World Health Organization

National Training on Implementation of the Healthy Cities Programme

WHO's Global Healthy Cities Programme

Parnian Kordshakeri, National Professional Officer, WHO Country Office, Iran

WHO's Global Healthy Cities Programme

outline

1 Programme background and global charters

2 Healthy Cities Programmes and Sustainable Development Goals

3 Healthy Cities Programme around the world

4 Healthy Cities Programme in the Eastern Mediterranean Region

Programme background and global charters

- Building up in 1980s: Health for All and Healthy Settings
- First introduced in **1986 (Ottawa Charter)**
    - Building Healthy public policy, Create Supportive Environment, Strengthen Community Actions, Develop Personal Skills, Reorient Health Services
- In **1997, the Jakarta Declaration** emphasized the value of settings for implementing comprehensive strategies and providing an infrastructure for health promotion.
- **Shanghai Declaration 2016** on promoting health in the 2030 Agenda for Sustainable Development and the International Mayors Forum 2016: Health for all and all for health
- **Geneva Charter for Wellbeing 2021**: Well-being societies provide the foundations for all members of current and future generations to thrive on a healthy planet, no matter where they live.

First International Conference on Health Promotion, Ottawa, November 1986, downloaded at: https://www.who.int/healthpromotion/conferences/previous/ottawa/en/
The Fourth International Conference on Health Promotion, Jakarta, July 1997, downloaded at: https://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index1.html
The WHO Health Promotion Glossary, (1988), downloaded at: https://www.who.int/healthpromotion/HPG/en/
Shanghai Decleration, Downloaded at: https://www.who.int/healthpromotion/conferences/9gchp/9gchp-mayors-consensus-healthy-cities.pdf?ua=1

Programme background and global charters

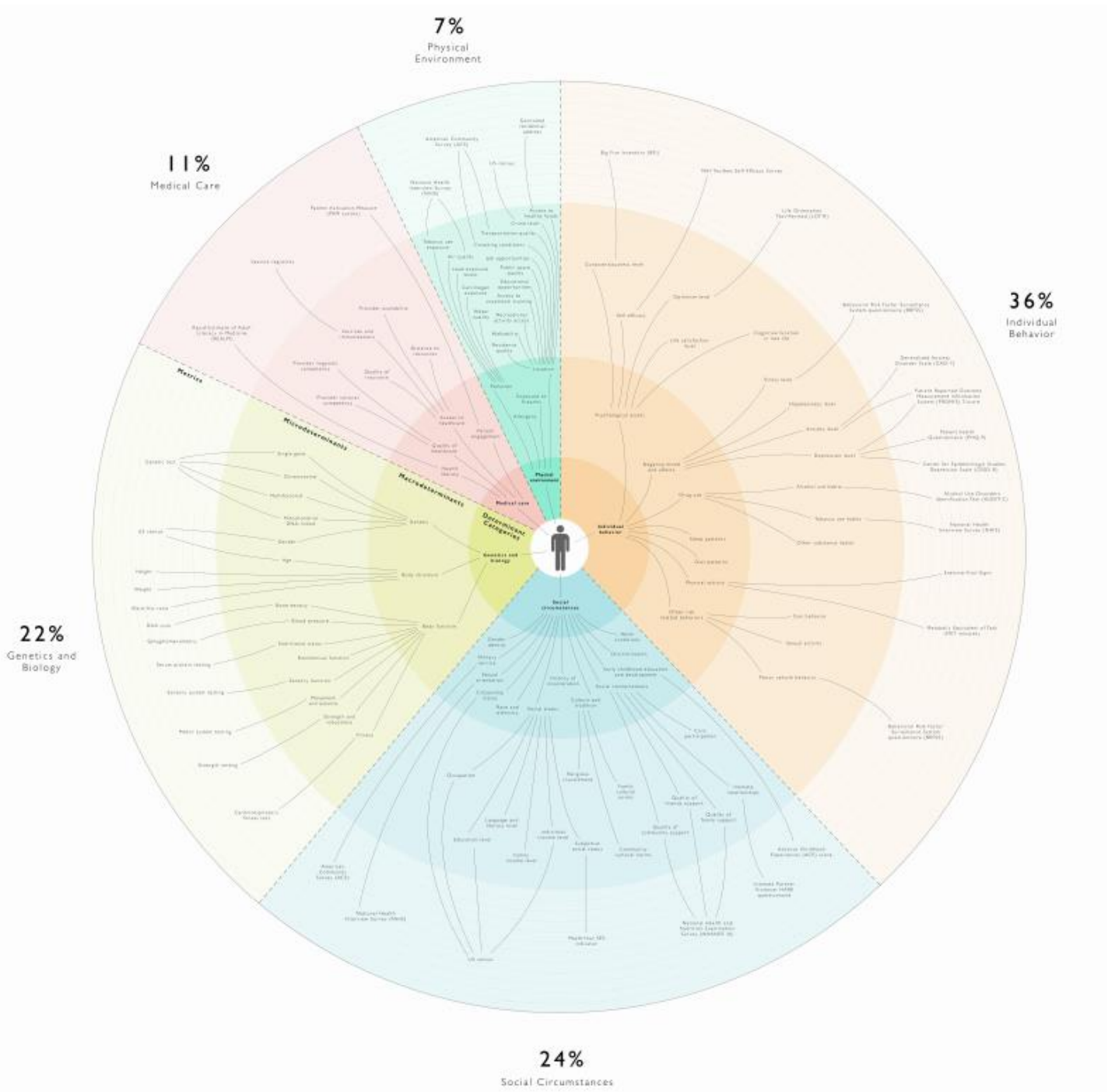
- a positive vision of health integrating physical, mental, spiritual and social well-being;
- the principles of human rights, social and environmental justice, solidarity, gender and inter-generational equity, and peace;
- a commitment to sustainable low carbon development grounded in reciprocity and respect between humans and making peace with Nature;
- new indicators of success beyond GDP that take account of human and planetary wellbeing and lead to new priorities for public spending;
- the focus of health promotion on empowerment, inclusivity, equity, and meaningful
- participation.

Social determinant of health

Environmental determinants of Health

Commercial determinants of Health

Geneva Charter of Wellbeing, downloaded at: https://10gchp.org/2921/poster



89% of health occurs outside of the clinical space through our genetics, behavior, environment and social circumstances.

A setting is “The place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing.”

https://github.com/goinvo/HealthDeterminants/raw/master/poster/health_determinants_poster_42x50.pdf

Healthy Cities Programmes and Sustainable Development Goals

- SDG3: Good Health and Wellbeing
- SDG11 Sustainable Cities and Communities

Urban Health Targets		
	Reduce air pollution	SDGs 3.9 and 11.6
	Sanitation and waste management	SDGs 3.9 and 11.6
	UHC/inclusive and equitable cities	SDGs 3.8 and 11.3
	Improving road safety	SDGs 3.6 and 11.2
	Combat non-communicable diseases (NCDs) and related risks like obesity	SDG 3.4
	Access to public transport with special attention to women, children, persons with disabilities and older persons	SDG 11.2
	Access to safe public and green spaces, particularly for women, children, older persons and persons with disabilities	SDG 11.7
	Improving water quality and reducing its related hazards such as hazardous chemicals, pollution and contamination	SDGs 6.3 and 3.9
	Equitable access to clean water/basic services	SDGs 6.1 and 11.1
	Reducing inequalities and adopting social protection policies for all	SDGs 10.4, 3.8 and 11.3
	Improving resilience and reducing risks especially associated with climate induced (or other) disasters including floods	SDGs 3.D, 11.B and 13.1
	Improving capacity on adaptation, mitigation, impact reduction and early warning (air-borne diseases, extreme temperatures, allergic reactions, etc.)	SDGs 13.3, 3.3 and 3.D

Healthy Cities Programme around the world

- Healthy Cities are cities with:

A clean, safe physical environment		Access to wide experiences, resources and communications		High public participation		Optimum level of appropriate public health care	
A long-term sustainable ecosystem		Diverse and innovative economy		Adequate basic needs and services			
A strong community		Connectedness to the cultural and biological heritage		Compatible city form		High health status	

WHO EMRO. (2010). A short guide to implementing the healthy city programme. https://apps.who.int/iris/handle/10665/119915

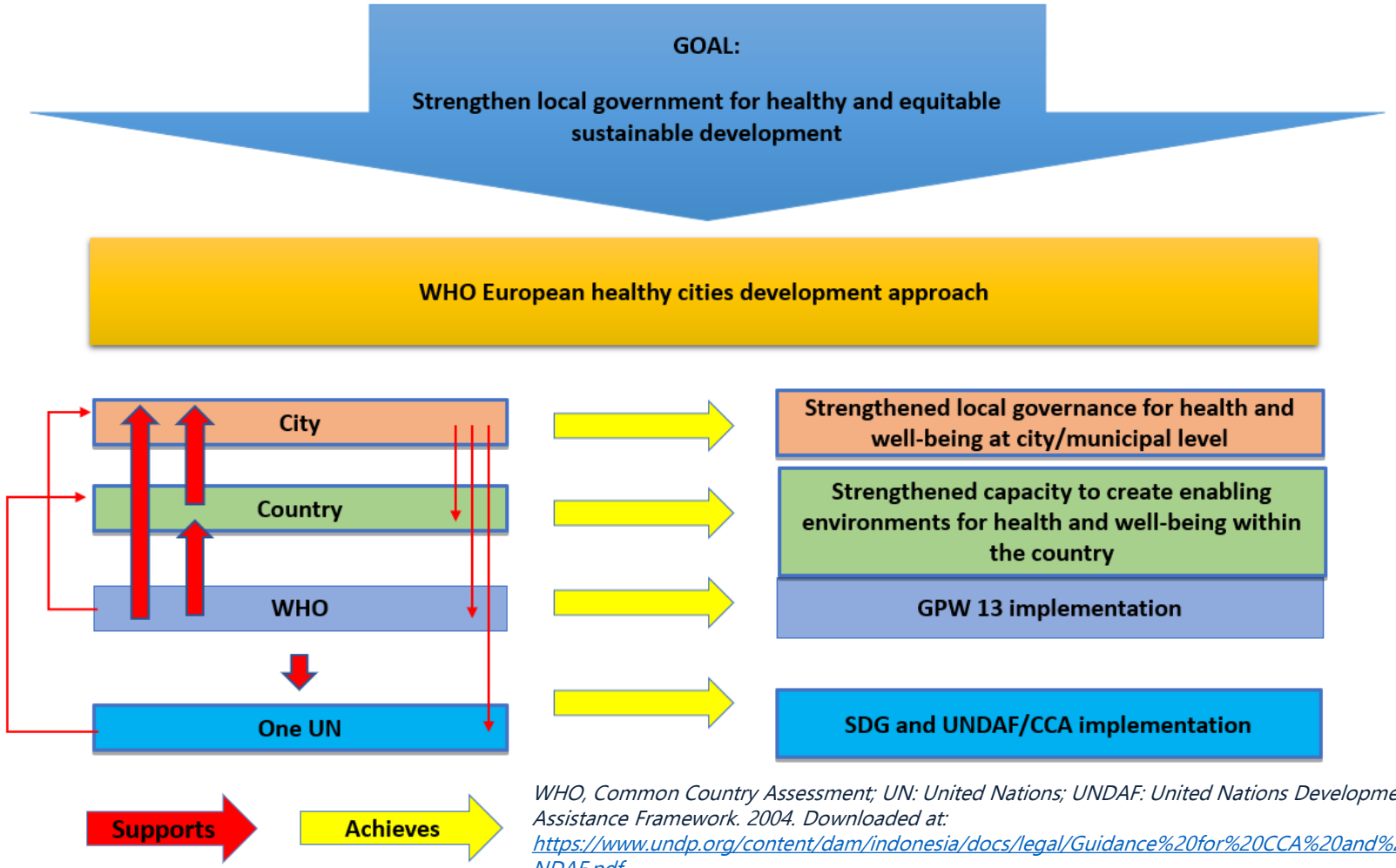
Healthy Cities Programme around the world

Europe:

- Currently consists of 1500 cities / 200 million people supported by National Healthy Cities Networks in 30 countries
- 106 WHO Flagship cities
  - Designated WHO flagship cities
  - Applicant cities,
  - Expressions of interest
- Phase VII (2019 – 2024) marks over 32 years of knowledge, experience and innovation

WHO, Common Country Assessment; UN: United Nations; UNDAF: United Nations Development Assistance Framework. 2004. Downloaded at: https://www.undp.org/content/dam/indonesia/docs/legal/Guidance%20for%20CCA%20and%20UNDAF.pdf

Healthy Cities Programme around the world



WHO, Common Country Assessment; UN: United Nations; UNDAF: United Nations Development Assistance Framework. 2004. Downloaded at: https://www.undp.org/content/dam/indonesia/docs/legal/Guidance%20for%20CCA%20and%20UNDAF.pdf

Healthy Cities Programme in the Eastern Mediterranean Region

- WHO/EMRO adopted HCP in 1990 and started in Iran for the first time (Tehran)
  - Three settlements and establishment of the Municipality Health Department
- HCP expanded to 15 countries and 99 Cities namely: Afghanistan, Bahrain, Egypt, Iran, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Sudan, and United Arab Emirates
- Regional Healthy Cities Network (RHCN) has been established by WHO/EMRO in January 2012 as an operating vehicle
- Work is in process to establish national Healthy Cities Networks, making benefit from EURO experience: sharing experiences, twining, field visit, peer-to-peer learning….etc.
- 15 Cities are awarded in EMRO
- Sahand is the first city in Iran to be evaluated and awarded by WHO (Aug 2021)
- Sahand is the first city in a middle-income country to be awarded: **Lessons to be learnt!**

Registration and Evaluation

- Any city can register in RHCN if there are political will and commitment to improve health and social status of its citizens and ensure health equity
- Registered cities are located on the regional interactive map with a color code according to city status:
  - **ORANGE:** for registered cities in RHCN (official letter);
  - **BLUE:** for cities that performed self-assessment and applied for final evaluation to be recognized as healthy city based on the 80 indicators (self reporting on indicators+ city and health profiles)
  - **GREEN:** for awarded cities as a "Healthy City" by WHO after they have gone through evaluation.

Registration and Evaluation

- WHO/EMRO has developed guidelines for implementing HCP including the short guide to implement HCP
- The guidelines includes the key steps for implementing HCP and the criteria for qualifying the city as a "Healthy City" in the form of **80 indicators under 9 domains** in line with SDGs and SDH:
  1. Community organization and mobilization for health and development
  2. Intersectoral collaboration, partnership, and advocacy
  3. Availability of information
  4. Environmental health (Water, sanitation, food safety, and air pollution)
  5. Health development
  6. Education and literacy
  7. Skills development and capacity building
  8. Microcredit activities
  9. Emergency preparedness and response