

WHO European Healthy Cities Network

Healthy Cities in the European Region

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Regional Focal Point for Healthy Cities

- **Healthy Cities: where are we?**
- **Phase VII: Common vision for transformative action for health and well-being**
- **Role for national networks in Phase VII**

- **Healthy Cities: where are we?**
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- **Role for national networks in Phase VII**

Where are we now....

WHO European Healthy Cities Network

- Phase VII (2019 – 2024) marks over **30 years of knowledge, experience and innovation**
- Three pronged approach:
 - ✓ **political commitment;**
 - ✓ **technical excellence;**
 - ✓ **community participation**



National Healthy Cities Networks – Phase VI (2014-2018)



Healthy Cities 21st Century



WHO Accredited

Austria
Belgium
Croatia
Czech Republic
Denmark
Finland
France
Germany
Hungary
Ireland
Israel
Italy
Norway
Poland
Portugal
Russian Federation
Spain
Sweden
Turkey
United Kingdom

Non-WHO Accredited

Baltic Region
Belarus
Bosnia and Herzegovina
Kyrgyzstan
Latvia
Slovenia
Ukraine

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Key characteristics

- **Political** network – brand and movement
- **Values-driven** – equity and partnership
- Whole-of-city –**urban development**
- **Governance** and intersectoral action
- Global movement – WHO/Europe leading Region and model

Main challenges

- Aging populations,
- Climate change
- Environmental challenges
- Inequalities, economic & social challenges
- Migration & urbanisation
- NCDs, health threats
- Local level politicians, systems, services and spaces need to manage and respond



- Healthy Cities: where are we?
- **Phase VII: Common vision for transformative action for health and well-being**
- Role for national networks in Phase VII

Copenhagen Consensus of Mayors

13-14 February 2018

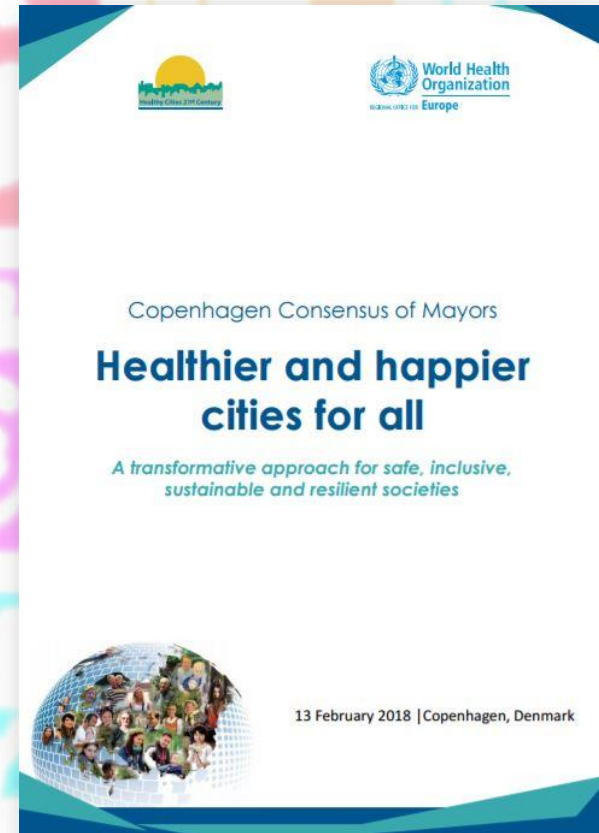
- 85 politicians including 43 Mayors from all over the world
- Adoption of the common vision until 2030
- Importance of NN as conveners & incubators



Summit of Mayors – Copenhagen Consensus of Mayors

12-13 February 2018

Copenhagen, Denmark

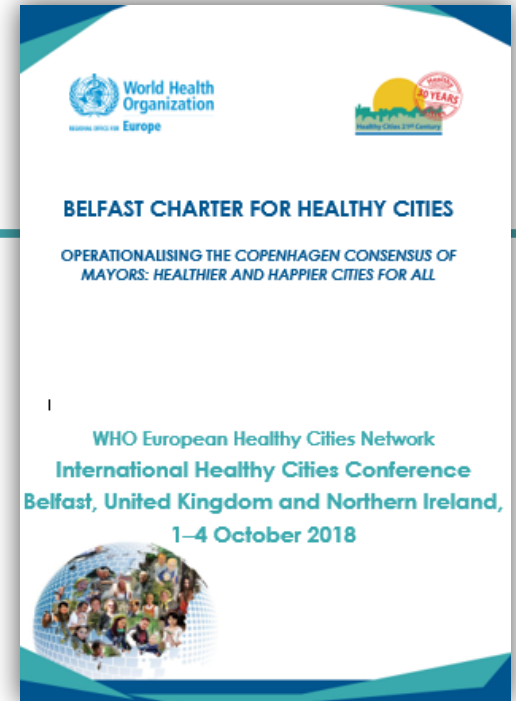




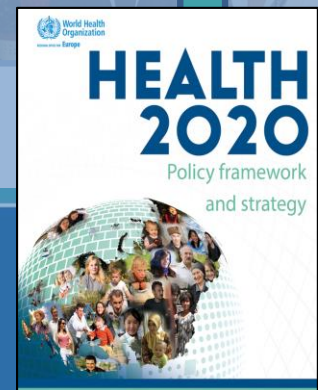
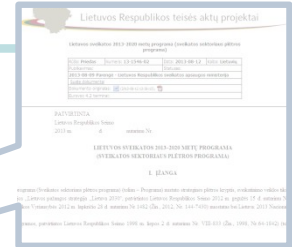
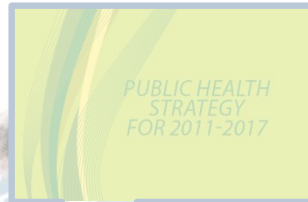


Belfast Charter

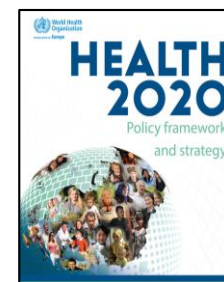
- 600 delegates from 60 countries
- Adopted Belfast Charter for Healthy Cities
- Strategic plan for Phase VII (2019-2023)



Local platform for Health 2020 and the 2030 Agenda



National Networks: partners and platforms



- **31 of 53** Member States have **National Networks: 21 WHO accredited** (2 discussion ongoing)
- **12 of 31** are currently used for implementing **National Health Policies** (discussions ongoing with 5 more)
- Discussions ongoing with **10 of 31** to be used for implementing National Development Plans



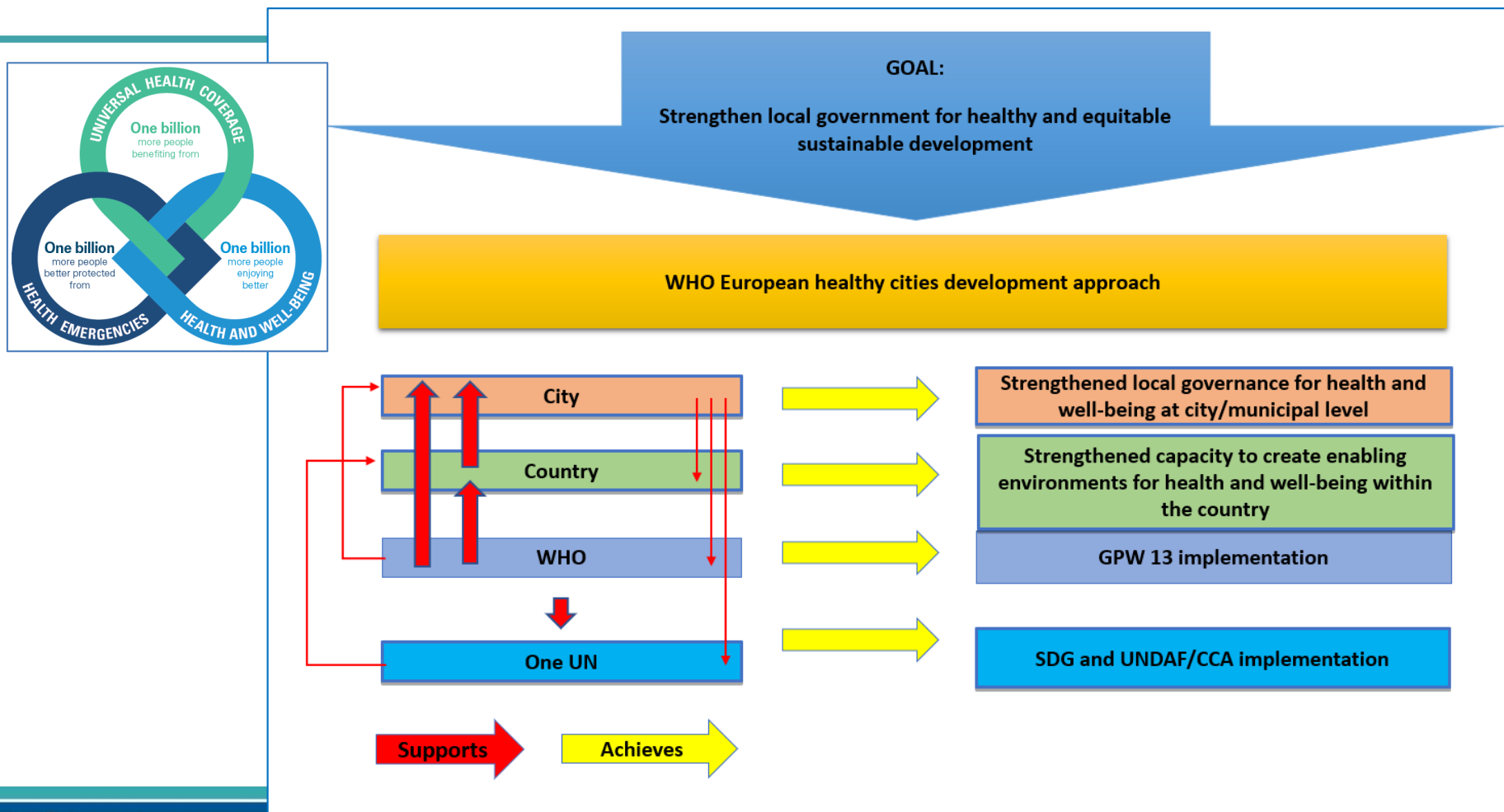
Healthy Cities: partners for implementation

Phase VII is aligned to :

- The UN **2030 Agenda** for Sustainable Development
- The WHO 13th General Programme of Work (**GPW13**)
- ...and the **unfinished business** of Phase VI and Health 2020 implementation at the local level



WHO European Healthy Cities Development Approach



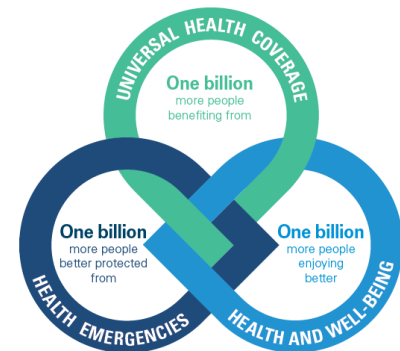
Goal 1: Fostering health and well-being for all and reducing health inequities	Goal 2: Leading by example nationally, regionally, and globally	Goal 3: Supporting implementation of WHO strategic priorities
<ul style="list-style-type: none"> improving governance, empowerment and participation 	<ul style="list-style-type: none"> innovation in policy and practice 	<ul style="list-style-type: none"> acting as a partner and vehicle for local and national level implementation
<ul style="list-style-type: none"> designing urban places that deliver for equity and community prosperity 	<ul style="list-style-type: none"> knowledge sharing and learning 	<ul style="list-style-type: none"> pursuing Universal Health Coverage (UHC) and transforming local service delivery
<ul style="list-style-type: none"> prioritizing investment in people in local policies and strategies for a peaceful planet 	<ul style="list-style-type: none"> city diplomacy for health and well-being 	<ul style="list-style-type: none"> tackling common global public health challenges and building public health capacity at the local level
	<ul style="list-style-type: none"> policy coherence at the local level 	<ul style="list-style-type: none"> fostering peaceful and inclusive societies
	<ul style="list-style-type: none"> municipal administrations promoting health and 	<ul style="list-style-type: none"> building coherence between all levels of governance

Core themes					
People	Place	Participation	Prosperity	Peace	Planet
Highly relevant priority issues					
Healthy early years	Healthy places and settings	Healthy older people	Community resilience	Healthy urban planning and design	Climate change mitigation and adaptation
Healthy older people	Integrated planning for health	Reduced vulnerability	Healthy older people	Health as a Bridge for Peace	Protected biodiversity
Reduced vulnerability	Healthy transport	Increased physical activity	Mental health and well-being	Violence and injury prevention	Waste, water and sanitation
Mental health and well-being	Green spaces	Transformed service delivery	Healthy housing and regeneration	Human security	Health-promoting and sustainable municipal policies
Revitalized public health capacity	Energy and healthy	Health literacy	Integrated planning for health	Health security	
Healthy diet and weight		Culture and health	Indicators of health and well-being	Mental health and well-being	
Reduced harmful use of alcohol			Transformed economic models		
Tobacco control			Ethical investment		
Human capital			Universal social protection		
Social trust and capital			Commercial determinants of health		

- Healthy Cities: where are we?
- Phase VII: Common vision for transformative action for health and well-being
- **Role for national networks in Phase VII**

Role for national networks in Phase VII

- **platform for sharing and learning,**
- **resource for public health knowledge and expertise**
- **implementation platforms for national health and development priorities**



Role for national networks in Phase VII (cont)

- **platform for giving visibility** to local issues of health and well-being
- **maximize limited local resources** through:
 - ✓ training
 - ✓ sharing good practices
 - ✓ access to national and international expertise
- **support and foster vertical coherence** across levels of government



Type	Advantages	Disadvantages
Independent The network is not a part of or subject to the influence of any other organization	<ul style="list-style-type: none"> • Independent voice and decision-making • The network can freely promote the views of cities and pursue partnerships regardless of political and policy changes • Highly responsive to city needs • The four networks with this type of organization all have full-time coordinators 	<ul style="list-style-type: none"> • No direct access to in-kind resources for staff and coordination costs • Heavy reliance on external funding and membership fees
City-led A network city hosts the coordination and provides network leadership	<ul style="list-style-type: none"> • Independent local voice but influenced by the lead or host city • Highly responsive to city needs • The host city takes on the coordination costs • The coordinator has close contact with the political leader of the network • The coordinator has keen insight into the everyday challenges of running a healthy city 	<ul style="list-style-type: none"> • Changes in local political leadership can negatively influence available resources • The host city may not be able to establish national contacts and partnerships • The coordinator often works for the network part time as part of another full-time role in the host city
Institution-led The national network is organizationally part of a host institution (such as a school of public health or an association of local authorities) that provides leadership	<ul style="list-style-type: none"> • The network benefits from the reputation and respect of the institution or organization, adding credibility to the network • The host institution provides access to in-house expertise on research, training and evaluation • The host takes on coordination costs • The host has a strong understanding of national issues and access to consultation processes • The network benefits from the organization's existing partnerships 	<ul style="list-style-type: none"> • Academic institutes rely on research grants and external funding, which can have high administrative costs • Healthy cities may lose priority in resource allocation • There is a risk (but this is not the rule) that national priorities alone define the work of the network, rather than cities identifying and articulating their collective needs and priorities • Developing understanding between cities and national institutions but this produces advantages, such as by bridging research and practical policy implementation
Ministry-led The national network sits within a government ministry (for example the health, interior, or local government ministry) that provides a budget, oversight, and leadership	<ul style="list-style-type: none"> • The host ministry takes on coordination costs and provides a direct budgetary contribution to the network • The network benefits from political leadership, as well as direct communication with and access to the ministry and government • The network benefits from the influence and prestige of the ministry • The government and political leadership are fully aware of the network and its activities 	<ul style="list-style-type: none"> • The network has less independence from the government • The network can be used as a political tool, meaning that priorities are not necessarily those of healthy cities



Accreditation of national networks in Phase VII

National network requirements

- Political commitment
- National network coordinator
- Formal organizational structure
- Non-profit in nature
- Steering committee with political representation
- Annual activity plan



National network commitments

- Attendance at annual business meeting and technical conference
- Attendance at the annual national network meeting
- Annual financial contribution to WHO
- Complete and submit the annual reporting template
- Demonstrate the active participation of designated cities



Application process

- **Implementation plan for Phase VII goals**
- **Implementation plan for Phase VII core themes**
- **Three case studies of good practice, with SDG links (existing networks only)**
- **Three priority areas for action for Phase VII, with SDG links**

Application process (cont)

- Plan to strengthen **partnerships and coherence** through Healthy Cities
- Plan to support **training and capacity-building** for healthy cities in Phase VII
- Plan to support '**20 000 Mayors by 2020**' campaign in support of the Copenhagen Consensus of Mayors

Minimum requirements for a city's application to a national network

- Mayoral commitment
- Political resolution
- Coordinator or focal point
- Steering committee with a political representative
- Evidence of Healthy Cities activities
- Attend meetings of the national network





THANK YOU

