World Health Organization

HEALTHY CITIES

EFFECTIVE APPROACH TO A RAPIDLY CHANGING WORLD

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Healthy Cities: Effective approach to a rapidly changing world

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Introduction

Healthy Cities is a thriving and dynamic movement around the world with a rich 30-year history. Its evolution and implementation during that time 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 initiative was conceived with the goal of placing health high on the social and political agenda of cities by promoting health, equity and sustainable development through innovation and multisectoral change *(1)*. Its creation was based on recognition of the importance of action at the local, urban level and of the key role of local governments. It thrives at the cutting edge of public health, and this is one of the factors that contributed to its success. Healthy Cities and local governments have 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 during development of the World Health Organization (WHO) *Thirteenth general programme of work 2019–2023* (GPW13). Healthy Cities is a strategic vehicle for health development and well-being in urban settings, and actions taken at the city level have a cross-cutting relevance to the majority of technical areas of WHO's work.

The need for a consistent WHO approach to the Healthy Cities movement was introduced and discussed during a health promotion technical focal points meeting that took place in Geneva on 25–26 February 2019. A two-part rapid survey was undertaken to inform that discussion:

> *Part 1* focused on three issues related to the positioning of Healthy Cities in each WHO region, namely: its location in the organization; its connection with relevant regional political statements, strategies and plans; and the main operational features, themes and priorities of these programmes.
>
> *Part 2* addressed the question of the main features and themes of Healthy Cities, and the role of WHO headquarters in supporting the global movement.

The results highlighted similarities – and significant variations – between the regions as well as issues and perspectives of priority and contextual relevance to each region.

Healthy Cities: Core attributes, values and principles

Healthy Cities is a values- and partnership-based political project and multi-level movement. It provides a platform and mechanism for engaging and working with local/municipal governments and communities on issues impacting health and well-being. It is widely regarded as one of the key health promotion, settings-based approaches, along with other initiatives such as healthy workplaces, health-promoting schools, universities and hospitals, as well as healthy markets. More importantly, however, Healthy Cities is considered as being well-positioned and recognized as an effective strategic vehicle for reaching out to local and municipal governments and local leaders and community stakeholders across multiple sectors. The active involvement of mayors, and other local political and community leaders, in all aspects of Healthy Cities is crucial.

Various definitions have been proposed as to what constitutes a healthy city. Experience has shown that descriptive definitions are generally easier to explain and communicate to the diverse audiences and stakeholders the initiative works with. The following definition offers such an example:

> *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.*

The dynamic concept of Healthy Cities continuously evolves: integrating state-of-the-art scientific evidence; addressing emerging public health challenges; aligning with global and regional strategies for health and sustainable development; integrating knowledge from experience; and grounding itself on local priorities and concerns.

One important example demonstrates the indisputable requirement for the dynamic Healthy Cities concept: the response to emerged health crisis such as severe acute respiratory syndrome (SARS) and COVID-19. The high population density, informal settlement settings, casual employment, presence of low-income migrants and refugees, as well as inadequate access to sanitation, all magnify cities' vulnerability. This underlines the need for Healthy Cities to initiate long-term urban resilience to health risks and crises.

Accordingly, GPW13 provides an opportunity to revitalize Healthy Cities, and explicitly recognizes the important role of municipal governments in promoting the health-in-all-policies approach.

Political legitimacy to address challenging issues – such as equity, vulnerability, the determinants of health and sustainability – comprise a key part of the initiative's uniqueness. One of the main strengths of the global Healthy Cities movement is the diversity of political, social and organizational contexts within which it is being implemented within and across different regions.

Links to key global and regional strategies and plans

The legitimacy, potential impact and long-term sustainability of Healthy Cities depends on how well and how explicitly it is aligned with political and strategic agendas at the global, regional and country levels. These include: The United Nations (UN) Agenda 2030; global or regional resolutions, strategies or action plans in the areas of health promotion, urban health and governance for health; health-in-all-policies; social determinants of health (SDH) etc. In the WHO European Region, for example, Healthy Cities was launched as a vehicle to strengthen implementation of WHO strategies 'Health for All' and 'Health 2020', at the local level.

Countries increasingly include Healthy Cities approaches in national legislation, health policies and plans. Political statements, charters and declarations have been adopted by mayors and other local political leaders, expressing commitment to achieve the Healthy Cities values, principles and goals. Such statements represent an essential aspect of the Healthy Cities approach. For example, the 2016 *Shanghai Mayors Consensus* has been instrumental in renewing and legitimizing interest in Healthy Cities across the WHO and in countries. Since 2016, several regions launched political statements and declarations drawing on the *Shanghai Mayors Consensus* in order to reinforce Healthy Cities developments in their respective areas.a

It is imperative that political leaders emphasize health as a core value in city vision statements, policies and strategies, as well as acknowledging that they are well-placed to influence the conditions that determine – or undermine – the health and well-being of citizens. They should also acknowledge the link between health and sustainable development, and the role of local governments in the implementation of Agenda 2030.

Key concepts, approaches and methods

Healthy Cities is continuously enriched with the best available concepts and methodologies to address current and emerging public health challenges in urban settings. Their holistic use is essential for implementing the Healthy Cities agenda and for creating the preconditions for maximum impact and innovation. It is not only important *what* priorities a city wishes to address, but *how* it plans to address them. Traditional approaches to public health can have limited effect and scope in the context of cities. Established public health interventions are typically 'downstream' (focusing on proximal causes) rather than addressing the root causes of ill-health and unhealthy behaviours.

Key issues, concepts and methods that should be addressed and employed by Healthy Cities are:

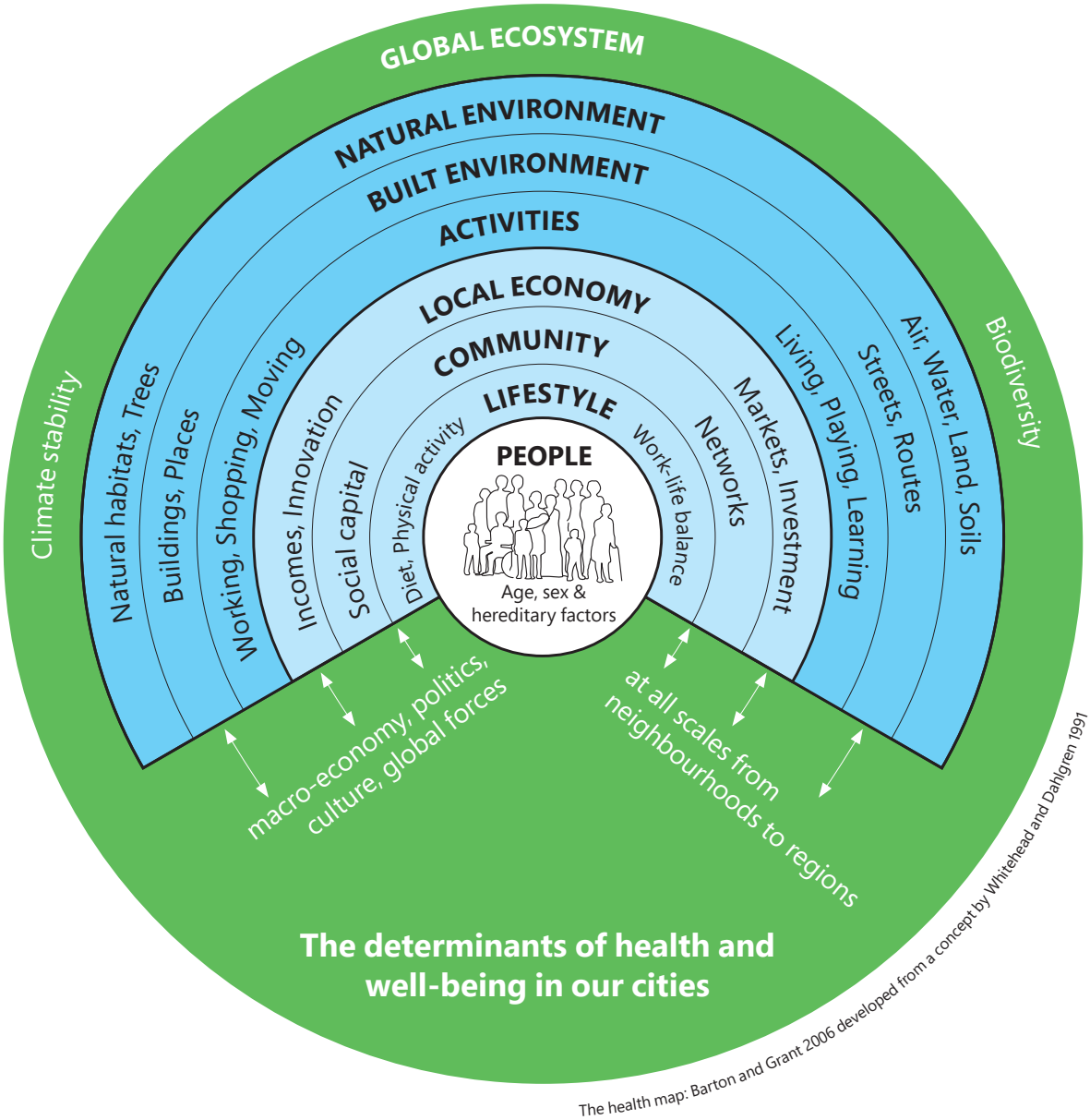
1. Explicit focus on both **health *and* well-being**.
2. Emphasis on the **right to health** for all and **universal health coverage (UHC)**.
3. The **Sustainable Development Goals** (SDGs) and Healthy Cities *(4, 5)* go hand-in-hand, and they are mutually reinforcing.

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

a For example, the *Copenhagen Consensus of Mayors*, WHO Regional Office for Europe, 2018 and *Santiago de Cuba Statement*, WHO Regional Office for the Americas, 2018

4. Addressing the **social determinants of health** (SDH) and health inequalities. Under the SDH umbrella term several determinants have gained special attention in recent years including commercial, political, ecological and cultural determinants of health.
5. An explicit grounding in **health promotion** and in particular the ***Ottawa Charter for Health Promotion*** and its principles, including *Creating supportive environments for health for all; Investing in creating healthy places; and Making the healthy choices the easy choices.*
6. Understanding the specificity of the **urban and built environment** and its positive and negative impacts on health and well-being. Figure 1 illustrates the determinants of health in the urban context.

Figure 1. The determinants of health and well-being in the urban context *(6)*



7. Applying the **life-course approach** *(7)*: Supporting good health and its social determinants, throughout the life-course, increases healthy life expectancy and yields important economic, societal and individual benefits. There is an accumulation of advantage and disadvantage across the life stages.
8. **Promoting population-based approaches** *(8)*: A population-based approach to health focuses on improving the health status of the overall population.
9. Promoting **health literacy** *(9),* surpassing the narrow concept of health education. It is influenced by the sociocultural context within which people live, and applies to individuals, communities and institutions.
10. Creating conditions for **community resilience** *(10–12),* the ability to anticipate risk, limit impact, and bounce back rapidly through survival, adaptability, evolution and growth in the face of hardships and emergencies.
11. **Local level governance** for health and well-being: An intersectoral and multisectoral approach to health development has been one of the cornerstones of the Healthy Cities movement. The various approaches of modern governance for health at the local level can be effectively employed to address and resolve complex urban health issues, address health inequalities and take forward the local SDG agenda.
    - **Health-in-all-policies** is an approach to public policy across sectors that systematically accounts for the health implications of decisions *(13)*; seeks synergies; and avoids harmful health impacts in order to improve population health, reduce risk and improve health equity.
    - **Whole-of-government approach** *(8, 14)*: addresses complex public health issues through upstream action in interconnected ways to achieve shared goals and clear lines of shared accountability.
    - **Whole-of-society approach** to health: extends beyond institutions, to a wide range of stakeholders, including: individuals, families and communities; intergovernmental organizations; religious institutions; civil society; academia; the media; voluntary associations; and, as appropriate, the private sector and industry, in support of health development.

From goals to domains of action

From its inception, Healthy Cities has been rooted in a firm set of **values**: 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. These values and principles are more relevant than ever, although over the years, their meaning, content and evidence base have evolved significantly *(2)*.

In translating Healthy Cities to the 21st century context, the **main goals** of the initiative 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 UHC, and social services that are accessible and sensitive to the needs of all citizens.
4. Investing in health promotion and health literacy.
5. Investing in a healthy start in life for children, and providing support to disadvantaged groups such as migrants, the unemployed, and people living in poverty.
6. Strengthening disease prevention programmes, with special focus on obesity, smoking, unhealthy nutrition and active living.
7. Promoting healthy urban planning and design *(3)*.
8. Investing in green policies, clean air and water, as well as child- and age-friendly city environments, and addressing climate change-related issues such as 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 respond to public health emergencies.

Healthy Cities will lose its potential for positive health impact if it is limited to conventional health initiatives and practices – which represent the day-to-day work of existing public health and environmental services – or if it mainly focuses on organizing health education campaigns and competitions.

Advocacy and communication are vital to the Healthy Cities initiative. Explaining its unique goals and approaches to the wider public and non-specialist audiences should be clear and compelling. A politician, for example, could say that Healthy Cities is about:

- *making the health and well-being of our people a top priority;*
- *working together – public sectors and communities – for the health of our city;*
- *caring for all our people and promoting equity and 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.*

Table 1 outlines the eight critical areas that together form the framework for organizing and implementing Healthy Cities initiatives and movements.

Table 1. Essential Healthy Cities action domains

Improve city governance for health and well-being	Reduce/minimize health inequalities	Promote health-in-all-policies approach
Promote community development and empowerment, and create social environments that support health	Create physical and built environments that are supportive to health and healthy choices	Improve the quality of and access to local health and social services
Consider and plan for all people in the city and prioritize those most in need	Strengthen local public health services and capacity to deal with health-related emergencies	Plan for urban preparedness, readiness and response in public health emergencies

Organizing and implementing Healthy Cities

There are a host of initiatives in different regions that fall under the Healthy Cities rubric, including healthy municipalities, healthy villages, healthy territories, healthy islands and healthy communities.

The most common organizational form of Healthy Cities in the regions are the National Healthy Cities Networks. National networks play key strategic roles in promoting the Healthy Cities principles and approaches, supporting their member cities, organizing training and learning events, as well as working with different national and international partners. National networks may be led, coordinated or supported by ministries of health to varying extents. National networks can also be run as legal entities (e.g. nongovernmental organizations) with political and technical secretariats.

Working directly with cities is less common. The WHO Regional Office for Europe runs a network of designated cities based on explicit requirements and commitments, and it also supports national networks as well as a Network of National Healthy Cities in Europe.

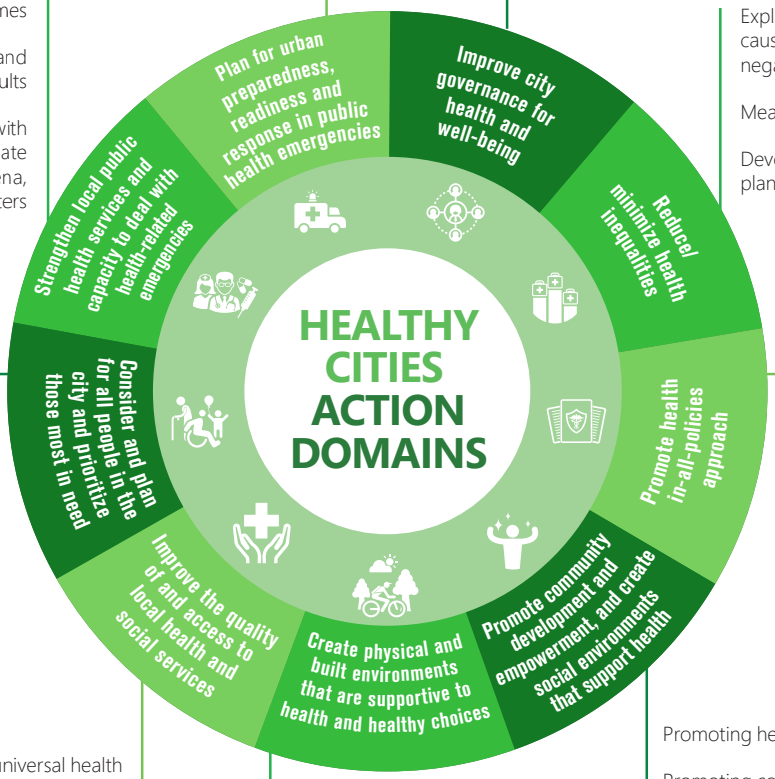
The Regional Office for the Eastern Mediterranean has a system of awarding Healthy Cities status to cities in the countries of the region, based on a local self-assessment and evaluation.

Healthy Cities in the Western Pacific Region is supported by the Western Pacific Alliance of Healthy Cities, a nongovernmental organization run by the Tokyo Medical School, and includes a system of presenting awards to successful cities at their meetings. The political presence in Healthy Cities meetings varies widely, both between and within individual regions. Some regions regularly convene mayors meetings and issue statements in support of Healthy Cities.

The new support for Healthy Cities within WHO provides an excellent opportunity to re-visit the configuration of Healthy Cities within regions. A number of factors of significant influence include: the position and resource base of Healthy Cities within WHO regional offices; the role and views of ministries of health; the function of Healthy Cities associations and national networks; and the part played by other support structures, such as WHO collaborating centres.

Support and coordination of Healthy Cities in WHO regional offices is resource intensive. Supporting national networks and providing a regular platform for sharing experiences and dialogue is probably the minimum regional offices can offer. The WHO Regional Office for Europe has a fee-pay system for all member cities of the WHO European Network, which has secured the sustainability of Healthy Cities programme for many years.

Figure 2. Overview of Healthy Cities strategic approach



Developing inclusive surveillance practices

Providing information and evidence-based actions that leave no one behind

Understanding and acting on vulnerabilities (immediate and longer-term care)

Working on community strengthening and response

Planning for emergency measures that leave no one behind

Investing in population-based and community-based health promotion and disease prevention programmes

Addressing obesity in the young and in adults

Improving capacity to deal with emergencies related to climate change, linked weather phenomena, epidemics and natural disasters

Forging local partnerships for health

Promoting accountability

Completing a city health profile introducing an integrated city health development plan

Health in all local Policies

City diplomacy

Explaining the meaning and the root causes of inequalities and their negative impact on society

Measuring inequalities

Developing a step- by-step action plan for the city

Giving every child a healthy start in life

Ensuring access to education for all, including pre-school for all children

Addressing ageism and healthy ageing

Mapping out the social landscape in the city with attention to the needs of vulnerable and socially disadvantaged people

Developing mechanisms and capacity for integrating health and equity considerations within local policy-making

Ensuring policy coherence that is beneficial to health and promoting related synergies

Increasing capacity for health impact assessment

Ensuring universal health coverage

Improving the quality of the services to address the needs and expectations of diverse community groups

Removing barriers (including cultural) that create underuse of or interrupt the provision of health and support services

Improving coordination between primary health care and other public health services

Creating safe and clean neighbourhoods

Addressing poor sanitation, air and noise pollution, hygiene and housing conditions

Promoting cycling and walking and investing in healthy transport

Making the city child- and age-friendly

Addressing climate change and minimizing carbon footprints

Ensuring access-to-all green spaces, areas for social interaction and good facilities are available for all

Investing in healthy urban planning and design, closely working with urban planners and architects

Promoting health literacy

Promoting community resilience

Promoting social dialogue, participation and inclusion

Supporting local community-based projects and initiatives

Ensuring access to social support for the most needy

Encouraging physical activity and active living for people in all age groups

Creating smoke-free physical and social environments

Ensuring access to healthy food and sustainable nutrition and preventing young people from easy access to sugary foods and drinks

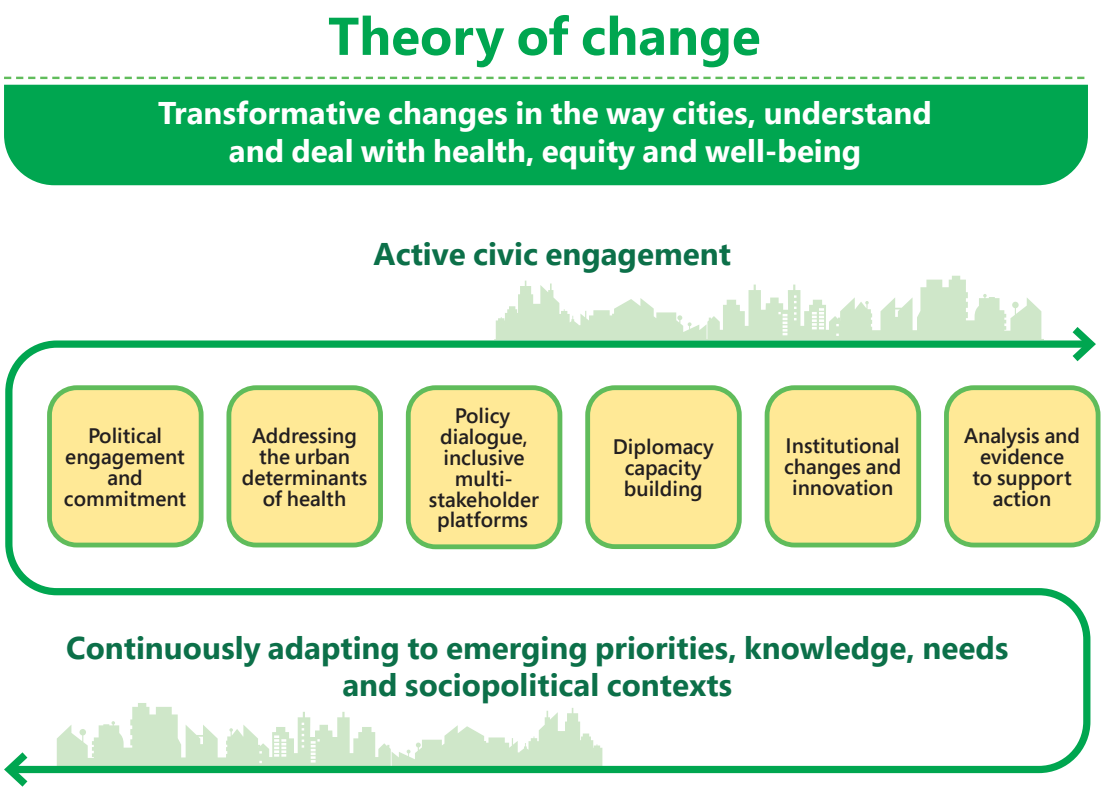
Addressing mental health issues and well-being, and reducing stress in the community

To be successful at the local level, Healthy Cities projects/initiatives require political support, holistic strategic planning and the managerial means and resources to deliver results. There are at least four prerequisites for sustainable and successful Healthy Cities projects *(1)*:

- Strong **political commitment** to the values and goals of Healthy Cities must be demonstrable and convincing. The aim is to secure the support of the mayor and the city council and ideally support from across the political spectrum as well as local academic institutions, and voluntary, public and community sectors.
- **Institutional managerial mechanisms and structures** to support intersectoral work and community participation. The **location of the project office** in the city organizational structure and the **profile of the project coordinator** are of critical importance. A Healthy Cities project cannot reach its potential if it is reduced to a technical project far from the policy and strategy locus of the city. As a political project, **Healthy Cities must be steered by the mayor or governor** or another senior politician with delegated authority. The **Healthy Cities project office** is expected to fulfil five main functions:
    1. Advocacy, mediation, communication, coordination and advising.
    2. Engagement in policy and strategic planning processes.
    3. Project management and intersectoral cooperation and dialogue.
    4. Community development and relations.
    5. Collaboration with national counterparts and partners in local, national and/or international agencies, networks or institutions.
- A **city health profile** is essential for prioritizing, monitoring and driving accountability for health in the city. City health profiles should be produced regularly (e.g. at least every two years) and provide information on the health of the population – including health inequalities – as well as information on living and working conditions and lifestyles. **City health development planning** must draw on the contributions of different sectors and stakeholders. There are various approaches to city strategic and health development planning. For example, cities can choose a single strategy and plan, or several thematic ones.
- Healthy Cities engages in formal and informal networking locally, national and internationally and it creates platforms for dialogue, learning, sharing and consensus- building.

Figure 3 outlines the theory of change that underpins the transformative changes of Healthy Cities.

Figure 3. Theory of change underpinning transformative changes of Health Cities



Healthy Cities is a dynamic concept that evolves with time and the accumulation of new evidence and experience, as well as the emergence of new priorities and political developments.

To be able to periodically review the Healthy Cities agenda it is advisable to consider introducing a phased approach that could run over a three- to five-year period. The experience of the European Healthy Cities programme, which evolved over the past 30 years in five-year phases, involved: the regular renewal of its goals and requirements; integration of new global and regional strategies; review of results and progress evaluation; and allowed participating member cities to leave the project at the end of a given phase at no political cost.

Indicators, outputs and outcomes linked to WHO GPW13

Developing indicators that reflect the full spectrum of Healthy Cities goals and activities is challenging. The WHO Regional Office for Europe uses a set of indicators under nine categories – all aligned with SDH and SDG – that guide Healthy Cities implementation. They are also used as the basis for assessing progress and evaluating the cities eligibility for relevant awards. The same indicators were also used in the earlier phases of the project in the region. With the revitalization of Healthy Cities there is scope to identify core indicators that could be used by all regions.

An opportunity also exists to define in more detail how Healthy Cities and GPW13 can best be further aligned, and which should be the most appropriate and commonly defined outputs and outcomes.

Conclusions

The Healthy Cities movement represents a powerful platform for innovation and change. It would benefit from a global strategic framework that captures and refines the initiative's common principles, methods of work and priorities globally, as well as performance and accountability standards and indicators in key areas of action.

Such a framework will promote coherence and synergies between regional Healthy Cities initiatives and help to strengthen political leadership *(15)* at the global level. Creating platforms for inter-regional dialogue is also essential to enabling mutual learning and sharing of experiences, and also offers opportunities for enhancing city diplomacy at the global level.

National governments should do more to support and use national Healthy Cities networks as strategic vehicles for taking forward the health and SDG agenda at the local level. Furthermore, scaling-up and strengthening the global Healthy Cities movement would also benefit from expanding new and existing partnerships with agencies concerned with urban human, social and sustainable development. Urban health should be recognized as an important cross-cutting domain of WHO work, and the urban dimension should be systematically explored in all technical and programmatic planning and implementation of the Organization. Healthy Cities and the SDGs are mutually reinforcing and provide enormous opportunity and legitimacy for strong leadership, partnership and action.

Public health crisis such as SARS and COVID-19 pandemic drew lessons on the role of healthy cities in providing risk communication and preparedness not only within the crisis but beyond, hence leveraging the response for long-term urban resilience to health risks and crises.

The timing is excellent to strengthen the Healthy Cities movement, and to more closely align it with the global and regional agendas for health and sustainable development and with the WHO GPW13.

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It is timely to strengthen the Healthy Cities movement and align it with global and regional agendas for health and sustainable development, including WHO's *Thirteenth general programme of work 2019–2023*. This overview reasserts the values, core agenda and operational attributes of Healthy Cities.