness and in complying with preventive measures such as hand washing, social distancing, and mask-wearing. YHCET also addressed misinformation and countered fake news on social media. Thirdly, community engagement through YHC increased significantly during the pandemic. Volunteers played a crucial role by assisting in the transportation of medicines and groceries to vulnerable populations. They also worked to secure food chain supply to the main grocery market and worked in replacement of the Co-op supermarket employees during lockdown. Fourthly, YHC organized the flow of patients within the healthcare centre to facilitate visitations of patients while minimizing the risk of viral spread. After receiving training, volunteers effectively triaged patients, directing suspected COVID-19 cases to appropriate isolation rooms. Fifthly, the YHCET reached out to the community for support in accommodating nursing staff and workers at the healthcare facility during lockdown. New homes were furnished to provide accommodation for them, ensuring their well-being and support. Sixthly, the YHCET collaborated with the Ministry of Health, Ministry of Education, private entities, school staff, Co-Op, and Ministry of Interior. They successfully modelled and built a fully equipped community field hospital in one of the schools in Yarmouk which could be used as the blueprint for developing such facilities in all residential areas of Kuwait as a backup to MoH. A team of 80 volunteer experts and specialists helped in setting up the field hospital. The furnishings and equipping of the hospital were supplied through community donations and private sector support. More than 60 Volunteers were trained in basic life support, the insertion of intravenous lines, provision of oxygen and transportation of oxygen cylinders. Seventhly, the innovation team for Yarmouk was established and achieved success in tailoring recyclable personal protective suits and shield masks for all medical staff and volunteer groups. They also developed an ambulance car from a van, providing a cost-effective and efficient solution for emergency medical transportation. And finally (8th), the Yarmouk Emergency And Rescue Squad (YEARS) was established during the COVID-19 pandemic. This team focused on enhancing the emergency preparedness and response of YHC, with a particular emphasis on resilience and recovery processes during crises and emergencies.

Oman – the Sur Healthy City Case

In Oman, cities were at the forefront of the crisis fostering the implementation of national preventive measures; and committed to developing plans that were tailored to the national preparedness and response plan. In Sur, the city's committee developed an interventional plan of action with key partners, including civil society, e.g., the Omani Women Association, Scouts, Sports Clubs, Community Support Groups, and Societies. Each sector agreed to conduct a specific set of activities, including supporting efforts to arrange, maintain, and supervise the institutional quarantine for COVID-19 affected individuals. The involvement of community leaders and social media influencers allowed the team to spread knowledge, raise awareness, and disseminate different health education messages. In Sur (as in many urban settings) the diversity of the population posed challenges to the measures taken to deal with the pandemic. One of these challenges was the existence of a vulnerable population.

Sur's total population is 120,876 as per 2019 data, with 40% of them expatriates. The majority of the expatriates are migrant workers, who are considered a vulnerable group because most of them could not afford a proper and healthy quarantine place due to the shared and overcrowded accommodations they live in. In addition to language barriers, which put many of them at a higher risk of infection and disease spread, some migrant workers did not have any legal documents; therefore, they were reluctant to seek medical advice, even if they had symptoms. The Healthy City committee in Sur committed to allocating, supplying, and running the institutional quarantine (14 days) for this group of the community.



Qatar – Safe Mass Gatherings

The response to COVID-19 in Qatar adopted a Health-in-All Policies approach, ensuring multisectoral collaboration and action. This was reflected in the response governance structure which included stakeholders from different sectors and in the policies and interventions put in place to prevent wider spread within the community. The partnerships established within COVID-19 and within the framework of the Healthy Cities Programme were strengthened throughout the response and in preparation for the FIFA World Cup Qatar 2022, which was the first global mega sporting event and mass gathering since the pandemic began.

The Healthy FIFA World Cup Qatar 2022 –Creating a Legacy for Sport and Health project capitalized on the partnerships established within the framework of the Healthy Cities Programme. The health security pillar focused on ensuring that mass gatherings associated with sporting events were safe and did not pose a risk to public health. It worked on mitigating the risks during the FIFA World Cup Qatar 2022 and on ensuring the population's safety by implementing multiple measures such as developing and implementing a communicable disease response plan, ensuring the access of all visitors to healthcare services, implementing prevention and control measures, and involving ongoing monitoring and surveillance systems.

Saudi Arabia – Mobilising Healthy Cities

The Healthy Cities Programme as a national programme set a great model during the COVID-19 pandemic. Several meetings were conducted between the Healthy Cities Programme national team and their local city counterparts. The importance of adopting coordinated multisectoral, whole-of-government and whole-of-society approaches were emphasized. To ensure better compliance with the measures, community engagement was given priority. Local city counterparts were asked to identify existing hazards and vulnerabilities, as well as to consider the diversity of social and the cultural perceptions and norms about health issues. In addition, they were also asked to maintain the flow of essential services provision and disseminate information through the most reliable and appropriate means of communication. This has resulted in 80 creative different initiatives conducted in the healthy cities in the Kingdom.



United Arab Emirates – Sharjah Emergency Preparedness and Vulnerability Mapping



The Sharjah pandemic plan consisted of the following main components:

- 1) formation of the Major Crises and Disasters Team of Sharjah and the Security Information Team during the COVID-19 pandemic;
- 2) enforcing laws, regulations and health and safety measures;
- 3) promoting digital transformation;
- 4) demonstrating and checking that all aspects of preparedness have been addressed;
- 5) providing sterilization portals; and
- 6) creating maps to identify emergency entrances and exits, partial and total evacuation sites, and vulnerable groups of the elderly and people with disabilities in the Emirate of Sharjah.

At the community level, positive results from the pandemic management efforts were recorded in the following areas: high compliance with preventative measures supported by intense awareness campaigns; trust building; development of innovative practices and international recognition for systematic efforts to deal with the pandemic.





Section II

Active Countries: Success stories



Section II – Active Countries: Success Stories

Bahrain

Iran

Kuwait

Oman

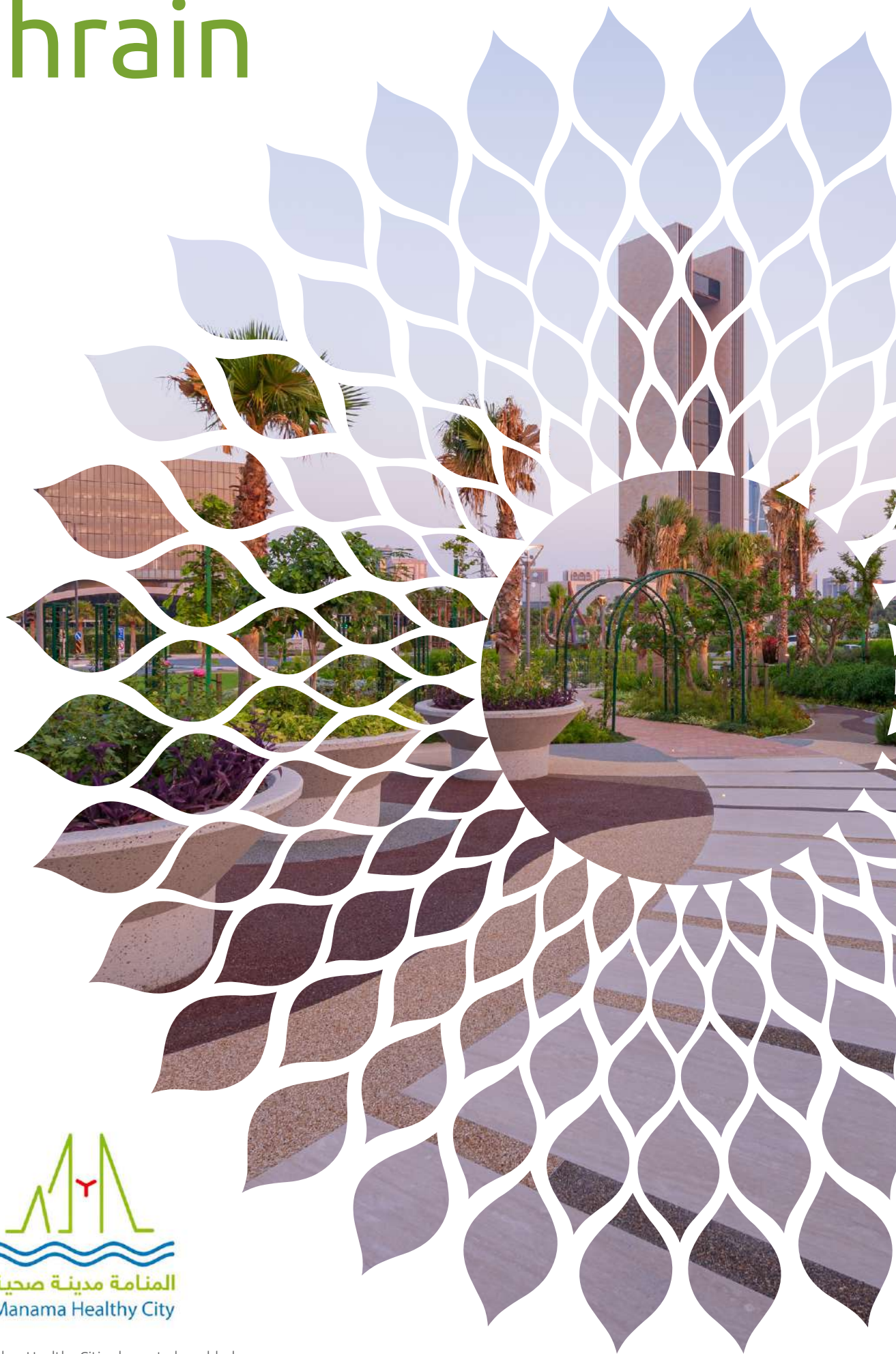
Qatar

Saudi Arabia

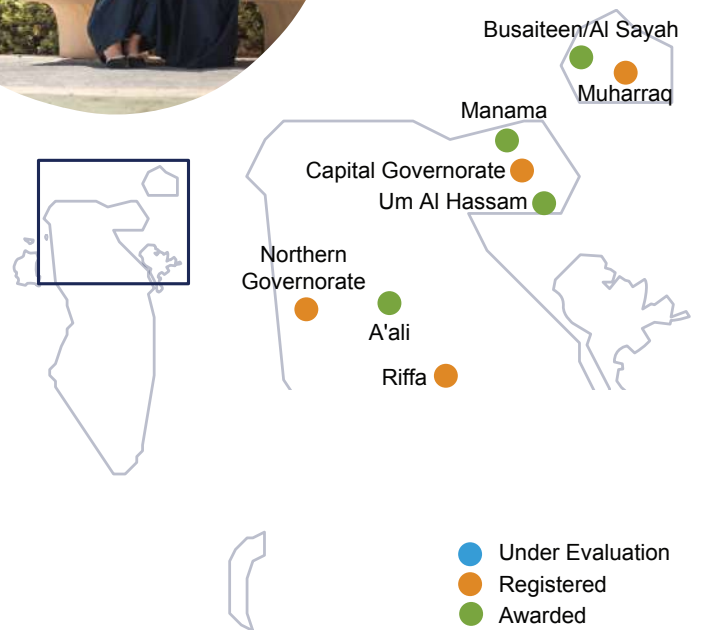
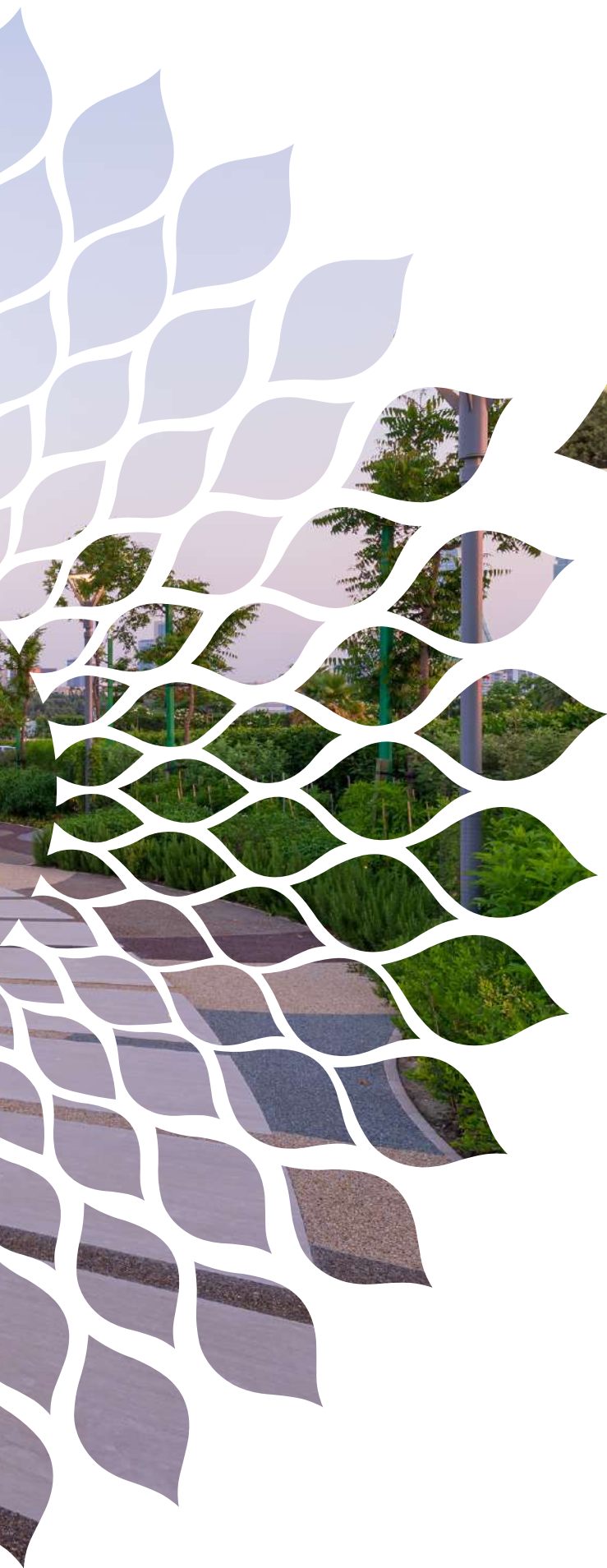
United Arab Emirates



Bahrain



*Other Healthy Cities logos to be added



* This map will be amended if needed

History

Bahrain aspires to become a Healthy Kingdom and implement the Healthy City Program in all governorates and cities in the country. The Kingdom of Bahrain has shown a strong interest in introducing the Healthy Cities Programme (HCP) as an intersectoral platform for achieving the Sustainable Development Goals (SDGs) and integrating health in all policies. Um Al Hassam was awarded as the first healthy city in Bahrain in 2018 followed by Manama in 2021 as the first healthy capital in the WHO Eastern Mediterranean Region. In Bahrain, the Healthy Cities Programme is implemented by the governorates in collaboration with the Ministry of Health and all related sectors through the Healthy City Committee which is chaired by the Governor. The Healthy Cities Programme is based on partnership between all governmental, non- governmental sectors and the local community.

EMRO Healthy Cities Programme records, as of 10/10/2023, show that Bahrain has a total of 8 registered cities, out of which 4 are awarded (see Annex 3).



“The Ministry of Health is committed to implementing strategic plans and programs to achieve “Health for All by All”. The Healthy Cities Programme is an important program that aims to improve health in cities through tackling all the factors that affect health including environmental, economic, cultural, and social factors.

The Kingdom of Bahrain is blessed with strong infrastructure and a well-organized governmental and non-governmental services, which qualifies its cities to be accredited as healthy cities. In 2018, Um Al Hassam was awarded as the first healthy city in Bahrain followed by Manama which fulfilled the required criteria in 2020 and was announced as the first healthy capital in the WHO Eastern Mediterranean Region in 2021. The cities of Busaiteen and Al Sayah and A'ali fulfilled the required criteria in 2022 and were announced as healthy cities in 2023.

The implementation of the programme in the Kingdom of Bahrain has had a positive impact on activating effective partnerships between governmental, non-governmental and the local community to enhance the health of citizens and residents in the Kingdom of Bahrain. It also contributed to putting health on the list of priorities for all officials in all sectors. The Healthy Cities Programme committees have adopted many initiatives that aim to encourage healthy lifestyles, prevent diseases, protect the environment, and improve services provided to citizens and residents.

In conclusion, I affirm our determination to continue working on the implementation of the Healthy Cities Programme in partnership with the governorates, and with the cooperation between all sectors to achieve accreditations for all cities in the Kingdom of Bahrain.”

Dr. Jaleela bint AlSayed Jawad Hasan,
Minister of Health in Bahrain, on Healthy Cities

Organization, Operations and Political Support

Key facts about the Healthy Cities Programme in Bahrain.

- There is strong political commitment for Healthy Cities in the Kingdom of Bahrain. The role of governorates is key in the expansion and implementation of the programme.
- Bahrain puts special importance on the following Healthy Cities values and principles: community participation, accountability and transparency, collaboration, quality and sustainability.
- At the national level the programme is managed by the MoH department of Health Promotion.
- Although Healthy Cities implementation was hampered significantly by the COVID-19 pandemic crisis, at the same time this experience became a source of flexible and innovative thinking that allowed the overcoming of obstacles to achieve desired goals. This experience accelerated programme implementation and made it more efficient.
- A key factor in the successful implementation of the Healthy Cities Programme in Bahrain has been its strong focus on community participation and on creating multi-stakeholder engagement and collaboration platforms. The governorate is committed to providing such avenues for community members, local authorities, health professionals, and

representatives from diverse sectors to convene and discuss relevant issues in education, health, and health determinant areas. Collective proposals and solutions are formed and agreed upon for implementation. These meetings have proven effective in establishing an open dialogue platform and building partnerships.

- Community-Based Health Projects are given priority. Citizens and residents are encouraged to initiate community-based health projects. Community participation initiatives like public beach clean-ups and health education campaigns, have resulted in a significant improvement of living environments and also an enhancement of the community's sense of pride and responsibility.





Bahrain Healthy Malls open at least an hour before the official working hours to allow the opportunity for visitors to do walking and exercise.



- The Healthy Mall programme was introduced with the following objectives: to implement smoke free policies; to offer space and time for physical activities; to offer healthy menus, to organize health events; to introduce recycling policies; to display health messages, to provide nursery facilities for mothers and to continuously measure consumer satisfaction. When high temperatures act as barrier to outdoor physical activity, the healthy mall has proved to be innovative and context sensitive setting for making healthier choices easier.

- Healthy Cities leaders in Al Busaiteen and Al Sayah have stated that

“Through enhancing cooperation, encouraging participation, and collaborating with local communities, we have witnessed transformative shifts in attitudes and behaviours. These practices stand as a testament to the effectiveness of the Healthy Cities approach in creating resilient urban environments centred on health.”

- Healthy Cities is principally perceived as a vehicle to enhance the quality of life and health of residents while fostering a sustainable and health-conscious environment.



- There is strong recognition of the importance of the visionary leadership of the Kingdom of Bahrain and the support it gives “towards advancing all initiatives that contribute to the well-being of citizens and ensuring dignified life for both residents and citizens on the Kingdom’s soil.”

Project Examples

Creating Safe and Healthy Neighbourhoods

The purpose of this initiative in Al Busaiteen and Al Sayah, within the Muharraq Governorate, was to create safe and healthy neighbourhoods through the active engagement of all relevant authorities and local communities. Examples of practices under this initiative include: **Safe Infrastructure Design:** In the Kingdom of Bahrain, infrastructure designs are being developed to enhance neighbourhood safety. Through visionary leadership, relevant ministries work on delivering designs that incorporate pedestrian and cycling paths, improved street lighting, and enhanced traffic management, particularly in congested areas and around schools during study hours. Additionally, the governorate council holds meetings involving residents and officials from various ministries to keep citizens and residents informed about designs, their features, and to gather their suggestions and ideas. **Enhancing Diversity in All Areas of Services:**

Efforts in the kingdom are directed towards providing a mix of housing, commercial spaces, and public amenities in neighbourhoods. This diversity aims to foster vibrancy, create environments that encourage social interaction and promote health. **Safety in Public Spaces:** Safety in public areas has been enhanced by creating open designs and welcoming environments that encourage physical activity and social interaction. **Promoting Safety Awareness:** Awareness campaigns have been organized to educate the community about the importance of safety measures and how to enhance safety in neighbourhoods. These campaigns have encouraged residents to actively participate in promoting safety. Additionally, the local police department regularly issues reports to monitor trends and ensure security across the governorate. **Community Partnerships:** Collaboration between residents, local authorities, and concerned entities has been strengthened to achieve safe and healthy urban environments. These partnerships play a fundamental role in achieving the goals of the initiative.



Planting trees in the park in Um Al Hassam

Creating Accessible Green Spaces For All

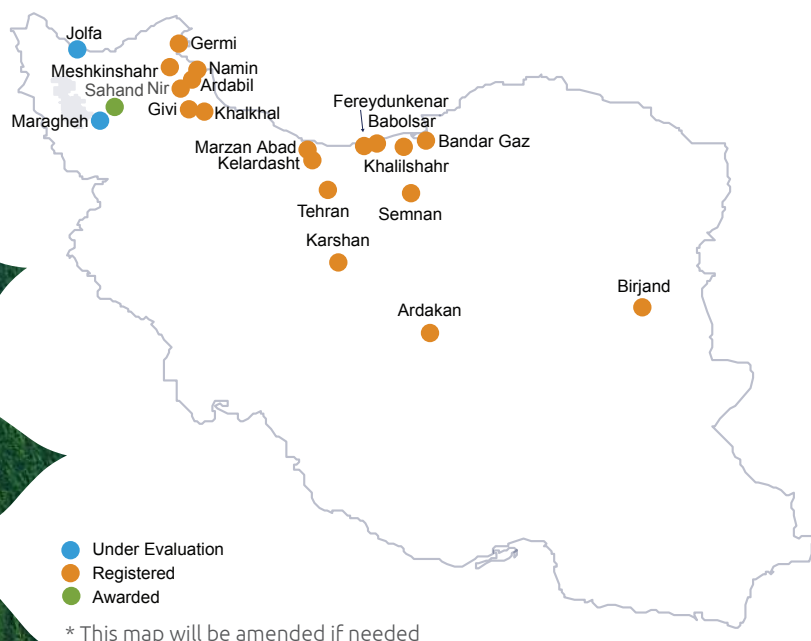
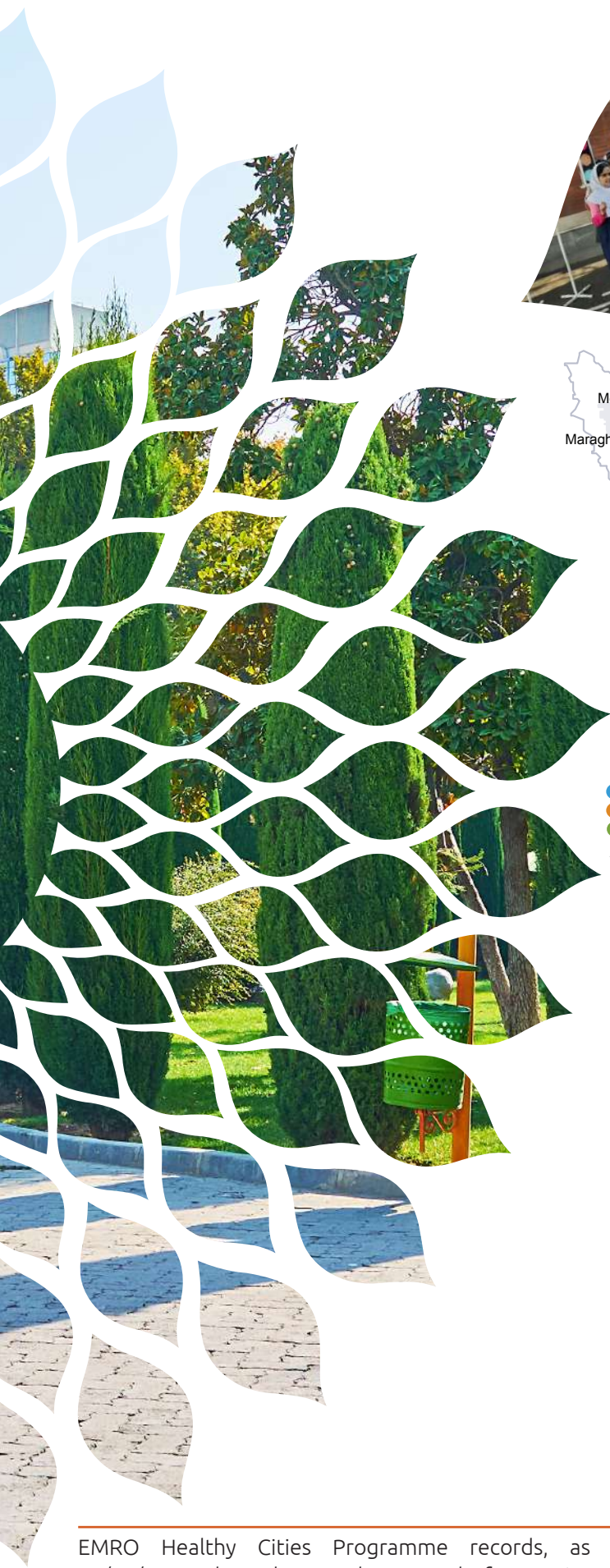
The main objective of this community-driven initiative in the Al Busaiteen and Al-Sayah areas was to provide a cleaner environment and accessible green spaces for all. The following are examples of activities undertaken in this initiative: **Developing Shared Green Spaces:** Continuous communication with residents is maintained to gather their input and ideas on the development of parks, green spaces, and all related facilities. Collaboration with relevant entities is fostered, and recommendations are submitted for enhancing these areas to ensure optimal outdoor activities and promote mental well-being. **Organizing Lectures on Recycling Initiatives:** Several lectures on recycling and proper waste disposal have been

organized in green areas. This has contributed to raising awareness and maintaining the cleanliness of these spaces. **Providing Inclusive Facilities:** Green spaces have been designed to be accessible and accommodating for all segments of the community, including individuals with special needs and the elderly. This enhances the inclusivity of health benefits. **Comprehensive greening plan:** Muharraq Municipality has managed to plant more than 13,000 trees in Muharraq Governorate since the beginning of 2023 until now. In addition, the municipality planted 24,000 trees last year in 2022, for a total of 37,000 trees so far, as part of a comprehensive greening plan for all the governorates in the Kingdom of Bahrain. These practices contribute to improving the quality of life, stimulating health and well-being for residents, and promoting environmental sustainability



Iran





History

Iran was the first country in the Eastern Mediterranean Region that piloted the Healthy Cities Programme in 1991 in three settlements in Tehran. There is a strong historical and functional link between Primary Health Care (PHC) and Healthy Cities in Iran. Iran's early commitment to Alma Ata brought significant political leverage to Healthy Cities. Healthy Cities broadened the scope of community-based initiatives offering a platform to address the social determinants of health and engage a very broad range of statutory and non-statutory partners, civil society, the private sector and professional and academic institutions. Throughout its history in Iran, Healthy Cities have been well integrated with programmes and networks that deal with community health development needs.

Iran actively participated in the WHO campaign "1000 cities, 1000 lives" to implement the Community Based Initiatives (CBIs) which reached a high level of engagement during 1990s and early 2000's. Iran has been able to sustain political commitment to Healthy Cities since its inception; even during times of high leadership turn-over.

EMRO Healthy Cities Programme records, as of 10/10/2023, show that Iran has a total of 21 registered cities, one of which is awarded and two are under evaluation (see Annex 3).



WHO Representative to I.R. Iran Dr Syed Jaffar Hussain presents the Healthy City Award to Minister of Health and Medical Sciences of the Islamic Republic of Iran Dr Saeid Namaki, in the virtual presence of WHO Regional Director for Eastern Mediterranean Office Dr Ahmed Al-Mandhari.

Photo: © WHO, 10 August 2021, Tehran

Organization, Operations and Political Support

Key facts about the Healthy Cities in Iran:

- At the national level, the Ministry of Health and Medical Education (MOHME) is the Secretariat of the High Council for Health and Food Security, mandated to facilitate intersectoral policy making for health and wellbeing in cabinet level as the highest platform for intersectoral collaboration and coordination of health and non-health sectors to operationalize “Health-in-All-Policies”. This council has forums at local level (provincial and district councils for health and food security) that have members from health and non-health sectors.
- The MOHME continuously explores opportunities for synergy and integration with various programmes and community-based initiatives that contribute to intersectoral collaboration, community engagement and health equity.
- Sahand is the first city from a lower-middle income country in the region to be evaluated and awarded as a Healthy City.



“Healthy cities are those that constantly improve their physical and community settings and maximize their resources to enable their communities to become partners in building and improving their daily lives to the extent possible. This is possible through effective urban governance that addresses inequities on organizational and community levels. Efficient urban governance can help create highly engaged communities which are wholistic, accountable, transparent, efficient, equitable, inclusive and lawful.”

Dr. Hossein Farshidi,
Deputy Minister for Public Health,
Ministry of Health, and Medical Education,
I.R Iran



Women are engaged in carpet weaving at a non-governmental community centre set up in Sahand to support women-headed households. Supported by the authorities, the workers can present their products to customers in local and global markets.

- Iran developed a locally adapted model for the first National Healthy Cities Network in the Eastern Mediterranean Region in 2021. The Iranian National Healthy Cities Network (INHCN) aims to host a nurturing and supportive platform for diverse cities and accelerate their implementation through capacity building, advocacy, and peer learning. The NHCN has 11 active members from 9 provinces.
- The MOHME has highlighted the context-based approach and encourages Healthy Cities expansion to include cities in different urban contexts in terms of development level, urban revenue, climate, population, and geographical scope.
- Iran has successfully developed partnerships for leading Healthy Cities Programmes together with the non-health sector. Sahand Healthy City, for example, has a Healthy City intersectoral committee, chaired by its Governor. This committee has two sectoral secretariats designed to facilitate its functioning.
- Iran promotes a systematic, integrative and inclusive approach in all aspects of its work including the upcoming family health programme across 53 cities. It also pays special attention to sustaining political commitment because of high turnover in provincial and city leadership.





Community healthcare worker teaches the community about healthy diet. Older women hold up healthy breakfast signs in a gathering for physical activity and healthy life style.

Project Examples

Community Participation House

The Community Participation House (COH) was established in 2017 in Sahand with a dual role: to give voice to community and be the advocate of their needs and expectations and to community participation in planning and interventions for health and wellbeing. In 2021, Sahand's CPH had twenty-one community representative (including the Chairman of the Islamic Council of the city, non-governmental organizations, health volunteers, religious groups, representative of sportspersons, etc.). The centre helps identify and support women-headed households by providing materials and tools, and facilitating a sustainable income and livelihood for these women. The centre is solely funded by local donors. In addition to socio-economic aid programmes, the centre provides a diverse set of recreational and educative programmes for the women and their families that are free of charge.

Sahand Healthy City



"One of the core principles of Sahand Healthy City is community engagement. Exemplary projects include the establishment of a Community Participation House, and a community based Charity Institute. To support their engagement strategy Sahand has facilitated and sustained intersectoral collaboration among more than 18 organisations and entities. They have also created programmes focussed on the social empowerment of vulnerable groups including women-headed households as well as community capacity building programmes on health and safety."

Hossein Firouzi,
the Governor of Oskou city and the supervisor of Sahand
Healthy Cities Programme





Students learning about road safety and using the Mobile Traffic Park Facilities stationed in the yard of a Health Promoting School.

Traffic Safety in Sahand

Sahand identified road traffic safety as one of the main three objectives of their Healthy Cities Programme. Two main strategies were implemented that have resulted in a declining trend of road traffic injuries in Sahand since the start of the programme: 1- Risk-based planning and interventions: For this step, the scientific secretariat of Sahand Healthy Cities partnered with the Emergency Medical Services (EMS) to map the high-risk road locations based on the data on road traffic injuries in 2018. The designed interventions are of two categories: a) infrastructural and road traffic improvement, b) promoting safe traffic behaviour. 2- Community engagement and empowerment. Sahand organized the “Safe Traffic” festival with participation of NGOs and drivers from the community and a social campaign to raise awareness on road safety, mainstream safe driving and acknowledge safe drivers. The initiative also includes the establishment of a local Road Traffic Training Park.

The WHO assessment team watch as a girl prepares to drive at an educational facility (Traffic Park) teaching traffic rules and regulations to children in Sahand.



Healthy City, a Demonstration of People-Oriented Health



“Our healthy city projects understand that individuals, families and communities are the living cells of society which give life to and promote health and well-being in cities, countries, regions and even continental populations. People’s culture and their engagement,

along with the role of public and private entities, governmental bodies and civil society are core components of comprehensive health promotion programmes that can build healthy communities and promote well-being.

In our Healthy Cities Programme, we also understand that health can only be achieved by taking into account the health of the planet Earth, wildlife and environment. To address this, our cities are committed to sustainable development, respect biodiversity and diversity of cultures. In these cities, all citizens/residents aim to live together in peace and safety. Guided by the principles of healthy cities, they strive to achieve high quality of life, health promotion, protection, and equity in their communities and settings.”

Dr. Farshid Rezaei,

Acting Director of Health Education and Promotion Department,
Ministry of Health, and Medical Education,
I.R Iran

Kuwait



مدينة ضاحية عبدالله السالم الصحية
Dahiyat Abdullah Al Salem Healthy City



مدينة الفحاح الصحية
Faiha healthy city



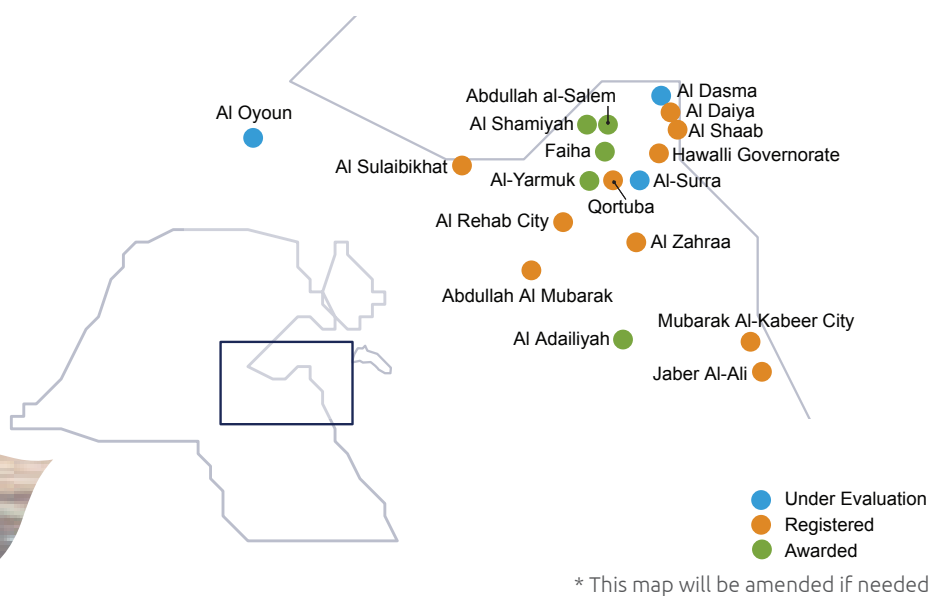
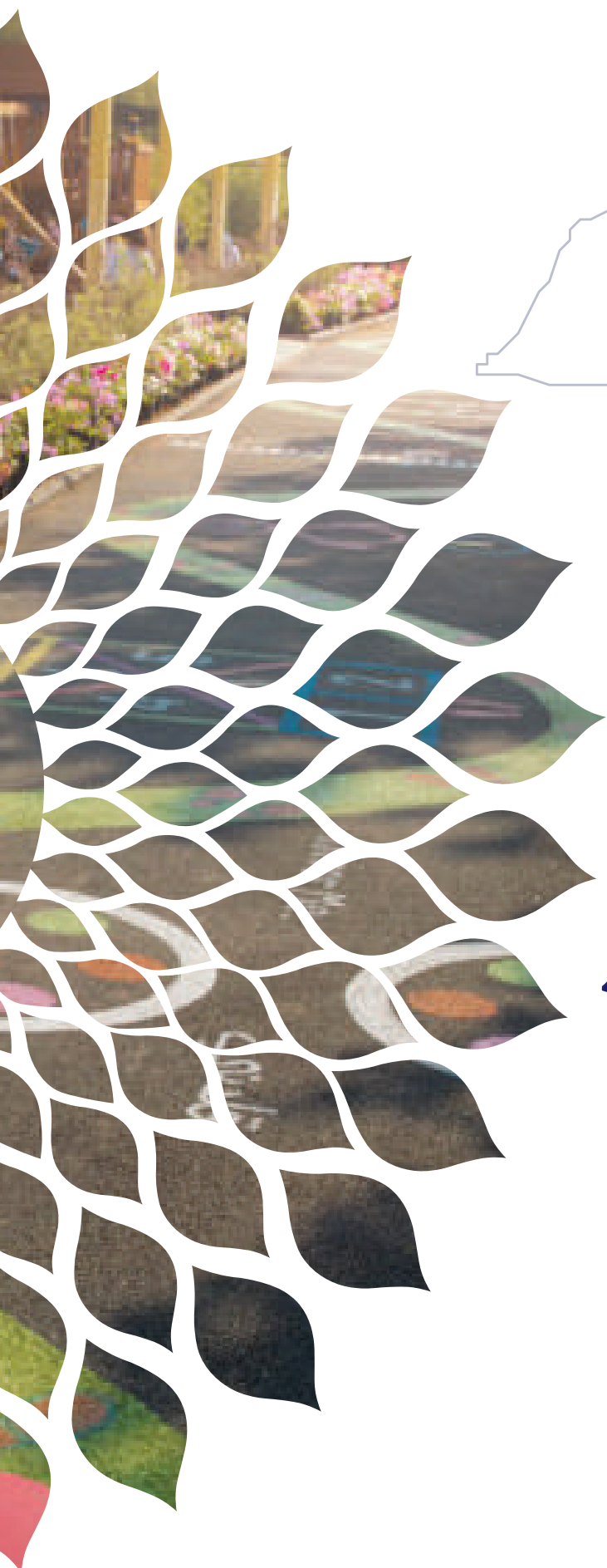
مدينة المعبيلة الصحية



شامية مدينة صحية
Shamiya Healthy City



مدينة اليرموك الصحية
Yarmouk Healthy City



History

Kuwait has invested in Healthy Cities in a systematic and innovative way; actively exploring its strategic potential for making a difference in population health. Its Healthy Cities Programme is included in the top Plans of the country.

The Healthy Cities Programme was first introduced in Kuwait in 2000 and from the year 2014 it began to gather significant momentum which in recent years produced impressive results at all levels.

EMRO Healthy Cities Programme records, as of 10/10/2023, show that Kuwait has a total of 18 registered cities, 5 of which are awarded and 3 are under evaluation (see Annex 3).



WHO EMRO Evaluation visit to Adailiya and Faiha in Kuwait.



Organization, Operations and Political Support

Key facts about the Healthy Cities Programme in Kuwait:

- The programme is part of Kuwait's National Development Plan (2021-2025) as well as its Government Plan of work (2023-2027).
- National coordination office is institutionalized and well positioned in the MoH with a senior ranking manager and support staff and specific allocated budget.
- At city level the organization of the programme consists of the following: Healthy City office, the president, of the local committee a general coordinator, committee heads, members, and working teams. Coordination and sub-meetings are conducted, involving partners within the area such as the police, station, the cooperative association, schools, health centers, mosques, and service areas, as well as external partners including governmental organizations.
- New focus to engage all Governorates in supporting and implementing Healthy Cities and a range of Healthy Settings programmes such as Healthy Schools, Healthy Universities and Healthy shopping malls.



"The WHO Healthy Cities Programme in Kuwait has been a transformative force. The programme has been instrumental in fostering healthier communities and enhancing the overall quality of life in our cities. We are proud to be part of this global movement towards healthier cities, and I commend the dedication and collaborative efforts of all involved in making Kuwait a shining example of progress and well-being."

H.E. Dr. Ahmed Al Awadhi
Kuwait's Minister of Health





Yarmouk Healthy City children's playground.

- Intersectoral collaboration and partnerships are well developed at all levels:
 - At national level already signed MoUs with 3 sectors and in process of negotiations with additional two sectors. Collaboration with other sectors comprises designation of focal points, joint projects, and cross-referencing in respective strategic documents.
 - At the local level community engagement and volunteerism are top priorities. NGOs are strongly involved in project activities at the city level. MoUs are signed with different government sectors. Partnerships with the private sector need to be further developed.
- Support by provincial governor is provided to awarded and registered cities.
- Development of national policies for Healthy Cities with the authorities concerned.
- A National Strategy for Healthy Cities was developed and is in process of clearance.
- Priority is given to research on the impact of Healthy Cities activities such as health literacy interventions.
- Kuwait Healthy Cities have made a very significant contribution in the management of the COVID-19 pandemic, as it will be discussed in the relevant section of this document.
- The following three domains are currently at the top of the Kuwait Healthy Cities action agenda:
 - Community engagement, development, resilience and participation initiatives.
 - Addressing noncommunicable diseases risk factors: physical activity, healthy nutrition, tobacco control, road traffic injuries, mental health.
 - Climate change projects and ecological interventions and practices such as safe waste management.



“The WHO Healthy Cities Programme has played a pivotal role in transforming Kuwait into a thriving hub of well-being. By fostering healthy urban environments and promoting community engagement, this programme has had a profound impact on our nation’s health and happiness. Kuwait now stands as a testament to the power of the Healthy Cities Programme in creating positive change.”

Dr. Amaal Al Yehia
The Head of Healthy Cities Office at MoH



Yarmouk Healthy City.

Project Examples

Addressing Climate Change in Yarmouk

Yarmouk Healthy City is dedicated to implementing various climate change projects and ecological interventions in order to create a sustainable and healthy environment for its residents and actively contribute to the global action taken against climate change. The climate change initiative includes the following main components:

- Understanding community needs and expectations and mapping out behaviours and practices by different groups related to the environment such as energy consumption and water use.
- Targeted community education programmes and campaigns for different groups of the population. Thematic committees engaged members of the community.
- Addressing landscaping and the urban heat island problem. One of the goals of the exercise was to reduce the consumption of electricity for air conditioning during the summer months by intervening on the materials and paint used on city surfaces and on houses in the city. The project exposed several inconsistencies between aesthetic and ecological interventions. The work was supported by the architecture committee and the faculty of architecture.

- Lowering surface and air temperatures by providing shades from trees and vegetation and by increasing the green spaces of the city. This is an efficient way to reduce urban heat islands. Advice to achieve this goal was provided by the public Authority of Agriculture.
- Using the wood from trees that had to be cut down to build facilities for playgrounds and also promote artistic creativity. Playgrounds for children promote physical activity and social interaction. Burning trees is bad for the planet.
- This is a transformative process that requires the full engagement of the community.



"The WHO Healthy Cities Programme has been instrumental in Yarmouk's transformation, providing a creative model for enhancing urban living and forging stronger connections between people and their living environments. Through its holistic approach and focus on community engagement, the programme has empowered Yarmouk's residents and schools to rise above challenges and collaborate for the betterment of the community's health and well-being."

Dr. Ghassan Alothman
Chairman of Yarmouk Healthy City – Kuwait



WHO Kuwait's Activity Marking 'World Patient Safety Day' 2023 with Key Stakeholders in Kuwait

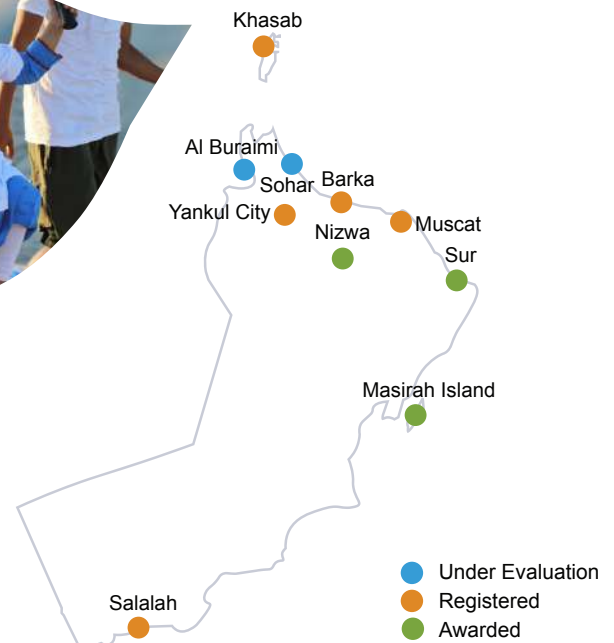
The MoH Healthy Cities Office launched a multi-stakeholder annual campaign in 2022, under the umbrella of the **'World Patient Safety Day'**, to stop improper disposal of unwanted medicines. Community members were encouraged to return unused and expired medications to designated collection sites, from where they were safely disposed of without harming the environment or endangering people's health. Following the overwhelmingly positive response to the campaign in 2022, this year the campaign was expanded to engage 20 Primary Health Care centers across Kuwait. A total of 1.859 tons of medical waste was collected across the 20 PHC's in Kuwait and have been properly disposed by the Services Administration at the Ministry of Health without any adverse effect on the environment and hence no harm to health of the population in Kuwait. The campaign was supported by a wide range of stakeholders including the relevant departments at the MoH, the Environment Public Authority, NGOs, academic institutions, Healthy Cities programmes and the WHO Kuwait Country Office.



Group photo with WHO Kuwait staff, a representative from The Services Department at MoH, Head of Dhahyat Abdullah Al Salem Healthy City & pharmacists from Kuwait University during the medication take back campaign at Al Shamiya PHC.

Oman





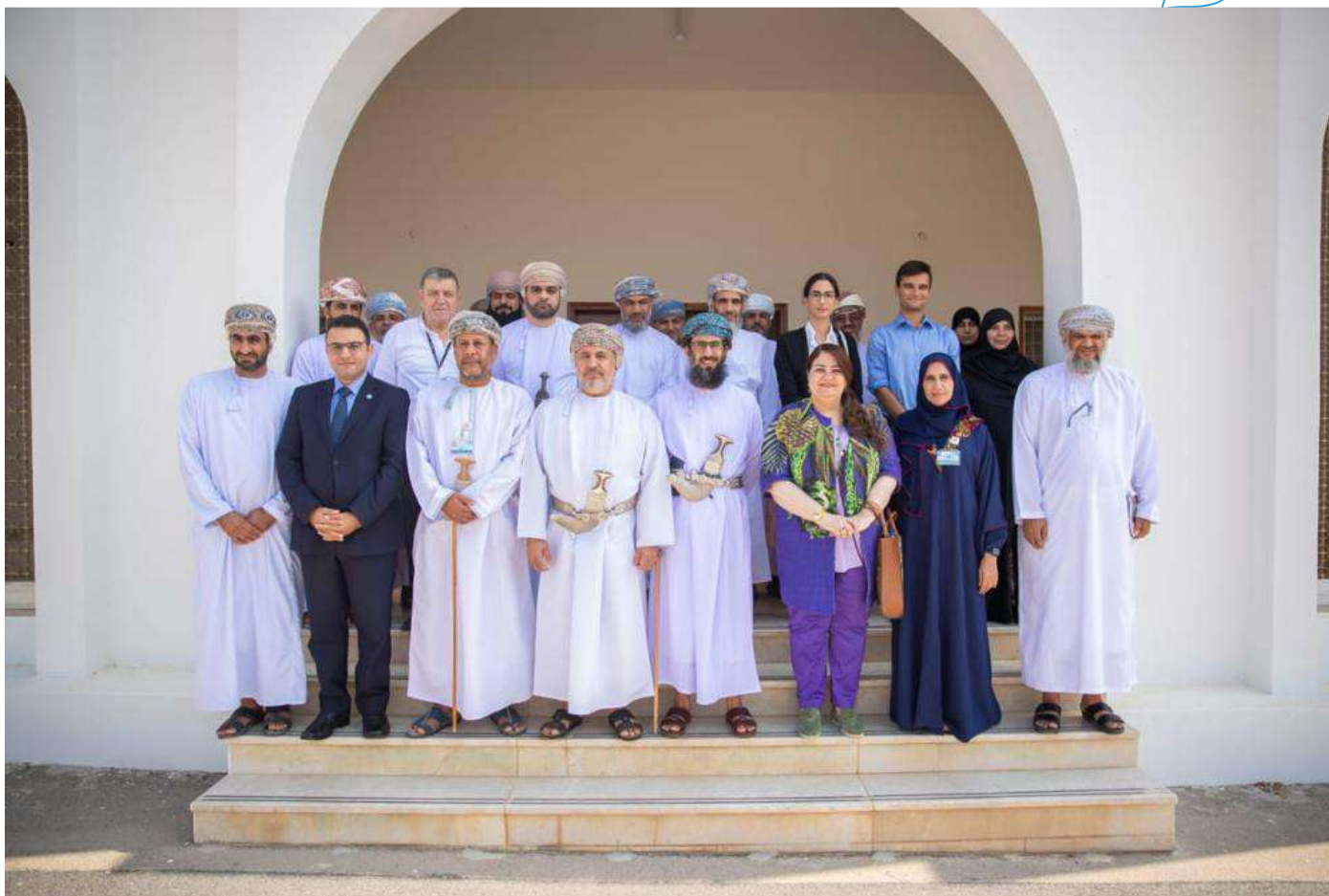
* This map will be amended if needed

History

In the Sultanate of Oman, the Healthy Cities Programme has been identified as a national priority. Healthy Cities was first introduced in 1999. In recent years Healthy Cities acquired significant momentum and strong political support. All 63 Wilayat (Districts) of the country have established Health Committees headed by the governor. It is a strategic choice of the programme in Oman to actively engage both cities and villages. Each Wilaya has 1 or more cities and villages. The Programme's growth in Oman is due to its very broad partnership base with different government sectors, civil society organizations, communities and the corporate sector. It is remarkable that District Health Committees recruited over 1000 community volunteers to implement a wide range of health-promoting interventions.

"People who participate in Healthy Cities platforms feel ownership and take pride and want to do better."

EMRO Healthy Cities Programme records, as of 10/10/2023, show that Oman has a total of 10 registered cities, 3 of which are awarded and 2 are under evaluation (see Annex 3).



WHO EMRO Evaluation visit to Nizwa in Oman.

Organization, Operations and Political Support

Key facts about the Healthy Cities Programme in Oman:

- The Healthy Cities Programme (HCP) has been institutionalized as a core programmatic output of the Ministry of Health's Community based Initiatives department. Healthy Cities implementation is legitimized and supported by several national health promotion strategies.
- The Wilayat Health Committees play a major role in facilitating the collaboration between different sectors in the district. The thematic work is supported by a number of sub-committees and groups of volunteers.
- Supported by national policies and strategies, the national level offers training programmes and workshops and local consultations to Wilayat, cities and villages.
- In each village there is a local committee (the village local committee) usually headed by the sheikh. They are registered in MoH once they have the governor's permission.



"In Oman, the Primary Health Care is the basic building block for the health system, where community participation is a core component. Therefore, the existing Community Participation mechanisms such as healthy cities and villages serve as important platforms to engage communities and sectors in promoting health and preventing diseases".

H.E. Dr. Said Harib Al lamki
Undersecretary of health affairs
Ministry of health





Volunteering Initiatives in Nizwa, Oman



"The Healthy Villages Programme proved successful in providing an organized, sustainable and practical management system for the people of the villages, as they managed the implementation of initiatives and programmes that contribute to

strengthening the village's infrastructure and improving the capabilities of its residents in cooperation with governmental, private organizations and civil society. The programme demonstrated the strength and importance of achieving coordinated cooperation between village development committees and community institutions."

Hasna Mohammed Al Daoudi

Head of Women & Children Committee in Wad Healthy Village



- Supported by Community Information Centres, volunteers are assigned to collect comprehensive data from households about the village conditions, health status, economic environment and social issues. Villagers discuss the results of that survey, and they come up with priorities and actively contribute to the development and implementation of two-year plans in collaboration with different sectors.
- Healthy cities and healthy villages are considered good platforms for implementation of population-based primary prevention, screening and immunization programmes.
- By capitalizing on a wide array of partnerships, the Healthy Cities Programme invites innovation and whole-of-society strategies for sustained development.
- This is observed in the integration of Oman's cultural heritage within the greater Healthy Cities framework, and this amalgamation lends a sense of ownership to the Healthy Cities Programme that is felt by the community at large.
- High-level advocacy and capacity building activities are implemented in close collaboration with the WHO country office. Significant efforts were devoted to initiate high-level briefings and training targeted to governors and multi-disciplinary professionals on issues such as Healthy Cities leadership, supporting information management, community leader skills for emergency preparedness and partnerships development with global organizations.



Oman Day for Physical Activity, Masirah Island.

- Healthy Cities is being implemented across the nine action domains. Specific innovative projects include: green energy initiatives, healthy cooking, tobacco-free markets, parks and walks for physical activity, climate change related skills development, creating a culture for prevention and health promotion, promoting volunteerism, planning for emergencies with strong community involvement.
- Developed health promotion project with Bloomberg Philanthropies – supported Partnership for Healthy Cities involving one neighborhood in Muscat. The project is under the umbrella of the Healthy Cities programme.
- Community participation approaches which represent a core aspect of Healthy Cities were adopted to extend and enhance the effectiveness of the national COVID-19 preparedness and response strategies. Reference to these will be made in the relevant section of this document.



The Healthy Cities Programme is one of our most prominent sustainable programmes that have proven the importance of sectoral cooperation in addressing social determinants of health; enhancing the quality of services; and, improving the local environment and public facilities. These activities have increased people's opportunities to achieve well-being and a better quality of life.

The community members' engagement with and enjoyment of these elements makes them active people who sense their needs and contribute to achieving them, All this promotes their sense of ownership of what they have accomplished.

H.E. Dr. Hilal Ali Al Habsi
Chairperson of Sur health committee,
Wali of Sur, Oman





Project Examples

Elderly Appreciation Centre in Yanqul

Older people are a resource for their families, communities, and economies in supportive and enabling living environments. Yanqul Healthy City has launched the Elderly Appreciation Centre to encourage active aging by optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age.

This programme started by involving older people in analysing and expressing their situation through meetings, interviews, and surveys. Then the whole community in Yanqul was informed and sensitized to the fact that this Centre will support and enable people to age actively.

Promoting Healthy Living in Sohar

The city embarked on a campaign to address the biological and lifestyles risk factors of noncommunicable diseases. Surveys were conducted and results were shared with community. Physical exercise levels were low. They identified obstacles to exercise. Priority was given to creating places for walking and cycling with the help of multidisciplinary teams. Nine walking paths and parks were created in different areas in the city. The popular Cornishe Park area was closed 2 mornings per week to allow walking and cycling. Physical activity levels increased significantly in a ten-year period from 28% to 91% among the population. A smoke-free Sohar programme was also implemented.



Qatar



المدينة الصحية
Healthy City



* This map will be amended if needed

History

Qatar is fully committed to implementing Healthy Cities in all municipalities of the country. Qatar's **National Health Strategy** 2018-2022's introduced an inter-sectoral approach to legislation and policy through "Health-in All-Policies" and to achieve the goals of the WHO Healthy Cities Programme. A coalition of policymakers, researchers, academics and leaders from different sectors and industries committed to promoting health and wellbeing, has begun the process of forming a **Healthy Cities network** of the State of Qatar. The COVID-19 pandemic stimulated the further development and work of this coalition, to be discussed in COVID-19 section but noted here. The Healthy Cities Network worked collaboratively to complete a comprehensive mapping of all initiatives pertaining to the nine domains of the Healthy Cities programme and developed accordingly city health profiles and a **National Healthy Cities Action Plan**.

The "Healthy 2022 World Cup – Creating Legacy for Sport and Health" project, a partnership between the State of Qatar and the World Health Organization, in collaboration with FIFA, aimed at the delivery of a healthy and safe FIFA World Cup Qatar 2022™; and, the creation of a legacy event in which the Qatar World Cup approach is seen as an impactful, sustainable and lasting model for promoting integration of health, security and wellbeing for future mega sport events. The project provided a vehicle for multiple public health streams and drove political support and resource mobilization for Healthy Cities implementation across the country.

All eight municipalities of Qatar have been awarded as Healthy Cities – Doha and Al Rayyan in December 2021, Al Wakra, Al Khor, Al Shamal, Al Sheehaniya, Al Daayen, and Umm Slal in June 2022.

EMRO Healthy Cities Programme records, as of 10/10/2023, show that Qatar has a total of 8 registered cities, all of which are awarded (see Annex 3).



Organization, Operations and Political Support

Key facts about the Healthy Cities in Qatar:

- High and comprehensive commitment to implementing Healthy Cities in all municipalities of the country.
- National Network was established with the involvement of leaders from across sectors as well as institutional, corporate and civil society stakeholders.
- National Healthy Cities Action Plan addresses all nine Healthy Cities action domains.
- Governmental institutions work closely together to achieve key priorities set out within the Healthy Cities Action Plan and partner with non-governmental and academic institutions to expand their outreach, ensure specific target groups are engaged and that all required areas of expertise are covered through joint efforts.
- Qatar actively supports Healthy Settings programmes. Qatar Foundation and Qatar University were awarded as Healthy Education City and Healthy University in December 2021 and June 2022 respectively.



“In the pursuit of health and well-being, the Global Healthy Cities Movement reminds us that a healthy city is a continuous journey. It’s about nurturing environments, creating synergies, and fostering partnerships among its people and various institutions. Qatar, thanks to the wise leadership of His Highness the Emir of the Country and guided by the “Health-in-All-Policies” approach and the National Health Strategy, has achieved remarkable milestones, including WHO Healthy City Award status for eight municipalities and two educational campuses. As we align our goals with global initiatives, we recognize the critical role healthy cities play in addressing public health crises. Today, we reaffirm our commitment to well-being and resilient communities”.

H.E. Dr. Hanan Mohamed Al Kuwari
Minister of Public Health





Healthy FIFA World Cup Qatar 2022™ Tobacco Free Initiative

- Qatar is committed to periodically monitor and evaluate ongoing projects, conduct needs assessments and tailor interventions to meet the changing needs of the community.
- It has adopted a participatory approach to needs assessment and the identification of priorities, not only engaging governmental, non-governmental and academic partners but also members of the community directly.
- Qatar recognizes that Healthy Cities can only be sustained through institutionalization of the programme across sectors with the support of mechanisms enabling all partners to share information and work on common priorities. This is currently being done through the creation of an online portal accessible through the Healthy Cities website.
- Qatar has taken advantage of the enormous advocacy platform of the FIFA World Cup which it hosted in 2022 to initiate a host of health promotion activities and programmes. It is worth mentioning that the existence of the Healthy Cities Network platform, mechanisms and structures proved tremendously valuable in achieving a healthy and safe cup.





Project Examples

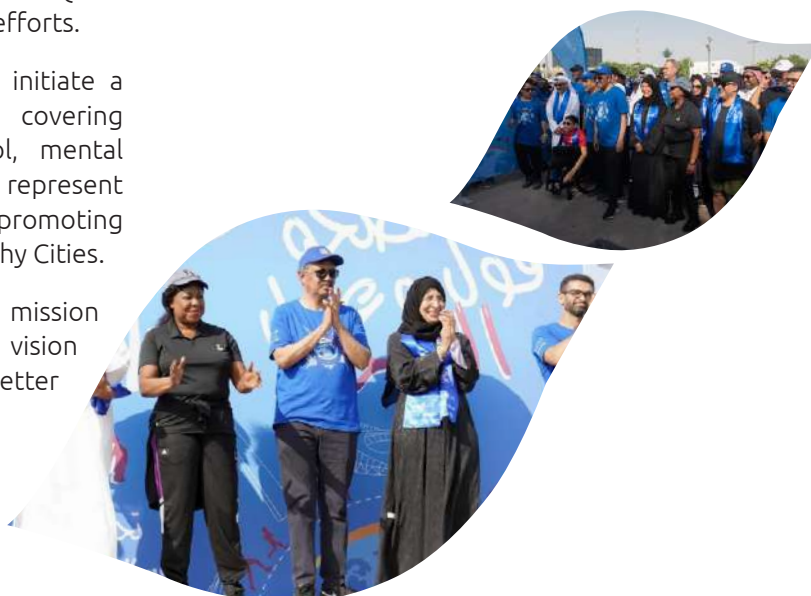
Qatar Committed to Promoting Healthy Lifestyles

Qatar has invested in wide-ranging partnerships to promote physical activity and combat obesity especially in children. It implements the WHO Action Plan for Physical Activity in a partnership that involves several stakeholders including The Ministry of Public Health works, the Ministry of Environment, the Ministry of Sports and Youth and the Ministry of Transport. The Qatar Olympic and Sports Museum and Qatar Foundation are also actively involved in these efforts.

The World Cup offered the opportunity to initiate a wide range of partnership-based projects covering physical activity, nutrition, tobacco control, mental health and mass gatherings security. All these represent a significant legacy for creating a health promoting culture and further boosting support for Healthy Cities.

Qatar fully embraces and aligns with the mission and vision of a Healthy City and articulates a vision “to perpetually improve and work towards better health for all, with all”.

Photos above/below, The Ministry of Public Health (MoPH) and World Health Organization (WHO) held the first edition of the Walk the Talk (WTT): Health for All Challenge in Doha, Qatar. The WTT initiative was part of the Sport and Health partnership between WHO, FIFA, and MoPH Qatar, which aimed at delivering a healthy and safe FIFA World Cup Qatar 2022™. WTT provided a powerful platform for promoting physical and mental health and well-being for people of all ages and all abilities. It also emphasized Qatar's pivotal role as the host of the FIFA World Cup Qatar 2022™.





Tree planting in Qatar.



Qatar Photography Exhibition: "Health Through My Lens"
 What do you plan to do to "Live Life Healthy"?
 Action plan I pledge to...



Saudi Arabia



مدينة الرياض الصحية
Riyadh Healthy City



برنامج المدن الصحية
HEALTHY CITIES PROGRAMME
برنامج مدينة الجموم الصحية



برنامج مدينة شجرة الصحة
HEALTHY CITIES PROGRAMME SHARJAH



مدينة العنيزة الصحية
Onaizah Healthy City



مدينة الرياض الخضراء الصحية
Riyadh Al-Khura healthy city



الطائف مدينة صحية
TAIF HEALTHY CITY



برنامج المدن الصحية
HEALTHY CITIES PROGRAMME



برنامج المدن الصحية
HEALTHY CITIES PROGRAMME



مدينة المندق الصحية
ALMANDAQ HEALTHY CITY



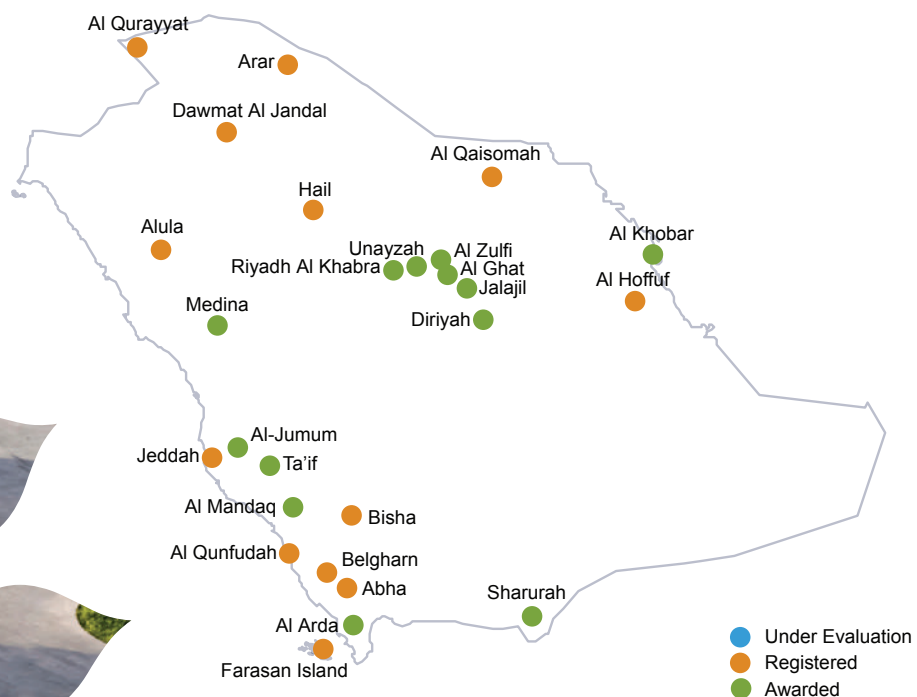
برنامج المدن الصحية
HEALTHY CITIES PROGRAMME



برنامج المدن الصحية
HEALTHY CITIES PROGRAMME



مدينة الزلفي الصحية
ZULFI HEALTHY CITY



* This map will be amended if needed



History

The Healthy Cities Programme in Saudi Arabia is characterized by strong political support from the Ministry of Health and the highest levels of government and considered as a platform for addressing the National Vision 2030. The Healthy Cities Programme was introduced in Saudi Arabia in 1998. Healthy Cities is seen as a dynamic multisectoral platform for addressing the social determinants of health and the sustainable development goals (SDGs) through a participatory approach at the governmental, private, and civil society levels.

The awarding criteria have provided a valuable entry point for understanding and mobilizing action across the nine domains. The strong commitment to and investment into Healthy Cities shown by the Kingdom of Saudi Arabia has been further solidified with the designation of the Department of Healthy Cities in MoH as the first WHO Collaborating Center for Healthy Cities in the Region. It is seen as a dynamic multisectoral platform for addressing the social determinants of health and SDGs through a participatory approach at the governmental, private, and civil society levels.

EMRO Healthy Cities Programme records, as of 10/10/2023, show that Saudi Arabia has a total of 26 registered cities, 13 of which are awarded (see Annex 3).



“The Ministry of Health is committed to creating healthier and more sustainable communities through the Healthy Cities Programme. With 13 awarded cities, we promote collaboration between intergovernmental and private sectors. Our goal is to improve

healthcare access, encourage active lifestyles, and foster well-being. By transforming our cities into vibrant hubs of health, we contribute to Vision 2030’s ambitious goals for a better future. Together, let’s build a healthier, happier future. By optimizing the Healthy Cities Programme, we are paving the way for a brighter future where health and well-being thrive in every corner of our communities.”

Dr. Hani Jokhdar

Deputy Minister for Public Health

National Coordinator of the Healthy Cities Programme



Organization, Operations and Political Support

Key facts about the Healthy Cities Programme in KSA:

- By uniting local organizations, volunteers, and sectoral representatives under the shared vision of a Healthy City, Healthy Cities Coordinating Committees in the governorates have maximized community engagement in Healthy Cities and consolidated alignment with the National Vision 2030.
- Healthy Cities is well connected and benefits from several national health development strategies. For example, it is aligned with the Quality-of-Life programme which is a national programme that aims to elevate the welfare and wellbeing of the people.
- Sustained impact of Healthy Cities Programmes has been achieved by scaling-up vocational capacities through training programmes and centers, and various financial initiatives that promote small and medium enterprises. This has resulted in seamless Healthy Cities Programme integration with local businesses, governance mechanisms, and health system infrastructure.
- The MoH Healthy Cities Department provides direct technical support and capacity building services through intense training and local consultations.
- The MoH Healthy Cities Department develops strategic plans, manuals and guidelines to guide and support implementation in cities. It also invests heavily in communications and collaboration with different sectors in order to serve the goals of the programme.
- On a national level, the Director of the Healthy Cities Programme is a member of the GCC Joint Committee for Healthy Cities.
- Ongoing partnership with other ministries regarding high-level integration projects. The Healthy Cities Programme is cooperating with the Ministry of Municipal and Rural Affairs on the “Cities Humanization” project which is mainly concerned with the urban planning. Several meetings were conducted, and four neighborhoods were nominated to be implementation sites.
- Priority is given to developing connections with the academia to enhance research on the field of public health and health promotion support Healthy Cities on the ground.
- On a local level, Healthy Cities partnerships are clearly reflected in the synthesis of the Healthy Cities Committees: government sectors, private sector, NGOs, non-for-profit organizations, and local members representing the community. Several forms of partnerships and MoUs are established based on agreed priorities.
- The Healthy Cities Programme expanded its scope encouraging and supporting healthy settings programmes including healthy malls, healthy military bases and health-promoting universities. The Princess Nora Bint Abdulrahman University is the first awarded healthy university in the region.
- The Healthy Cities Programme is in process of becoming a national affiliate to the WHO Age-friendly Cities and Communities global network. Working connections are constantly explored with WHO strategies and programmes.
- Cities have demonstrated the full extent of multisectoral action and community engagement that laid the groundwork for several innovative and high-impact programmes across the nine Healthy Cities Programme domains and 80 indicators.



Running event in Al Ghat.



“The aim of the Al-Khobar Healthy City programme since its inception is to improve the quality of life for individuals and the community in the city of Al-Khobar. This is achieved by involving them in initiatives and activities held under the umbrella to increase awareness and knowledge in various fields. This is done in partnership with all governmental entities, the private sector, and non-profits, making Al-Khobar a reference healthy city.”

H.E. Sulaiman bin Abdulrahman Al-Thunayan
Governor of Al-Khobar



- Local projects developed under the Healthy Cities umbrella throughout the country cover a wide range of population, social, behavioural, urban planning and environmental action domains. Projects include: native community-based initiatives to promote physical activity; creating an active living culture for men, women and children; development of local cycling and walking infrastructure; as well as, transformational projects to enhance urban spaces to be safer, aesthetically pleasing and in-line with sustainable development principles.
- A notable Healthy City initiative was developed jointly with the Royal Commission for Riyadh City to make “Riyadh an Active City”.
- There is collaboration between the Healthy Cities Programme and the Ministry of Sport in terms of “Sport for All” with objective of increasing the physical activity among patients with chronic diseases.
- Encouraging and supporting volunteerism and widely involving volunteers in community development interventions. In the management of the COVID-19 pandemic Healthy Cities provided valuable communication channels with local counterparts to contribute to the development of action plans and support implementation



Cleaning campaign in a Walking Track, Al Zulfi, KSA.

Project Examples

Health Dashboard: an Innovative Tool to Revolutionise Healthy Cities¹

The Ministry of Health intends with this state-of-the-art tool to revolutionize its Healthy Cities Programme by:

- Driving innovation through automated data collection and key performance indicators (KPIs) analysis, the dashboard offers insights for enhanced performance.
- Informing policy decisions: Visual data representations enable a comprehensive understanding of current policies, allowing leaders to identify areas and groups in need.
- Aligning Strategies: The dashboard ensures strategic cohesion across entities with its customizable interfaces and KPIs.
- Achieving Global Precedence: As the first recognized dashboard for Healthy Cities monitoring, it has the potential to set global standards.
- Advocating for Change: Identifying both strengths and areas for improvement, it makes a compelling case for targeted interventions.
- Promoting Ownership & Healthy Competition: By equipping local policymakers with data insights, cities can take swift action, fostering a competitive spirit to uplift all.

Al-Aridhah – a Tobacco-Free Healthy City

The “Al-Aridhah Healthy Cities Programme” introduced an initiative to ban tobacco and its derivatives from the City. The programme was approved by his Highness the Governor Prince. The programme established a partnership with the National Committee for Tobacco Control. The ban covered stores, commercial centres, coffee shops, internet cafes, barbershops, and other commercial establishments. Enforcement in different government departments was achieved by trained officers. Awareness campaigns were also launched, including putting up banners in parks and walking tracks. The program’s achievements drew international attention.



“Through the collaboration of governmental bodies, the private sector, and civil society institutions, we strive in the Healthy Cities Programme to improve health and safety and provide a sustainable healthy environment for residents. This is done through improving transportation, urban planning, nutrition, healthcare, physical activity, disease prevention, providing green spaces, and training the community in various fields for a comprehensive healthy living environment.”

H.E. Abdulrahman bin Ibrahim Al-Sulaim
Governor of Unaizah

Al Diriyah Seasonal Farm Waste Management

In the Healthy City of Al-Dira'iyah, a significant environmental problem was identified related to the seasonal farm waste from trimming palm trees, that was being burned. After studying the problem with King Saud University and Saudi Basic Industries Corporation (SABIC) a solution was identified involving ways to dispose of and utilize this waste as a renewable natural resource. The solution involves recycling palm waste by supporting the establishment of a mobile production line for the manufacture of animal feed or organic fertilizers from palm waste. As a result, burning farm waste has been permanently banned, with strict penalties imposed. Farmers have been trained to handle agricultural waste. This project serves as a model overseen by the Al-Dira'iyah Healthy City Programme and its experience is utilized in similar situations across the Kingdom.

Al-Mandaq Healthy City – The Best Home Garden and Farm programme

The “Best Home Garden and Farm” contest is one of the initiatives provided to the community by the Al-Mandaq Healthy City programme. This is a partnership-based initiative involving the Environmental, Agricultural, and Water Office in Al-Mandaq; the Al-Mandaq Municipality; the Al-Mandaq Community Development Association; and the Dawah and Community Awareness Association. The purpose of the initiative was to engage different segments of the community in creating and increasing green spaces in line with the Saudi Arabia's Vision 2030. Activities included enhancing the environment around homes; preserving the vegetation within the healthy city and expand its spaces; encouraging the growth of fruit and ornamental trees within house courtyards; promoting the concept of urban agriculture in healthy cities; organizing workshops to train those interested in this type of farming; and generating income sources for agricultural workers.

It was formed comprising relevant entities. A committee assessed different initiatives on the ground and awarded certificates and prizes to best practices.



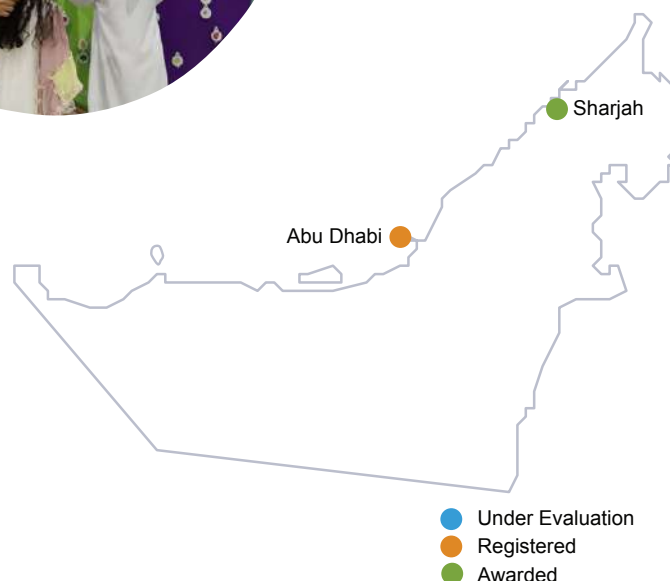
“Today, the Kingdom of Saudi Arabia has attained numerous highly competitive rankings among other nations, driven by the Saudi vision 2030 agenda. Notably, the Healthy Cities Programme has contributed to international recognition. Al-Madinah Al-Munawwarah, as the largest city involved in Saudi Arabia, has secured approval from the World Health Organization, marking a significant milestone. It has been accredited as a comprehensive health city, meeting global standards and advancing through strategic partnership with Taibah University. The establishment of an electronic platform for data collection and the activation of community services through charitable associations and the electronic charity project with banks further exemplifies this achievement. We are proud of these accomplishments and, with the grace of Allah, the city will forever hold a special place in the world's heart.”

H.E. Dr. Abdulaziz Al-Sarani,
Chairman of the High Committee for the
Healthy Cities Programme in Al-Madinah Al-Munawwarah



United Arab Emirates





This map will be amended if needed

History

Sharjah Emirate, is the first city in the whole Eastern Mediterranean Region that was registered in the Regional Healthy Cities Network and awarded as a Healthy City in 2015 and re-evaluated and re-awarded in 2021. The programme is under the auspices of His Highness Sultan bin Muhammad Al Qasimi, Ruler of Sharjah.

Sharjah Healthy City is regarded as a global role model and pathfinder in the pursuit of the Healthy Cities vision in the Region. Sharjah aims to lead by example, as a healthy city with its vision to implement the nine Healthy Cities Action domains (see Box 1) for the benefit of local communities. It aims to engage neighbour cities and also to influence the United Arab Emirates to widely embrace Healthy Cities and move together in the pursuit of healthy and sustainable living. Sharjah has been regularly visited by delegations from other countries including Iran, Pakistan and Lebanon.

EMRO Healthy Cities Programme records, as of 10/10/2023, show that UAE has a total of 2 registered cities, one of which is awarded (see Annex 3).



Re-awarding ceremony of Sharjah as a Healthy City.

Organization, Operations and Political Support

Key facts about the Healthy Cities Programme in the United Arab Emirates; its current political standing, organization and operations:

- Coordination of the implementation of the Healthy Cities Programme involves a wide range of governmental partners and local institutions at the city level of Sharjah as well as federal authorities and partners from various local entities; including, both public and private sectors.
- These cooperations significantly helped strengthen community confidence in the quality and appropriateness of services and developments in various fields that have an impact on public health authorities.
- The Healthy Cities Programme in Sharjah receives strong political support and commitment with intense involvement of local authorities and civil society organizations and community groups.
- Currently, the programme is institutionalized as a unit in Sharjah Health Authority and is continuously expanded throughout the city.
- Healthy Cities Programme is being used as a platform to achieve the sustainable development goals (SDGs).
- Sharjah, has been recognized also as baby friendly city, children and adolescent friendly city, age friendly city and soon family friendly city. All these initiatives are well integrated with the Healthy Cities Programme.
- Sharjah puts great priority on environmental ecological projects converting unused or environmentally unfriendly land into green and attractive leisure parks and natural habitats for animals.
- Sharjah has done outstanding work in the area of emergency preparedness and response which made a significant difference during the COVID-19 pandemic. One very important aspects of this work is knowing the community at times of crisis. The Healthy Cities Programme in collaboration with the ambulance service, the police and the social welfare system mapped out in the community all the handicap people, the elderly, the vulnerable people (including those suffering from chronic diseases) who cannot go to the hospitals and who need to get a treatment, regular medicines or any kind of support; including, physiotherapy or psychological therapy.
- Sharjah has been regularly visited by delegations from other countries including Iran, Pakistan and Lebanon and GCC countries.



Better healthcare for a better community. Children's activity in park.

Project Examples

Sharjah Zero Waste and Clean Energy Initiative

Sharjah has stepped up its environmental efforts to achieve its goal of 'zero' waste through the Sharjah Waste-to-Energy Plant, the region's first commercial project of its kind, with the aim of reducing greenhouse gas emissions and minimizing the effects of climate change in order to save the environment. In launching the innovative Waste-to-Energy Plant and turning solid waste into energy, Sharjah has reaffirmed its commitment and support to the UAE's strategic vision to divert waste away from landfills, cut emissions and achieve climate neutrality by 2050 by adopting a sustainable energy mix that helps reduce carbon emissions to counter climate change. The station, which is one of the innovative climate solutions, converts non-recyclable waste into electrical energy to provide clean, low-carbon energy that supports the sustainable development process in the country.

Sharjah Waste to energy facility, the first WTE facility of its kind in the UAE and the region, has generated over 150,000 MWH of clean energy since April 2023

source: BEEAH Group



"Becoming part of the WHO Healthy Cities Network has provided Sharjah experience in managing public health, and building sustainable cities. This has allowed us the opportunity to align our local institutional plans of work with higher standards for the greater good of Sharjah and our future."

Noura Saeed Musabeh Alnasri
Head of Healthy Cities Dept. in Sharjah Health Authority





This Pink Caravan initiative focuses on breast cancer screening and has screened 93,201 people over its 11 year history throughout the 7 emirates.

Source: Pink Caravan- Friends of Cancer Patients

The Pink Caravan Spreading Awareness About Breast Cancer

Pink Caravan is a United Arab Emirates-based initiative to raise awareness of the importance of screening for breast cancer and to provide facilities for the early detection of, treatment for and recovery from the condition. It was launched in 2011 under the patronage of the Ruler of Sharjah Dr Sultan bin Mohammed Al Qasimi and his wife, Jawaher Bint Mohammed Al Qasimi. The Pink Caravan organises an annual *Pink Caravan Ride*, taking a route through all seven emirates, with a particular focus on reaching remote areas.



"It has been a great honor for the Emirate of Sharjah to be the first city to qualify as an awarded EMRO Healthy Cities in the Middle East and the region and to fulfill our Ruler's, His Highness Shaikh Dr. Sultan bin Muhammad Al Qasimi,

vision to make a better quality of life for our citizens. Implementing Sharjah Healthy City Programme (HCP) encourages cities in the Emirate to cooperate with various sectors in fulfilling Healthy Cities requirements and standards. Sharjah aims to lead by example as a healthy city with its vision to implement activities in all the HC domains as necessity for the community's benefit and well-being. This will hopefully impact neighboring cities in the UAE and allow us to move together with empowered governments to encourage community involvement in pursuit of sustainable living."

H.E. Dr. Abdelaziz Saeed Almheiri

Chairman of the Sharjah Health Authority, Chairman of Sharjah Healthcare City Authority





Children and the public are introduced to the Sharjah Healthy Cities Programme, and more than 100 children participate in the activities provided.

—source: Sharjah Health Authority – Healthy City Department

Section III

Conclusions and Steps Forward



Section III – Conclusions and Steps Forward

Synthesis of Findings and Conclusions

Invitation to Join the Regional Healthy Cities Network

Plans for the Future

Endnotes



Synthesis of Findings and Conclusions



The EMRO Healthy Cities Programme has gathered significant momentum in the past five years and has demonstrated its capacity to inspire and motivate political leaders and communities. Healthy Cities has been particularly successful (and has added value) in two critically important but often unrealized aspirations in modern experience- and evidence-informed public health practice; namely, intersectoral action and community engagement. Most public health challenges of today require broad partnership-based solutions and empowered and motivated end-user community involvement. Healthy Cities offers well-tested and adaptable mechanisms and processes to promote and protect the health of people living and working in diverse urban or rural settings irrespective of size or socio-economic conditions. Healthy Cities systematized approaches have been honed, tested and refined by decades of global and Regional public health experience and practice. Healthy Cities, for example, was born out of the Health for All movement and is totally aligned with the sustainable development goals agenda.

This document provides a strategic overview ('feels the pulse' of the programme) and identifies ways to further grow the Healthy Cities movement in the EMR. Its main data sources are questionnaires and interviews with officials from ministries of health, governorates and cities. These sources offered precious information and insights about the standing and potential of the programme in countries and the Region as a whole.

Based on the above the following main conclusions were drawn:

- Healthy Cities Programme has achieved visibility and strong political support at the highest levels nationally and locally.
- Healthy Cities Programme has become a priority in National Development Plans and National Health strategies. It is increasingly seen as an effective strategic vehicle for health and sustainable development at the local level.
- Healthy Cities are spreading rapidly within all active countries. The aim is to engage all governorates, districts and cities.
- Healthy Cities are functionally well connected with Primary Health Care and community-based initiatives.
- The Healthy Cities Programme is very successful as a convener of committed partnerships for health with governmental sectors, civil society organizations and the private sector.
- Healthy Cities have been very successful in mobilizing and engaging communities and inspiring volunteerism in a major way. Healthy Cities have unleashed the energy and creativity of a wide range of community actors.
- Healthy Cities framework and platforms contributed significantly and inspired innovative action in the management of the COVID-19 pandemic.
- Healthy Cities Programmes are very well placed to provide leadership and support to address climate change issues in urban settings.
- Healthy Cities Programmes are valued because they promote community ownership and trust.
- The Gulf Cooperation Committee contributed in a major way to the advancement of the Healthy Cities Programme agenda in its member countries.
- There is enthusiasm and interest amongst all seven countries that are currently active in Healthy Cities in the EMR to support the spread of Healthy Cities in all countries of the Region.

The Gulf Cooperation Council (GCC) and Healthy Cities

The creation of the Healthy Cities Committee under the Health Council of the Gulf Cooperation Council (GCC) has given to the Healthy Cities programme a significant boost. GCC consists of six countries, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates (UAE), as Member States. The Healthy Cities Committee which consists of focal points from all member countries, represents a permanent coordination mechanism which offers a unique platform for technical cooperation and an important channel for drawing political attention on Healthy Cities to all GCC countries. The chair of the

Committee is rotated between the member countries. Since the creation of the Committee, Healthy Cities has been expanded significantly to all the gulf countries. The Committee plays a strong advocacy role and offers a mechanism for sharing information, exchanging experiences, joint-up technical work, mentoring and twinning arrangements between countries and cities, capacity building, training as well as providing content to conferences and hosting meetings in programme sites. The Committee has worked on and supported the development of several technical products including guidelines for implementing Healthy Cities, indicators for evaluation, training packages and conceptual development e.g. on the healthy malls concept.



The 12th meeting of the GCC Joint Committee for Healthy Cities hosted by The Department of Community Health Initiatives of the Ministry of Health in Sultanate of Oman. The GCC Joint Committee for Healthy Cities is a successful example of multi-country leadership, collaboration and knowledge and experience sharing. In 2022, The GCC health ministers declared March 1 Healthy City Day. (Source- Ministry of Health Oman)



Invitation to Join the Regional Healthy Cities Network



AN INVITATION TO JOIN

Join our Healthy Cities Network for Health and Wellbeing:

Now more than ever

An opportunity to start and/or reinvigorate existing programmes

We are extending an open invitation to you, not merely as national, local or community leaders but as visionaries of change, to join and strengthen our WHO Healthy Cities Network. We invite you to embrace our shared commitment to prioritize the health and well-being of people living in cities and be an agent of change to achieve SDGs.

The Healthy Cities Programme is adaptable and can be applied in different countries, provinces, cities irrespective of size or social, economic, environmental or health conditions.

How to join the Healthy Cities Network?

To join the Regional Healthy Cities Network and start implementing healthy cities related interventions or projects at city level, it is recommended to follow the Healthy Cities Programme framework for implementation from WHO– see short guide to implementing the healthy city programme. Please fill the registration form available at the Regional Healthy Cities Website, get signature from your city authority and we will provide you with needed technical support, through the WHO country office in your country, to develop your plan of action, establish a coordination committee and subcommittees, monitor and evaluate the programme and interventions.

The WHO, through its three-levels, is keen and committed to support you in getting started now. Modalities of engagement include Healthy Cities policy dialogue, technical support, as well as facilitating cross-country knowledge-sharing, lesson-learning, and capacity building opportunities.

Being part of this movement offers a unique chance to collaborate and innovate, and ultimately shape a brighter future for our urban centers. Our unwavering dedication to people-centric cities, with health at the center of all policies, also inspires others to take action.

In light of the success stories in our region, seize this opportunity to explore with us what it means to become an active member of the Healthy Cities Network, and discover how to harness its tremendous potential for better health for all and by all.

Together, we can build communities that are healthier, safer, more equitable, and more sustainably vibrant.

Message to existing registered cities

We are pleased to offer a special invitation to all currently registered cities to rekindle their activities and take the lead in reaching out to new cities. You already know the power of Healthy Cities approaches and we are ready to work together with you to make health for all by all more of a reality for your community and other cities in your country.

Plans for the Future

The timing is right to strengthen and expand the Healthy Cities Network in the EMRO Region. There is a growing recognition about the relevance and the value of Healthy Cities as a powerful and effective strategic tool for promoting and protecting the health of urban populations. Most of the public health challenges of our time require action at the local level where inter-sectoral and Health-in-All-Policies (HiAP) approaches can be very effectively promoted.

The COVID-19 pandemic has shown the importance of city leadership, multisectoral action and community engagement as integral and critical aspects of local resilience, preparedness and response in public health emergencies. Numerous countries in the EMRO Region and beyond have reported that Healthy Cities with their well systematized approaches to intersectoral working, community engagement and equity focus had fewer COVID-19 related cases and deaths². Undoubtedly the wealth of positive and innovative experiences in dealing with the COVID-19 pandemic at the local level, have boosted significantly the standing of Healthy Cities in countries and in WHO.

Countries and cities interviewed for this report consistently reported strengthening political commitment for Healthy Cities and plans for active expansion.

The Kuwait MoH, for example, expressed a strong drive “to demonstrate the political and strategic power of the movement in Kuwait, the way it has been embraced by the government, by cities, by governorates, and by districts highlighting how it has been positioned to be a very significant platform”. Similarly, the Bahrain MoH also expressed determination to continue working vigorously on implementing Healthy Cities “in partnership with governorates and with the cooperation of all sectors to award all cities the Healthy City status”. Iran intends to invest in the development of a National Healthy Cities Network “as a platform to promote healthy cities development and expansion through continuous capacity building, technical support and providing opportunities for peer learning”. Sultanate of Oman has identified the Healthy Cities Programme as a national priority. Similarly, all municipalities in Qatar have been awarded the Healthy City Status and the country is fully committed to maintain it through the re-evaluation that is scheduled every three years from the first awarding. Furthermore, the Kingdom of Saudi Arabia MoH is set to revolutionize its Healthy Cities Programme with an advanced dashboard,

the first of its kind in this domain. This state-of-the-art tool will: drive innovation, inform policy decisions, align strategies, facilitate advocacy and promote ownership and competition.

Over and beyond national objectives, the timing appears to be also right to take advantage of the emerging opportunities to reposition and align Healthy Cities strategically and programmatically with key organizational agendas and priorities including the extended GPW13 new framework and the GPW14 process.

A renewed plan for Healthy Cities in the Region (Healthy Cities Phase 2.0) will be developed which will focus on the following strategic priorities:

- Advancing the **political and strategic standing** of Healthy Cities in the Region.
- Revisiting and **adjusting the priority action agenda of the programme** to meet emerging needs and expectations.
- **Scaling-up Healthy Cities in countries of the Region** that have had little or no involvement to date and develop mentoring support arrangements.
- Actively **exploring cross-cutting links** and develop collaborations with other relevant programmatic areas within Regional Office.
- Further developing the **strategic and operational capacity of the Regional Healthy Cities network**.
- Promoting the **establishment of national healthy cities networks** in countries of the region to be connected with the Regional Healthy Cities Network and possibility of twining with national networks in other regions.
- Reviewing and **adjusting the criteria for awarding WHO Healthy Cities status** and strengthening mechanisms for monitoring and evaluation of the Healthy Cities Programme in the Region.
- Exploring and introducing modern digital technology and communication systems to support Healthy Cities implementation throughout the Region.
- Strengthening links with relevant international agencies, networks of cities and also with the **global Healthy Cities Network**.



Selected actions of major importance to address the above strategic priorities include:

- Recognize and mainstream 'Healthy Cities' position in the Regional Office as a political and strategic vehicle for promoting whole of government and whole of society approaches to health, equity, wellbeing and sustainable development at the sub-national level (district/city/provincial).
- Develop a plan and campaign for encouraging, and supporting countries to introduce Healthy Cities initiatives.
- Organize leadership for health and wellbeing briefings and training for mayors, governors and MoH officials.
- Develop together with countries and cities comprehensive plans to deal with the impact of climate change on health at the local level.
- Renew step-by-step guidance on implementing Healthy Cities with emphasis on advancing strategic thinking, results-based planning and on preconditions for successful implementation.
- Produce guidance on establishing and running Healthy Cities national networks.
- Seek strategic alliances with other cities' networks and partners in the Eastern Mediterranean Region as well as UN agencies that are active in taking forward the SDG agenda locally.

The Healthy Cities Programme in the Eastern Mediterranean Region has accumulated a wealth of experience and developed innovative practices in addressing all action domains (see Box 1 p.10) and in dealing with the pandemic. Thoroughly documenting and sharing this experience and lessons learned is essential. The Programme will strengthen and advance knowledge production and sharing and advocate for more engagement in the Healthy Cities movement.



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Annexes



Annex 1 List of Contributors and Respondents

Country	External Contributors			WHO Country Level	
	Contributor name	Title	Level	City (if applicable)	Focal Points
Bahrain	Dr. Wafa Ebrahim Alsharbati	Health Promotion Director	National	N/A	Shanine MOHEBAT, Health Promotion Officer
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Iran	Dr. Alireza Moghisi	National Focal Point for Healthy Cities, Health Education and Promotion Department, Ministry of Health, and Medical Education	National	N/A	Dr. Syed Jaffar HUSSAIN
	Mr Hassan Firouzi	Governor of Oskou	Local	Sahand	
	Dr. Rasoul Hashemi	Head of the Oskou health network/ head of the scientific secretariat in Sahand Healthy City	Local	Sahand	
	Mr Hadi Sarraf	Deputy mayor of Sahand/ head of the executive secretariat in Sahand Healthy City	Local	Sahand	
	Mr Tofigh Alizadeh Mobasher	Head of the health education group in Tabriz University of Medical Sciences/ representing the public health deputy chancellor in Sahand Healthy City	Local (province)		
Kuwait	Dr. Amaal Hussain Aliahia	Head of the Healthy Cities Office, MoH	National	N/A	Serin AL GHUSSEIN, Communication Specialist Dr Batoul Dawi, Public Health Officer from WHO CO Kuwait
	Dr. Ghassan Allothman	Chairman of of Yarmouk Healthy City	Local	Al Yarmouk	
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Country	External Contributors				WHO Country Level	
	Contributor name	Title	Level	City (if applicable)	WHO Representative	Focal Points
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	Dr. Najat Al Zadjali	Member of Yanqul healthy city committee		Sohar		Nathalie Khawam, Pharmaceutical Support Officer
	Dr. Zahir Alanqoudi	Family medicine consultant Head of Nizwa healthy city executive office		Nizwa		
Qatar	Hatoun Saeb	Project Manager, Health in All Policies Unit, MoPH	National	N/A	Dr. Rayana Ahmad BOU HAKA	
Saudi Arabia	Dr. Mohammad Nadur Khashoggi	Director-General Healthy Cities Programme MoH KSA	National	N/A	Dr. Adham Rashad Ismail ABDEL MONEIM Dr. Ibrahim El-Ziq. (WR Tunisia, former WR KSA)	Dr. Khaled Nada, Public Health Officer
	Mrs. Sarah Ibrahim Al Khuoraif	Assistant General Director of Healthy Cities Programme, MoH KSA				
	Dr. Manal Mohammed Shams	Director of the Health and Lifestyle Programme, MoH KSA.				
	Dr. Metrek Ali Al metrek	Supervisor of Healthy Cities Programme	Local	Aseer region, Abha city		
UAE	Dr. Abdelaziz Saeed Al Mheiri	Chairman of the Sharjah Health Authority, Chairman of Sharjah Healthcare City Authority	Local	Sharjah	(Desk Officers) Dr. Hala SAKR ALI Dr. Mondher LETAIEF	
	Dr. Noura Alnasri	Head of Committee (Healthy Cities Expansion in Sharjah) Head of Healthy Cities Dept. in Sharjah Health Authority				



Annex 2 Certification Criteria (80) and Domains (9)

A) Community organization and mobilization for health and development		
Result	Evidence available +	Evidence not available -
1. Cluster representatives/volunteers are selected and trained on needs assessment, prioritization, data analysis, project preparation, monitoring, recording and reporting mechanisms.		
2. The healthy city coordinating committee has been formed, registered with local authorities as a community-based organization or nongovernmental organization, and members have been oriented on their tasks and responsibilities.		
3. Cluster representatives/volunteers are active partners in local health and social planning and procedures. They can also ensure that health care and other social services are used in their clusters.		
4. The healthy city coordinating committee monitors and supervises socioeconomic projects, records achievements and constraints and identifies local solutions for local problems.		
5. The healthy city coordinating committee looks for resources and builds relationships with potential partners for further development in their local areas.		
6. A community centre has been established or planned for different uses according to the community's needs (e.g. to hold community meetings, conduct vocational training, serve as a community information centre, or hold local cultural, national, and religious events, etc.).		
7. Women's and youth groups have been established and registered and are contributing to local development interventions.		
B) Intersectoral collaboration, partnership, and advocacy		
Result	Evidence available +	Evidence not available -
8. Members of the healthy city coordinating committee are nominated officially by different sectors .		
9. The healthy city coordinating committee is formed under the leadership of the mayor or governor, drawing its members from the representatives of all relevant sectors. Minutes of all meetings are recorded and reported.		
10. An official coordinator for the Healthy Cities Programme is appointed and provided with sufficient staff, physical space and facilities.		
11. Members of the intersectoral team meet with healthy city coordinating committee and provide technical advice and support for the community.		
12. Potential partners are located and contacted and at least one joint project with partners is being conducted in the healthy city implementing site.		
13. Financial issues related to joint activities are recorded, reported and shared with the community for the sake of transparency.		
14. Success stories are documented, published and used for advocacy. A comprehensive strategy and tools for advocacy taking into consideration local culture have been created and are being implemented by the local community development committee.		



C) Community-based information centre

Result	Evidence available +	Evidence not available -
15. A community-based information centre has been established and cluster representatives/volunteers and members of the intersectoral team are trained to collect key information, analyse it and use it for local development planning.		
16. Key information is displayed in the community-based information centre or local Healthy Cities Programme office and shared with the community and other relevant sectors/partners.		
17. Key information is used for advocacy and monitoring purposes by the local community development committee and other stakeholders.		
18. Baseline survey forms, its results, and information on current projects are well documented, up to date, and available from the local community development committee and the healthy city focal point.		
19. A city profile is created, regularly updated and used for planning and monitoring purposes.		

D) Water, sanitation, food safety, and air pollution

Result	Evidence available +	Evidence not available -
20. The programme implementation site is clean and has enough green areas.		
21. An effective community-based solid waste management system is set up in the programme implementation site.		
22. Water sources are mapped and protected. A water treatment plan has been established and the healthy city coordinating committee is aware of it.		
23. All families have sustainable access to safe drinking-water and basic sanitation. They are aware of the dangers associated with unsafe water and know how to purify water using what is locally available.		
24. Cluster representatives/volunteers are trained in maintaining healthy environments/healthy settings and related interventions accessible to the public such as healthy market places, healthy hospitals, healthy schools, etc.		
25. The community is involved in food safety and all healthy food shops/markets are monitored by the national food safety departments .		
26. Healthy food markets are easily accessible selling essential products such as iodized salt.		
27. Smoking is prohibited in closed areas and public places and a plan for creating a smoke-free city has been developed, approved and put in place.		
28. A community-based air quality management centre is established in the Healthy Cities Programme implementation site (involving the municipality) to ensure that air pollution is monitored regularly. The community is aware of the dangers of air pollution.		
29. City planners are implementing interventions that prevent air pollution.		
30. Urban zoning and housing schemes conduct air pollution impact assessment before being approved. Such housing schemes ensure, for example, households' access to clean fuel, ventilation, improved kitchen stoves and heating appliances.		

E) Health development

Result	Evidence available +	Evidence not available -
31. Cluster representatives and health volunteers are trained on priority health issues and health-related programmes. They are active in health promotion and education and they follow up on procedures through regular contact with local health-care providers.		
32. Cluster representatives and health volunteers register and report births, deaths and other vital statistics.		
33. The healthy city coordinating committee, in collaboration with health-care providers, have established sustainable referral systems.		
34. The community is trained and actively involved in community participatory research projects.		
35. A subcommittee of the healthy city coordinating committee has been formed to manage and supervise local health care services.		
36. All essential medicines, vaccines and medical instruments (according to the local health system's needs) are available at urban health facilities.		
37. The quality of health care services, clients' satisfaction with the services, health care staff's level of training, and interactions between health-care providers and the community are assessed and actions are taken accordingly.		
38. All pregnant women receive timely antenatal care (including tetanus toxoid vaccinations). A safe delivery plan for all pregnant women in their third trimester has been prepared and all women have access to a safe and clean delivery setting, where they are assisted by skilled birth attendants.		
39. All mothers receive postnatal care for at least 40 days after delivery.		
40. All children have been fully immunized against vaccine preventable diseases by the age of 1 year.		
41. All newborn babies are registered by cluster representatives and health volunteers and are vaccinated at birth and during the first year of life as per the national Expanded Programme on Immunization (EPI) schedule.		
42. The healthy city coordinating committee, cluster representatives and health volunteers are actively involved in polio campaigns (if any are being conducted).		
43. All children under age 5 have access to and are receiving regular health care services (including growth-monitoring) and a functioning follow-up system is in place.		
44. Malnourished children and mothers suffering from vitamin A deficiency and iron deficiency anaemia are identified and receive treatment and follow-up care.		
45. The tuberculosis DOTS strategy is being implemented using trained cluster representatives or volunteers as treatment partners.		
46. The malaria control programme (if needed) is being implemented with the active involvement of cluster representatives or volunteers and the leadership of local community development committees.		
47. Cluster representatives and health volunteers report all suspected cases of tuberculosis, malaria, HIV and other communicable diseases to the nearest health facility and carry out follow-up activities according to the training they have received from health facility staff and ensure family members are taking part in weekly healthy physical activities.		



48. Communities are informed about modes of transmission and preventive measures for HIV/AIDS. All diagnosed cases of HIV/AIDS are supported by cluster representatives and health volunteers.		
49. All chronically-ill patients (e.g. with diabetes, hypertension, cardiovascular diseases, cancer, kidney disorders, etc.) are identified, mapped, and a follow-up plan has been put in place by cluster representatives and health volunteers, who ensure that all individuals receive timely medical examinations and medication.		
50. All cases of mental disorders and substance abuse are identified and receive community support and assistance. Educational activities are carried out in the community to reduce stigma.		
51. All people with physical disabilities are mapped and receive community support to ensure their ability to earn a livelihood.		
52. Dangerous areas in programme sites are identified and appropriate actions/ measures are taken to reduce death, injury and disability caused by accidents.		
53. The programme implementation area is free from crime, violence, and discrimination against women, men and ethnic groups.		
54. The community is adopting and promoting early childhood development and child-friendly homes and communities.		
55. The healthy school initiative is in place in all schools in programme implementation sites.		
56. Occupational health and safety procedures (especially accident prevention) are in place in all workplaces and workers have easy and quick access to first aid equipment and services.		

F) Emergency preparedness and response

Result	Evidence available +	Evidence not available -
57. Common emergencies that have occurred in the past 20 years have been identified and the number of victims and local infrastructure that was damaged or destroyed have been documented.		
58. A subcommittee for emergency preparedness and response has been established, oriented and tasks are assigned to members.		
59. A city profile has been developed and a copy of this profile is kept outside of the programme implementation area.		
60. Cluster representatives and health volunteers are trained on emergency preparedness plans, how to deal with emergencies and the provision of first aid when and where it is required.		
61. A contingency plan has been prepared and shared with competent local authorities for resource mobilization and required action. The community knows about the contingency plan, what to do, whom to report to and who will do what during an emergency situation.		
62. Vulnerable groups (e.g. pregnant women, people with physical disabilities, chronically-ill patients, malnourished people, elderly people, people with mental disorders, etc.) are mapped and this information is shared with the competent authorities in advance of an emergency.		

G) Education and literacy		
Result	Evidence available +	Evidence not available -
63. All eligible children (girls and boys) are enrolled in school and no pupils have dropped out.		
64. School headmasters hold regular meetings with local community development committees, parents, and other stakeholders to assess the quality of education, school environments, the children's health status, and relationships between parents, children and teachers in order to overcome existing shortcomings or problems.		
65. Standards for the quality of education are in place in schools located in programme sites.		
66. A subcommittee for education has been formed under the community development committee and schools are regularly monitored. The subcommittee coordinates with the district education department.		
67. Youth and women's groups are encouraged to be active members of the literacy campaign on a voluntary basis.		
H) Skills development, vocational training, and capacity-building		
Result	Evidence available +	Evidence not available -
68. Local skills, interests and appropriate technologies are assessed and promoted.		
69. Skills training centres that are linked to the local market have been established for males and females and are supported by intersectoral teams.		
70. The healthy city coordinating committee gives priority to the provision of microcredit loans to students of vocational training centres.		
71. Vocational training centres are self-financed and self-managed by the community or local nongovernmental organizations.		
72. Computer training centres, language classes, sport facilities, etc. have been established and are self-managed and self-financed by the community or local nongovernmental organizations.		
73. Innovative people have been identified, supported and promoted.		



I) Microcredit activities

Result	Evidence available +	Evidence not available -
74. Poor and needy members of the community are identified according to specific criteria (agreed upon by the city coordination team) and priority is given to them in the provision of income-generating loans.		
75. Linkages are made between local skills and vocational training centres and microcredit activities, ensuring that the area is moving towards self-sufficiency.		
76. All financial issues are recorded, registered, and followed up on by the finance secretary of the healthy city coordinating committee.		
77. Loans are repaid on a regular basis and a follow-up mechanism established by the healthy city coordinating committee or local banking system is in place.		
78. A bank account has been opened for the healthy city coordinating committee or programme office and all financial interactions related to microcredit schemes go through the relevant bank. The programme coordinator and the community are well aware of it.		
79. A 5%–10% service charge is taken from each income-generating loan and is collected in a separate account to be used for social development activities (i.e. social development funds).		
80. Cluster representatives ensure the timely deposit of monthly repayments from beneficiaries within their respective clusters and keep the repaid money in a revolving fund for future activities.		



Annex 3 – Regional Healthy Cities Network as of October 2023



Country	City	Registration Status
Afghanistan	Faizabad	Registered
	Herat	Registered
	Jalalabad	Registered
	Kandahar	Registered
	Kunduz	Registered
	Mazar-e-sharif	Registered
Bahrain	A'ali	Awarded
	Busaiteen & Al Sayah	Awarded
	Capital Governorate	Registered
	Manama	Awarded
	Muharraq	Registered
	Northern Governorate	Registered
	Riffa	Registered
	Um Al Hassam	Awarded
Egypt	Cairo	Registered
	Port Said	Registered
Iran	Ardabil	Registered
	Ardakan	Registered
	Babolsar	Registered

Country	City	Registration Status
	Bandar Gaz	Registered
	Birjand	Registered
	Fereydunkenar	Registered
	Germi	Registered
	Givi	Registered
	Jolfa	Under Evaluation
	Karshan	Registered
	Kelardasht	Registered
	Khalilshahr	Registered
	Khalkhal	Registered
	Maragheh	Under Evaluation
	Marzan Abad	Registered
	Meshkinshahr	Registered
	Namin	Registered
	Nir	Registered
	Sahand	Awarded
	Semnan	Registered
	Tehran	Registered



Country	City	Registration Status
Jordan	Amman	Registered
	Aqaba	Registered
Kuwait	Al Adailiyah	Awarded
	Abdullah Al Mubarak	Registered
	Abdullah Al-Salem	Awarded
	Al Daiya	Registered
	Al Dasma	Under Evaluation
	Al Oyoun	Under Evaluation
	Al Rehab City	Registered
	Al Shaab	Registered
	Al Shamiyah	Awarded
	Al Sulaibikhat	Registered
	Al Zahraa	Registered
	Al-Surra	Under Evaluation
	Al-Yarmuk	Awarded
	Faiha	Awarded
	Hawalli Governorate	Registered
	Jaber Al-Ali	Registered
	Mubarak Al-Kabeer City	Registered
	Qortuba	Registered
Lebanon	Saida	Registered
	Tripoli	Registered
Morocco	Salé	Registered
Oman	Al Buraimi	Under Evaluation
	Barka	Registered
	Khasab	Registered
	Masirah Island	Awarded
	Muscat	Registered
	Nizwa	Awarded
	Salalah	Registered
	Sohar	Under Evaluation
	Sur	Awarded
	Yankul City	Registered
Pakistan	Islamabad	Registered
Qatar	Al Daayen	Awarded
	Al Khor	Awarded
	Al Rayyan	Awarded
	Al Shahaniyah	Awarded
	Al Shamal	Awarded
	Al Wakra	Awarded
	Doha	Awarded
	Umm Salal	Awarded

Country	City	Registration Status
Saudi Arabia	Abha	Registered
	Al Arda	Awarded
	Al Ghat	Awarded
	Al Hoffuf	Registered
	Al-Jumum	Awarded
	Al Khobar	Awarded
	Al Mandaq	Awarded
	Al Qaisomah	Registered
	Al Qunfudah	Registered
	Al Qurayyat	Registered
	Alula	Registered
	Al Zulfi	Awarded
	Arar	Registered
	Belgharn	Registered
	Bisha	Registered
	Dawmat Al Jandal	Registered
	Diriyah	Awarded
	Farasan Island	Registered
	Hail	Registered
	Jalajil	Awarded
	Jeddah	Registered
	Medina	Awarded
	Riyadh Al Khabra	Awarded
	Sharurah	Awarded
	Ta'if	Awarded
	Unayzah	Awarded
Sudan	Atbara	Registered
	El Obeid	Registered
	Sennar	Registered
Tunisia	Tunis	Registered
United Arab Emirates	Abu Dhabi Sharjah	Registered
	Sharjah	Awarded





**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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Department of Healthier Populations (HPD)

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a call for
solidarity
and action