Environmental Health

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A better prospect for city life

The WHO “healthy cities” concept is discussed with particular reference to initiatives taken in Rennes, France. An outline is given of the collaboration between cities, both nationally and internationally, in efforts to achieve the health-for-all goals.

Primary health care demands intersectoral action because a wide range of factors affects people’s lives. In a region as urbanized as Europe it seems logical to concentrate on developing such action in the cities. The municipal authorities are well placed to encourage community participation, a basic requirement in the struggle to achieve health for all.

Rennes, a health-conscious city

A “healthy city” committee was formed in Rennes in 1989, bringing together people from various sectors in a programme intended to improve health and the environment and to win the greatest possible involvement of the general public.

It was not a matter of drawing up a bureaucratic plan but of setting up joint projects related to the available information and skills. Constructing a “healthy city” project means supplementing, redirecting and coordinating established activities so as to integrate the health dimension into municipal decisions at all levels.

An “adolescent health” week was organized in November 1990 by the Brittany Youth Information Centre, the municipal authority, and the National School of Public Health. The preparations took about 18 months and brought together representatives of about 60 organizations as well as private individuals. The aim was to contribute to a better knowledge and understanding of adolescent behaviour and to mobilize everyone working with adolescents. The psychological, sociological and physiological dimensions of adolescence were taken into account, and adolescents themselves were involved in the various stages of the project.

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It was seen as important to obtain the views of both adolescents and professionals, and to communicate effectively with the general public. The preparatory work, with its intersectoral and participative approach, was of lasting value in that it created new working relationships of benefit to the health-for-all strategy. The adolescents showed spontaneity and a high level of achievement, and were pleased by the attention their views received. Parents came to a realization that they were not alone, and a general understanding was reached that a broad approach to health was desirable.

Some examples of actions with a bearing on health are given below.

- The city is undertaking noise abatement actions of various kinds, for instance the sound-proofing of public buildings and the creation of sound barriers adjacent to main roads; maps have been prepared and information and education campaigns also started.

- Ground can be rented from the city’s Family Gardens Association. In five areas there are 655 plots, accessible even to handicapped persons, where people can enjoy gardening or just relax without going too far from their homes.

- A health information and documentation centre for the general public was opened in 1986. In addition to its basic purpose, it is used by 35 associations with over 2000 members for exhibitions, meetings and activities for coordination and support.

- The city’s sexually transmitted diseases/AIDS group has some 50 members, including associations, departments of the teaching hospital, the social services, the school health department, family planning staff, doctors and lawyers. Its main aims are to disseminate information, to increase public awareness, to identify needs, and to safeguard individual rights.

- Roof safety campaigns are organized for young people, parents and teachers. Pavements have been widened, protective measures have been taken at school exits, and some bus stops have been relocated.

If health for all is to become a reality the cooperation of diverse elements in society will be necessary, including many outside the health sector.

In conjunction with a regional automobile club the police and the public works department are pursuing a consultation and awareness policy on traffic hazards.

The “healthy cities” approach may take particular forms by integrating with innovative activities, as in the case of neighbourhood social development projects that respond to felt needs. Health criteria are applied to all projects, account being taken of the quality of the environment, support for the handicapped, safety, access to health care, and so on. The promotion of health in schools is an important part of the “healthy cities” movement.

National networks

It is essential to compare experiences gained in different cities so that they can learn from each other. National and regional networks have developed in France, as in other countries. In 1987, French cities were invited by Rennes to a meeting on the
“healthy cities” movement. Today about 30 cities are taking part in the French network, which has been registered as an association since 1990.

Regional and national authorities have an important role to play in sustaining the development of national networks and in inviting cities to become involved in “healthy cities” programmes.

International action

Rennes is also involved internationally in the “healthy cities” movement, notably through its associations with the WHO-European network and the French-speaking network. The participating cities have learned much from each other through working meetings and annual symposia, and have been stimulated to promote urban health. Each year the WHO programme selects an aspect of health promotion for special attention, such as equity, community participation, or the development of personal talents, and thus maintains a broad approach to the subject.

Projects have to be seen by communities as relevant in order to secure their involvement.

In 1990 the theme of developing an urban environment conducive to health led to numerous initiatives being presented at a symposium in Stockholm. Among the matters dealt with were the development of non-polluting urban transport, clean cities campaigns, and the social and cultural environment of city dwellers. Special attention was given to problems affecting the countries of eastern Europe. A strengthening of links with cities in developing countries was recommended.

The idea of a French-language network was mooted in Ottawa in 1986 at the First International Conference on Health Promotion. In Rennes it was considered desirable to establish closer links with French-speaking Canada, where much experience of local health promotion activities had already been gained in the “healthy towns and villages” movement. It was also thought that the French-speaking developing countries should be involved. In 1988, Rennes organized a French-speaking symposium in collaboration with the national School of Public Health. This provided an opportunity to launch a network involving French-speaking European countries, Quebec and French-speaking African countries, while friendly cities in South America, Spain, Italy and Portugal, familiar with the French language, also participated. In 1990 the network held a second meeting in Montpellier, and the third will be in Sherbrooke, Montreal (Canada), this year.

It is clear that the sharing of experiences between different cities provides mutual enrichment and strengthens the endeavours of urban leaders who are working towards health for all. The understanding that the developing countries have of primary health care and of the concerted overall approach to health will undoubtedly be of value to developed countries and cities, whose leaders sometimes seem obsessed by the hypertechnical aspects of medicine.

The analysis of problems encountered in the cities of industrialized countries should make it possible to avoid similar difficulties in the Third World if preventive measures are devised. UNEP, UNDP and the UN Conference on Human Settlements also have
Rapid development of WHO Healthy Cities Project outside Europe

The WHO Healthy Cities Project is best known for its work in cities throughout Europe, as well as in Australia, Canada, Japan, New Zealand and the USA. What is less well known is the rapid development of healthy cities projects in an increasing number of developing countries.

The objective of the healthy cities project is to strengthen the capability and capacity of municipal governments, and to provide opportunities for individuals, families and community groups to deal with their health and environmental problems. “Healthy Cities” achieves this by providing a framework that combines several key elements:

- increased awareness of health and environment issues in urban development efforts by all municipal and national authorities;
- a network of cities that provides information exchange and technology transfer;
- a linkage of technical programmes for health and the environment with political mobilization and community participation. New partnerships are developed between municipal government agencies (health, water, sanitation, housing, social welfare, etc.), universities, nongovernmental organizations, private companies, and community organizations and groups to make the urban environment supportive of health rather than damaging to it.

Some recent major developments in “Healthy Cities”

In the Eastern Mediterranean region many countries are planning national networks of healthy cities. In Iran, there was a meeting in Teheran in December 1991, attended by representatives of 19 major cities in Iran. A healthy cities office has been set up in Teheran, and projects have been started to upgrade a number of low-income housing areas in the city. In Pakistan, in February 1992 there was a meeting in Lahore to set up a national network of healthy cities that attracted many mayors and national officials, and it is planned to commence the project in 12 major cities. A number of other countries in the region are setting up, or have plans to set up, similar networks including Egypt, Morocco, Saudi Arabia, Tunisia and Yemen. Many of the above cities were represented in the 7th International WHO Healthy Cities Symposium, Copenhagen, 9–12 June 1992, with a particular interest in developing twinning arrangements with European cities.

In the African Region, a major meeting in Ghana of the Accra Healthy Cities Project took place in March 1992, with focus on a review of health problems in Accra and on developing broad strategy directions that cover the following areas: environmental sanitation, food hygiene, development of urban health services, school health, public education and communication, community involvement in health and sanitation, and land-use planning. A series of further activities was identified with emphasis on the role of subdistrict health management teams. An African network of French-speaking healthy cities is progressing well. With Canadian government support a preliminary meeting took place in Dakar, Senegal, in July 1992, including Cameroon, Chad, Congo, Senegal and Zaire. The Third Global French-speaking Healthy Cities Congress will take place in Montreal and Sherbrooke (Canada, Province of Quebec) from 27 September to 2nd October 1992, and cities located in all WHO regions will attend.

In the South-East Asian Region, a network is being developed in six cities in various countries (Bangkok, Colombo, Dhaka, Hyderabad, Kanpur, Surabaya) and funding for initial activities is in the process of being secured.

In the Americas, in addition to Canada and the USA, healthy cities initiatives are in progress in Bolivia, Brazil and Colombia (in collaboration with Canada/Quebec). The WHO Collaborating Centre in Healthy Cities in Indiana (USA) is promoting an international network in this region and is developing a global database. An international English/Spanish meeting, planned to take place in San Francisco in December 1993, is expected to attract many cities from South and Central America that wish to participate in the healthy cities project.

In the Western Pacific there have been discussions on a city networking project called “healthy urban environments” that involves participants from Australia, China, Japan, Malaysia, New Zealand, Philippines, Republic of Korea and Singapore. Only Australia, Japan and New Zealand have an established healthy cities project, but all are discussing and planning a project.
projects aimed at improving city life. It is
desirable to coordinate the various
approaches, all of which are seeking to
attack the causes of ill health and to
improve the well-being of city dwellers.

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If health for all is to become a reality the
cooporation of diverse elements in society
will be necessary, including many outside
the health sector. Furthermore, not only
national activities are needed, but also the
participation of local communities. Projects
have to be seen by communities as relevant
in order to secure their involvement.

The “healthy cities” approach is
too important to be left to city
authorities alone: it needs the
support of national governments
and international organizations.

In the face of continuing urbanization the
“healthy cities” approach offers a way to
create and mobilize local, national and
international networks for the protection
and improvement of the health of city
dwellers. This approach should be left to
city authorities alone, even if they need the
support of national governments and
international organizations.

The following conditions are essential:
• Establishment within national
governments of intersectoral groups to
facilitate and support “healthy cities”
projects.
• Establishment of national coordination of
“healthy cities” projects (within or outside
government).
• Involvement of nongovernmental
organizations to support local or national
“healthy cities” initiatives.
• Support from national governments and
international organizations in guiding
“healthy cities” projects at local level.
• WHO support for “healthy cities”
ininitiatives in all the regions it covers.
• Establishment of links between WHO
and other international organizations
working to improve the health, well-being
and quality of life of city dwellers.

Although the “healthy cities” approach has
its origins in Europe, the principles on
which it is based are applicable throughout
the world. Cities in developed countries are
undoubtedly ready to help those in the
Third World which wish to take up the
challenge.