WHO PHASE III
HEALTHY CITIES
NETWORK

Report on a WHO Business Meeting

Vienna, Austria
28–30 October 1999
EUROPEAN HEALTH21 TARGET 13
SETTINGS FOR HEALTH

By the year 2015, people in the Region should have greater opportunities to live in healthy physical and social environments at home, at school, at the workplace and in the local community

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

ABSTRACT

Project Coordinators and politicians from 38 WHO Project Cities and 18 National Networks of the European Healthy Cities network attended the meeting. The main items on the agenda were the strategic programme budget, the action framework, and the evaluation framework for Phase III of the project. Items for debate and exchange of experience included city health development planning, evaluation and monitoring, project management, sustaining political commitment, developing a communications strategy, and case studies on equity and sustainable development. The main outcomes were the approval of the strategic programme budget for 1998–1999, the endorsement of the strategic programme budget for 2000, amendments to the network terms of reference were agreed, an overall programme of work for Phase III was approved, the system for annual reporting for evaluation and monitoring was agreed, and two new members of the advisory committee were elected. The next business meeting will be in Horsens in June 2000.

Keywords

HEALTHY CITIES
URBAN HEALTH
PROGRAM EVALUATION
STRATEGIC PLANNING
HEALTH FOR ALL
Introduction

The city of Vienna, Austria, hosted the second business meeting of Phase III of the WHO Healthy Cities project (1998–2002). The meeting took place at the Messe Wien Conference Centre and was attended by 126 participants, including representatives from 38 of the 39 project cities (the city of Athens had sent its apologies) and 18 National Healthy Cities networks. Politicians from 27 cities were also amongst those present.

The meeting aimed to address the following business items:

1. report on progress with the establishment of the WHO Healthy Cities network;
2. report on progress with the current Strategic Programme Budget 1998–1999, considering and agreeing procedures for the collection of outstanding city contributions, and for the development of any additional budget items within 1998–1999;
3. agree an overall programme of work for the next four years with a focus on key areas for development (Action Plan for Phase III);
4. agree a Strategic Programme Budget for 2000;
5. agree the schedule and format of the system for annual reporting for evaluation and monitoring (monitoring, accountability, reporting, impact assessment (MARI) and Annual Reporting Template (ART));
6. elect two new Advisory Committee members to replace those outgoing in February 2000; and
7. agree on the schedule and venues for future business meetings.

Themed topics covered during the meeting included:

1. City Health Development Planning;
2. Evaluation and Monitoring;
3. Project Management;
4. Sustaining Political Commitment;
5. Developing a Communications Strategy; and
6. Case studies on local action for equity and sustainable development

An induction session for new project cities and coordinators was also held. As agreed in Bologna, a meeting of Healthy Cities politicians took place, and a meeting of National Network coordinators was also included in the programme.

The meeting provided many opportunities for sharing experience and discussing issues in workgroups. Both the Advisory Committee and WHO felt that as many participants as possible should be actively involved in the of the meeting, and that opportunities for sharing experience should be maximized. A total of 45 people from 32 project cities were facilitators, rapporteurs or presenters in workgroup sessions. The agenda and programme, which had been prepared in consultation with the Phase III Advisory Committee, were adopted at the meeting.
Opening of the meeting

The second business meeting of the third phase of the WHO Healthy Cities Project was opened at the Messe Wien Conference Centre on 28 October, 1999.

Hannes Schmidl, Head of the Department of Health Planning, City of Vienna, chaired the formal opening session and welcomed participants to Vienna. He hoped that participants would enjoy both the business meeting and the city itself.

Marianne Klicka, member of the national representative assembly of Austria, gave the welcome address on behalf of Sepp Rieder, the Health Mayor of Vienna. She stated that Vienna was proud to be one of the 39 designated cities of the WHO Healthy Cities network. She also commented that Vienna had always been a venue for change and innovation, and underlined its strong links with central and eastern as well as western Europe, by virtue of its geographical position.

In his welcoming remarks, Agis Tsouros, Head of the WHO Centre for Urban Health and Coordinator of the Healthy Cities Project, reminded participants that this was the last business meeting of the millennium. This was not just symbolic, but a time of change and opportunity for the Healthy Cities movement. WHO itself was undergoing major reforms and the EU was setting public health standards for the first time. It was time to locate Healthy Cities more effectively, not just within our own cities, but nationally and internationally. Ministries of Health knew surprisingly little about the value of Healthy Cities to their policies and programmes, and this needed to be better communicated in the future. The network therefore needed to promote healthy cities to politicians, the public and the media.

Beate Wimmer-Puchinger, Women’s Health Officer, Vienna, spoke of the many benefits that 10 years of the Healthy Cities movement had brought to the city. Projects, visions, networks, the participation of different professions, and the involvement of schools, universities and hospitals in Vienna had been enormously beneficial. The increased recognition of gender issues in health in Vienna had been supported by a number of WHO initiated milestones.

Jürgen Pelikan, head of the collaborating centre for health promoting hospitals, reminded participants that the health promoting hospitals network had been a child of the Healthy Cities Project. The Vienna Health Promoting Hospitals project had been the first such initiative, and the network now included 20 hospitals in 6 cities across Europe. He hoped that this meeting would strengthen cooperation between health-promoting hospitals and healthy cities.

Peter Lüftenegger, the Coordinator of the Austrian National Network of Healthy Cities, informed participants about some of the ongoing activities and achievements of the Austrian Network.

Dr Sepp Rieder, Health Mayor of the City of Vienna was unable to be present during the official opening session. He made a special visit to the meeting later on the first day, when he signed the Athens Declaration on behalf of Vienna. He emphasized the importance of working with other sectors in the city to make the healthy cities project part of mainstream city policy. He valued greatly the achievements of the Healthy Cities Project in Vienna since its inception in 1989.
Business items

Marianne Klicka chaired the first session of the meeting. The proposed agenda for the business meeting was presented and approved and Ray Bateson, Coordinator of the Dublin Healthy City Project, was appointed General Rapporteur.

Report of the WHO Centre for Urban Health

Agis Tsouros presented the report of the WHO Centre for Urban Health. During the eight-month period since the Bologna Business Meeting, the Centre had been heavily involved in the strategic planning process at WHO. In addition, the promotion of Healthy Cities at the national level and international level had also been a priority. The importance of the local dimension in implementing national health policies was increasingly being recognized, and as a result Healthy Cities was being more integrated into national programmes.

The preparation of materials as part of WHO’s work with the European Sustainable Cities and Towns campaign had continued, and a number of deliverables had been finalized in April. In June, a brochure promoting healthy cities had been professionally produced, along with the Athens Declaration, for the Third Ministerial Conference on Environment and Health. Work on City Health Development Planning, and MARI was ongoing. Products in the areas of transport, environment and health and healthy urban planning were being developed. A seminar on healthy urban planning, held in Milan earlier in October, had been able to take forward this work with urban planners and healthy cities coordinators from 19 cities present.

The network had expanded from 33 to 39 designated cities since the previous business meeting. Twelve cities were now “new-blood” cities. Applications to join the network had been received from a further 15 cities. A WHO initiative to strengthen the National Networks had been endorsed at a meeting in Szentendre, Hungary, in March, and it was hoped that stronger networks would boost the standards of healthy cities in each country.

The focus for expansion of the movement continued to be eastwards. Capacity-building in the central Asian republics (CAR) and central and eastern Europe (CEE) was being pursued by WHO with the help of Knud Matzon, Director of the WHO Collaborating Centre for Healthy Cities Training and Capacity Building in the NIS Region. Two seminars had taken place in Kazakhstan which also involved neighbouring countries and one in Bulgaria.

Report of the Advisory Committee for the Phase III Healthy Cities Network

Julia Taylor, Coordinator of the Liverpool Healthy City Project, presented the report of the Advisory Committee, in her capacity as chairperson of the group. The Committee in 1999 also included Ray Bateson (Dublin), Antonio de Blasio (Pécs), Marianne Halbert (Gothenburg), Bruno Paccagnella (Padua) and Igor Krampac (Maribor). Two meetings of the Committee had taken place to prepare for this business meeting; one in May and one in August. Reports had been circulated to the whole network.

The Advisory Committee had developed a very productive working relationship with WHO during the course of the two meetings. The main focus for the work had been:

1. developing an action plan for future business meetings;
2. reviewing the content and style of business meetings;
3. advising WHO on the agenda for the business meeting.
In preparation for this meeting a better balance was sought between business items and the sharing of knowledge/teaching.

A “learning and sharing questionnaire” had been circulated to all project cities with a view to gathering information on which aspects of the Phase III requirements cities had difficulty with and on which elements they had useful information. Case studies in particular were needed. These could be presented either verbally at business meetings or in written form for publicity and learning purposes. Sixteen cities had returned the questionnaire. The remaining cities were encouraged to complete theirs.

Antonio de Blasio (Pécs) and Bruno Paccagnella (Padua) would be replaced in February. Julia thanked them both for their contributions, as well as the WHO team who had provided support for the committee. Laura Donisetti (Milan) and Iwana Iwanicka (Lodz) were elected as new committee members at the meeting, each for a three-year term.


**Jill Farrington, WHO Centre for Urban Health,** presented the report on the Strategic Programme Budget for 1998–1999. This was contained in working paper 8 of the meeting (I). The paper presented a detailed budget for 1998–1999, as requested at the Bologna Business Meeting, a report on expenditure, and a report on progress with the collection of city contributions. Interim reports on the budget had also been discussed in detail with the Advisory Committee.

The meeting approved the detailed Strategic Programme Budget.

**Progress with 1998–1999 work programme**

Expenditure for the period 1998–1999 was within budget and the work programme was on course. Individual projects within the programme had been run at different rates to allow for potential cash flow problems during the year. Work during 1999 had included: designation of further cities to the network, the development of the MARI and ART documents, production of a discussion paper on City Health Development Planning, meetings of the Advisory Committee and the groups on evaluation and indicators, the Healthy Urban Planning seminar and draft manual, development of a proceedings from the Udine meeting on transport and health, the preparation of the Urban Voice Newsletter and development of the Healthy Cities Web site.

**Income from city contributions**

**Jill Farrington** invited **Julia Taylor** to comment on the issue of city contributions. Over a quarter of the network had not paid either their 1998 or 1999 contributions despite reminders to do so. Over a third of the network had not paid their 1999 contributions. For most cities there has been no explanation for the delay. The Advisory Committee felt very strongly about this issue. It was unfair to those cities that had paid and it meant that work on the deliverables was delayed. The committee proposed an amendment to the terms of reference of the Phase III network that would remove non-paying cities from the network.

The amendment was later discussed. Cities felt very strongly that everyone should make their contribution to the network. It was agreed that the following would be inserted into the Terms of Reference of the Phase III network:
“It is considered as a matter of principle that all cities should contribute to the income of the network. Non-payment of financial contributions is a serious matter, both in the interests of fairness to other members of the network and because it can lead to cash flow problems which hinder the programme of work of the network. Non-payment of financial contributions will result in loss of network benefits, with the ultimate sanction being removal from the network of the city in question.”

In addition, it was agreed that in the future new cities would only receive full designation once the relevant contributions had been committed.

**Agis Tsouros** commented that the spirit of this decision was to be fair to each other and to make it easier for each city to insist that their own administrations pay the fee. He was concerned that the discussion of these issues should not detract from the spirit of the network. Regarding the second agreement, WHO would build in flexibility to this process to allow for individual circumstances.

**Strategic Programme Budget 2000**

Jill Farrington introduced the Strategic Programme Budget for the year 2000, which was set out in detail in working paper 9 of the meeting (2). It was intended to continue to use the processes established in the 1998–1999 budget. Category A items were priority services and products identified by WHO, and Category B items were additional products and services proposed and agreed by the cities and WHO. In addition, for 2000, a development fund had been earmarked within category B. This would be used for innovative projects.

This budget was formally endorsed without change.

**Phase III Action Framework**

The aim of the action framework is to support the Phase III implementation process, and to sustain the political focus and legitimacy of the movement. An action plan for future business meetings was presented by **Agis Tsouros** and **Julia Taylor**. This was available as working paper 7 (3) of the meeting. It provides an overview of the timing and content of the business meetings in Phase III.

The Action Plan was developed with the help of the Advisory Committee, which recommended each business meeting should cover the core topics of City Health Development Planning and Monitoring and Evaluation. In addition, items from the list of compulsory topics and optional topics, as summarized in the table below, should also be addressed. The committee suggested that the concepts of Equity, Sustainable development and Social development should cut across all developmental sessions of the programme where possible. For the business meeting in the year 2000 themes should reflect the fundamental principles of Health for All and Healthy Cities.
<table>
<thead>
<tr>
<th>Compulsory</th>
<th>Optional</th>
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<tr>
<td>1. Integrative planning</td>
<td>1. HEALTH21 target of local importance</td>
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<td>2. Reducing inequalities in health</td>
<td>2. Communications strategy</td>
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<td>3. Social development (general policies and</td>
<td>3. Capacity building / training</td>
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<td>strategies aimed at achieving it)</td>
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<td>4. Sustainable development (general policies</td>
<td>4. Social exclusion</td>
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<td>and strategies aimed at achieving it)</td>
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<td>5. Project management</td>
<td>5. Healthy settings</td>
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<td>6. Public participation</td>
<td>6. Healthy transport</td>
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<td>8. Systematic monitoring and evaluation</td>
<td>8. Older people</td>
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<td>10. Tobacco control</td>
<td>10. Civil and domestic violence</td>
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<td>12. Any other local priority area</td>
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**Special meetings**

**Induction session for new WHO Healthy Cities and coordinators**

It had been a suggestion of the Advisory Committee that it would be of great help to new cities and new coordinators to be welcomed into the network, as a first business meeting can be quite an intimidating experience. This session was intended as an opportunity for new people to meet experienced project coordinators, WHO staff and Healthy Cities collaborators in an informal and relaxed atmosphere. The session was opened by Knud Bragh Matzon, Director, WHO Collaborating Centre for Healthy Cities Training and Capacity Building in the NIS Region. An introduction to Healthy Cities, WHO and the collaborating centres was given and Julia Taylor welcomed new healthy cities to the group, and introduced members of the Advisory Committee. There were a total 23 participants, including old and new faces, all of whom introduced themselves and their work.

**Politicians meeting**

The principle of including a meeting of politicians at each business meeting was established in Bologna. This was a forum for politicians to meet separately to discuss issues of common concern. The session was co-chaired by Elisabeth Neck-Schaukowitsch, Chair of the Health Board, City of Vienna, and Agis Tsouros. The main aims were to emphasize the importance of direct political involvement in healthy cities, and to create a sense of inspiration and solidarity amongst the political representatives in the network. In particular the meeting focused on developing the political agenda for Phase III and the Mayor’s meeting in Horsens in June 2000.

The main theme of this meeting was equity. An interesting and diverse discussion took place on this subject, with equity being viewed and treated differently in different cities. Despite local variations in circumstances, there was agreement that unemployment and poverty were central. Access to services, living conditions, variations between geographical areas, vulnerable groups, intergenerational equity and the need to use social services to address equity were also commented upon. It was noted that equity could sometimes be a politically sensitive issue, with
politicians of different persuasions viewing the issue differently. The need for planning and policies to take a long-term approach to securing equity was also highlighted.

Regarding the development of products relating to equity there were several suggestions.

- A publication to illustrate what cities have done in the area of equity – this would show how cities think about equity policies as well as giving examples of action.
- A WHO award – a certificate or poster that confirms that a city is making real efforts to work towards equity.
- City equity template to provide the framework for collecting and scrutinizing information from cities.

It was agreed that equity should be one of the key themes for the Mayor’s meeting in Horsens in 2000. A planning group was needed to further develop the themes of the meeting and think about the outcomes. It was suggested that the Mayors might make a pledge or resolution. WHO and the Mayor of Horsens would co-chair this group. Other cities volunteering were Turku, Liverpool, Sheffield, Vienna and Lodz.

**National Networks meeting**

A meeting of National Network Coordinators was held to discuss preparation for the Turku National Networks Business Meeting, to be held in December 1999. This was attended by 16 people. An action framework for the National Networks was also discussed.

**Technical Items**

**Key Phase III requirement: City Health Development Planning**

C1. “Cities must produce and implement a city health development plan during the third phase, which builds on previous integrative city health planning and reflects the values, principles and objectives of health for all for the twenty-first century and Local Agenda 21; relevant national health strategies; and local city specific priorities. This plan must have clear long-term and short-term aims and objectives and a system on how the city will monitor whether these objectives have been met” (4).

City Health Development Planning (CHDP) is seen as the most challenging goal for Phase III and an issue of key strategic importance. The subject was discussed at the Bologna Business Meeting (5) both in terms of the establishment of local partnerships for health and beginning the process of integrated City Health Development Planning. The Advisory Committee felt that this subject should be addressed at every business meeting, as it was central to the work of Healthy Cities.

Prior to the meeting, Geoff Green, Centre for Regional Economic and Social Research, Sheffield Hallam University, had drafted a discussion paper “City Health Development Planning – Struggling with a difficult concept” (6). In this paper, he examined the Concept of City Health Development Planning and the historical context and evolution of integrated planning in Healthy Cities (both in terms of WHO policy and guidance, and city experience).
City Health Development Planning 1: The politics of building partnerships for health

There is a dynamic link between the City Health Development Planning process and the process of establishing local partnerships. Developing effective local partnerships for health is of key strategic importance since it facilitates the overall implementation of the project as well as the achievement of many of the individual goals of Phase III. Forming and maintaining effective local partnerships can be a difficult and labour intensive process.

This session focused on the political aspects of building partnerships for health and was chaired by David Hamblen, Chair of Glasgow Healthy City Partnership. This was an opportunity for politicians to discuss their experiences, the constraints under which they operate, and their approach to health in their city. Geoff Green introduced the paper on City Health Development Planning (6), highlighting some of the key differences between this and the City Health Plans which were produced in Phase II.

There followed an interactive panel debate moderated by Agis Tsouros. This included presentations by four politicians from across Europe, and questions and comments from the floor. Members of the panel were:

- Krzysztof Panas, Deputy Mayor of the City of Lodz
- Clotilde Tascon-Mennetrier, Councillor, City of Rennes
- Carmel Hanna, Councillor, Belfast City Council
- Jostein Rovik, Mayor, City of Sandnes

Key points to emerge from the debate

The need for politicians to understand and support the idea of horizontal working within the context of a traditional vertical system was identified, with cities feeling that the third phase of the Healthy Cities project was succeeding in showing the importance of networking to achieve this.

The importance of community involvement in partnerships was discussed at some length, and supported wholeheartedly by politicians. Many were looking for ways to increase and maintain effective community involvement. Involving citizens in all elements of the partnership, including the steering committee of the Healthy Cities Project, was supported. There was a common appreciation that this involvement was necessary in order to give legitimacy to the process, and to be sure that, as politicians, they were ensuring that the needs of the citizens were being addressed. Linked to this, the importance of equity in the City Health Development Planning process was highlighted.

City Health Development Planning 2: Balancing scope and content

This session took place in 5 parallel groups of approximately 12 people each. The intention was to group cities together with others of similar political system and competency. The aim of the session was to share experience and examples in terms of progress with the City Health Development Plan. All participants had been asked to bring an overhead summarizing the CHDP experience in their city and to be prepared to speak about this. The scope of the plan, the areas of action (e.g. physical environment, health promotion, social groups, urban structures, health services) and the content of the written plan were to be addressed, as well as to the extent to which the reality of CHDP reflected the ideal. Each group was provided with a copy of the
diagram (Fig. 1) developed by Julia Taylor. This incorporated suggestions as to what the plan should include in the form of a checklist.

Fig. 1. Suggestions for content of City Health Development Plan (Julia Taylor)

Debate focused on the process as well as the content, with some groups exploring issues of how the plan should be developed and how it related to other local planning structures, as well as the form that the plan should take and what its content should be. Twenty-one cities provided feedback on the content of their City Health Development Plans.

Key points to emerge from the debate
Discussion surrounding the process of producing a City Health Development Plan covered a number of issues. Several cities commented that they had had difficulty in defining and selling the CHDP concept. In some countries, national and local government requirements meant that
simultaneous planning processes existed, and these were sometimes seen as competing with rather than complementing the CHDP. Issues of duplication and legitimacy contributed to such difficulties. In this context a special effort is needed to position the CHDP in order to emphasize its added value in the planning mechanisms of the city. It was agreed that the role and position of the Healthy Cities Project within the organizational structures of each city has an influence on this process.

Most cities were at an early stage in producing their CHDP, and so discussion relating to the content of the plans focused primarily on what cities planned to incorporate. The priorities were agreed as equity, social development and sustainable development. It was also felt that the outcomes of other city plans should be incorporated into the CHDP where relevant. In terms of specific topics to be covered by the plan, cities felt that the checklist (Fig. 1) was useful as a starting point and guide. In addition, the need for the plan to reflect local priorities was recognized. Some stressed the importance of the need for city budgets to reflect the priorities of the CHDP in order that the goals could be achieved.

City suggestions and recommendations

For cities:
- Cooperation between cities – sharing of information and city visits would increase opportunities to share knowledge on CHDP.

For WHO:
- A guidance document on CHDP was needed. This should cover process and implementation issues as much as content.
- Training and support from WHO on CHDP was requested.
- There was a need to publicize case studies illustrating advanced approaches in some of the network cities.
- Consultation possibilities with WHO or advanced cities would be appreciated.

City Health Development Planning 3: The challenge of integration

A key aspect of the City Health Development Planning process, in comparison to the previous City Health Planning process, is the broadening of city partnerships for health. A direct implication of this is the need to address the crucial interface between City Health Development Plans and the other planning instruments employed within a city. Two optional parallel workshops facilitated by Geoff Green were available to participants. The main objectives of these sessions were to give a synthesized overview of integrative planning at the city level, to raise awareness of the main issues, to identify obstacles and tactical solutions to integrative planning, and to identify and share innovation and examples of good practice.

During these workshops presentations outlining the process of integrative planning in cities were made by:

Ivana Draholova, Brno
Spaso Vulic, Zagreb
John Thane, Camden
Sopie le Bris, Rennes
Tomas Petersson, Helsingborg
Zoltan Gasztanyi, Győr
Roger Davison, Sheffield
Key points to emerge from the presentations and discussions

The need to get health onto the agenda of other sectors and plans, thus taking the health agenda into a more central position in the work of the city, was seen as a priority and a challenge. Some cities were responding to this challenge by developing the CHDP under the umbrella of a strategy for the whole city. Others were developing specific new partnerships to integrate health with other planning processes, such as economic and spatial planning in cities. Some cities were even integrating their CHDP with national and regional planning processes.

The need to ensure that the citizens were fully involved in the planning process was also commented upon. Some felt that often planning processes in cities were too bureaucratic and failed to tackle the real concerns of the people. Some felt that the CHDP process could provide an alternative approach with the plan as a form of contract between politicians and citizens.

City suggestions and recommendations

- There was a need to establish mechanisms and tools for integrating health for all into other city departments.
- To focus on mechanisms and tools during the City Health Development Planning sessions at the Horsens Business Meeting.

Key Phase III requirement: Monitoring and Evaluation

The plenary session on monitoring and evaluation was chaired by Beate Wimmer-Puchinger. This session was intended to give an update to designated healthy cities on progress in developing and testing the MARI and ART frameworks. It also aimed to give more general information on overall evaluation and information strategies. It was followed by two optional consultation sessions run by Evelyne de Leeuw, Associate Professor, WHO Collaborating Centre for Research on Healthy Cities.

Julia Taylor, in her capacity as chairperson of the Advisory Committee, introduced the subject of evaluation, emphasizing the importance of this process in showing the value of the healthy cities approach.

Jill Farrington reported back from the joint meeting of the Evaluation Advisory Committee (EAC) and the Technical Group on City Health Profiles and Indicators (Indicators Group). This had taken place in Vienna preceding the Business Meeting and during the afternoon of Friday, 29 October. Since the Bologna Business Meeting, the EAC had been reconstituted and new membership was introduced including the new chairperson of the group, Roderick Lawrence, Faculty of Social and Economic Sciences, University of Geneva. The chairperson of the Advisory Committee, and the chairperson of the Indicators Group were now to be ex-officio members of the EAC in order to facilitate communication between groups. The meeting had been very productive and the group had developed a programme of work for 2000 in recommending the development of four products:

- **Core Information Document – Phase II evaluation.** This will provide feedback to cities on evaluation conducted during Phase II.
Synthesis

- A. “The Solid Facts” on Healthy Cities. This evidence-based publication would present the added value of adopting the Healthy Cities approach at the local level.
- B. Bibliographical Review of publications dealing with the evidence based added value of the Healthy Cities Project to inform Product 2A.

Fact Sheets – a series of leaflets promoting the Healthy Cities Project, aimed at different groups.

Equity template – the purpose of the tool is to promote comprehensive city action and enable HCP cities to monitor progress in the area of addressing inequalities.

Evelyne de Leeuw gave an overview of the progress on developing the MARI framework and Annual Reporting Template (ART) since the Bologna business meeting. Both frameworks had been presented in Bologna, and subsequently discussed with the Evaluation Advisory Committee, the Indicators Group and the Advisory Committee. These had now been finalized, and participants had received a copy of the final document as working paper (6a).

The MARI process had been tested in Seixal, Liverpool, Sheffield, and Stoke on Trent and the framework had also been distributed in at least two national networks.

At the Bologna Business Meeting cities had asked for guidance in using the ART. Evelyne had prepared a completed ART for the fictitious city of Mizopor, and this had been given to participants as working paper 13 of the meeting (7).

Jill Farrington reminded cities that they had made a commitment, as part of the Phase III designation process, to carry out a monitoring and evaluation process:

“Cities need to agree to participate in an ongoing process of monitoring and evaluation by WHO. As a minimum, this should involve agreement to submit an annual report on progress to the WHO Healthy Cities Project Office, agreement to contribute a set of core indicators (to be developed), and agreement to being monitored on progress by WHO” (4).

The purpose of the Annual Report was fourfold:
- to build up an evaluation picture over time;
- to act as a network management tool;
- to provide an early warning system regarding the Phase III requirements; and
- to provide a means to give other information

The finalized ART was ready for cities to use in their evaluation process. The framework would be modified from time to time during the course of Phase III to add in other components on which WHO wished to monitor progress, such as City Health Development Plans.

The MARI/ART framework itself would be rigorously monitored and, depending on its effectiveness, fine tuned as necessary. The first review of the instrument would take place at the Horsens Business Meeting.
In terms of the timeframe, it was proposed that the Annual Report be requested each year by Christmas (end December), to be analysed by the Maastricht collaborating centre, with anonymized feedback to cities the following March, and a report for discussion at subsequent Business Meetings. The ART process is part of the long-term Phase III evaluation process, and therefore long-term commitment to the process by all Phase III cities is important.

**Evaluation consultation sessions**

Two workshop sessions to discuss issues surrounding the evaluation process were run by Evelyne De Leeuw. The MARI framework had been tested in the cities of Seixal, Sheffield, Liverpool and Stoke on Trent, and representatives made presentations reporting on their progress. Liverpool and Stoke on Trent had undertaken a SWOT analysis together and indicated that MARI would be a valuable evaluation tool. There was a consensus among these cities that MARI was also valuable because it demonstrated the accountability of the project as a whole and made it easier to involve other partners in the project.

**Key points to emerge from the discussion**

There was a general agreement on the importance of evaluation, with MARI/ART felt to be an essential element. Some felt that there might be problems in applying MARI/ART in local circumstances, in that it might conflict with their existing citywide evaluation processes and the need to produce an annual report for their local needs. However, the groups felt that such examples were the exception rather than the rule.

Regarding the collection of data, some were concerned about their ability to collect data relating to the C component (commitment to specific goals, products, changes and outcomes) of MARI/ART. The usefulness of indicators and the compatibility between the collection of the 32 indicators required for designation and the MARI/ART process was discussed. The logistics of running MARI/ART were also discussed, and the suggestion that the exercise could be carried out by trustworthy external partners, such as a university, under the guidance of a local EAC was welcomed.

**City suggestions and recommendations**

- The sessions were found to be extremely useful and it was requested that they be continued at the next meeting – in smaller groups of maximum 15 participants.
- The proposal to review ART in Horsens was warmly supported.
- The relationship between indicators and MARI/ART should be addressed sooner rather than later.

**Phase III requirement: Communications Strategy**

B7a. Cities should implement a communications strategy, involving a range of communications mechanisms, to stimulate visibility for health issues and public health debate within the city; this strategy should be evaluated to assess its impact (4).

A communications strategy is an important factor for the success of a healthy city. A successful approach to communication will enable a healthy city to promote wider public consultation and
community participation, raise awareness of health issues, stimulate debate, participate in large-scale campaigns, act as a clearing house for information, provide training materials and forge visible partnerships with other actors.

**Developing a communications strategy**

This session was moderated by Franklin Apfel, WHO Regional Advisor, Communications and Public Affairs. It was run in the form of a discussion, with a panel made up of healthy cities project coordinators and city journalists. The panel included:

**Bob Stewart, Coordinator, Newcastle upon Tyne**
**Heini Parkkunen, Coordinator, Turku**
**Laura Donisetti, Coordinator, Milan**
**Fernando Salgueiro, Coordinator, Amadora**
**Flemming Holm, Representing coordinator, Horsens, and city journalist**
**Mike Jempson, Journalist, Press Wise**
**Grzegorz Kolasinki, Journalist, Lodz**
**Urve Tiidus, Journalist, Kuressaare**

The session was introduced with a Healthy Cities video which demonstrated how cities could package and share information to communicate health messages. A number of issues emerged from the subsequent discussion between journalists and healthy city coordinators.

**Partnerships with the media: trust, suspicion and control**

It was argued that healthy cities should involve journalists as partners in their projects in order to increase their ability to communicate messages to the public. This would also allow the healthy city project to benefit from the skills and expertise of the journalists.

However, many people were suspicious of involving the media as partners, since it was not possible to control negative publicity. Cities preferred to invite the press to publicize programmes of which they are proud. Journalists on the panel noted that partnership implies give and take and that cities should expect both criticism and praise as they would from any other city partnership.

**Types of media and communication techniques**

The following points were mentioned.

- **Specific types of media should be used to address specific target groups.**
- **Communications techniques can vary depending upon the type of message one is trying to get across.**
- **Working with “media” does not necessarily mean “mass media”.** It can also mean newsletters, media, arts (for example theatre, posters) etc.

**Newsworthiness of health – Is health a priority for the media?**

While healthy city outcomes are the result of long-term, sometimes slow processes, the media have a need for frequent stories and visible outcomes. This can create problems in selling the healthy city label to the media – they want stories relating to peoples lives. One participant noted “diseases are not health – the everyday process of building health in the community is not interesting to the media.”
Ways of making healthy cities more attractive to the media were discussed. Increasing the coordinator’s capacity to work with the media was one way, but some felt that they did not have the time to develop these skills, and that the media should take information and make it attractive to particular audiences.

**Phase III Requirement: Project Management**

| B4. Cities should review project management processes and implement a programme of action to address identified weaknesses (4). |

This session was chaired by Knud Matzon. The Phase III requirement was introduced by Jill Farrington. She reminded participants that the success of Healthy City Projects depends on effective project management; effective leadership is essential in managing change. The impression from the Phase III applications had been that Project Management appeared to be one of the areas with which cities struggled. The majority of cities had described their Healthy City project management structure and given an intention to review processes, but had been generally non-specific over how this would be carried out, and how the outcomes would be fed back into practice.

**Managing change – leadership and project management**

Colin Hastings and Wendy Briner, New Organisation Consulting, introduced the workgroup sessions on project management. The aim was to consolidate what was already known about project management processes and to identify ways to improve these.

The review of Phase I had led to the development of the *Leadership colours* (8) and the book *Twenty steps for developing a healthy cities project* (9). During Phase II, two surveys of Project Management among Healthy Cities Projects had been carried out by Colin Hastings (October 1996 and June 1998) and the leadership colours had been further developed into: *Healthy cities project leadership: key success factors*, a paper presented at the Athens Conference for Healthy Cities, 1998. This previous work was still relevant for Phase III, but it was considered necessary to ascertain whether Phase III and the City Health Development Planning process required special features and, if so, what specific tools and guidance were needed.

The plenary briefing was followed by a workgroup session in which three different topics within the area of project management would be discussed in groups of 6–10 participants:

1. What do we know?
2. How to improve – raising the game.
3. Phase III demands on leadership and project management capabilities.

**Key issues to emerge from the discussions**

Discussion was lively. Participants shared examples of good practice and identified recurring problems in leading a Healthy City Project. Some emphasized the need to continually reiterate and refocus on the nature of the Healthy City Coordinator. Linked to this, some people had difficulties regarding what the role should involve and required clarification. Some groups recommended a more systematic approach to developing the capabilities not only of healthy city
coordinators, but also of multisectoral teams and other key stakeholders. This needed to take place at local, national and international levels.

Effective project management is seen as fundamental to the success of any Healthy City Project. As projects have developed, the role of project coordinator has often become more varied, and more challenging, with an increasing number of skills required. WHO is developing further work to support cities in this area, and a written report on suggestions and recommendations will be prepared as the next stage of this initiative.

**Phase III Requirement: Sustained Political Commitment**

| A1. Cities must have sustained local government support and support from key decision-makers in other sectors to the principles and goals of the project (4). |

The results from the “learning and sharing questionnaire” completed by cities in the summer of 1999, showed that a proportion were asking for help in relation to sustaining political commitment in the aftermath of elections and subsequent political change. A number of cities were known to have undergone political change during the lifetime of their project, and a few during the last year.

**Sustaining political support: surviving elections and political change**

This issue was discussed in two consecutive parallel sessions. These were facilitated by Knud Matzon who provided participants with some useful hints on how best to survive political change. These centred around bringing all parties fully on board in the project from the outset. In this way no one party or individual would be synonymous with the project, lessening the likelihood of instability after political change.

Presentations were made by participants from cities who had experienced political change, some more recently than others. They were:

- **Bruno Paccagnella, Padua**
- **Antonio de Blasio, Pécs**
- **Angela Messori, Bologna**
- **Ron Gould, Liverpool**

Cities identified the problems that had arisen after political change and how they had been addressed. Common solutions could be identified. These centred on involving politicians more effectively in the partnership structure of the project, and taking time to build bridges with politicians new to healthy cities.

**Key issues to emerge from the discussion**

It was agreed and re-iterated that political support was necessary to the success of the Healthy Cities Project. Different political parties had different objectives, and it was necessary to emphasize the added value of Healthy Cities Projects to politicians from all parties. In order to do this, some pointed out that there was a need for each city to analyse its own political system and situation in order to find the best way to proceed. There had been several successful instances where, in some very different cities, continuity had been achieved in spite of some
significant political changes. It was pointed out during discussions that the Healthy Cities Project can contribute to the success of politicians as well as vice versa.

**City suggestions and recommendations**

- The healthy city project should not be marginalized locally.
- Cities need to develop a health lobby not associated to one political party.

**Phase III Requirement: Placing emphasis on equity, social development and sustainable development**

A3. Cities should develop policies and strategies based on health for all for the twenty-first century. Particular emphasis should be placed on the three issues of 1) reducing inequalities in health, 2) working to achieve social development, and 3) commitment to sustainable development (4).

The issues of sustainability, social development and equity are central to Healthy Cities work, and the Advisory Committee felt that these themes should run through every session at business meetings where possible. As part of the move to promote the exchange of information and examples at business meetings cities were invited to present case studies on the themes of equity and sustainable development.

**City presentations: case studies on local action for equity and sustainable development**

In a move to promote policy change, rather than “projectism” it was felt that this parallel session should be used as an opportunity for cities to learn from each other about how to sell and develop the issues within their cities to policy-makers. The emphasis was on social marketing skills to promote, explain and make a case for the most difficult aspects of City Health Development Planning work. This session was linked both to the individual skills of the coordinator and the wider communications strategy of the healthy cities project. It aimed to pick up on issues discussed during earlier sessions on project management and communications strategies.

Presentations on equity were given by:

- **Bob Stewart, Newcastle upon Tyne**
- **Gejza Legen, Kosice**

Presentations on sustainable development were given by:

- **Maria Bertalanfy, Győr**
- **Ingrid Tilts, Kuressaare**
- **Vojko Obersnel, Rijeka**
Key issues to emerge from the discussions

A complementary approach
It was suggested by some that a combination of strong strategic development and bottom-up community participation projects was necessary in order to promote equity and sustainable development. For this reason Healthy Cities teams needed people with skills to work on the ground and with decision-makers. Some felt it was rare to find individuals who could work effectively at both levels, so project teams needed an appropriate skill mix.

Political support
Some cities had found that it was reasonably easy to secure political support in principle, although concerted action was not always forthcoming. Developing personal relationships with politicians was seen as important, and this included reporting back and developing an ongoing dialogue to secure long-term commitment to the project.

Community participation
Developing an effective means of engaging the public was more difficult for some than gaining political support. Using pressure groups, media and the press was seen as a good ways to engage the public and to provide legitimacy for policy initiatives.

Sustainable development
Agenda 21 was felt to be useful by many as it complemented Health for All. However, some cities experienced problems working in this area because the relevant sectors were divided.

Equity
One group provided a list of issues which could be used to influence policy in terms of equity. These were: scandal, life and death (homeless people dying on streets), actual data such as profiles and reports provided that they were visible to the public, negative trends, negative comparisons to other cities, economic arguments, citizen led initiatives and coalition between citizen’s advocacy groups and the media.

Indicators
The importance of indicators to illustrate problems relating to both equity and sustainable development was recognized. They helped to inform the public and politicians to make healthy choices regarding the use of city resources.

City suggestions and recommendations
- More case studies of good practice from healthy city projects, including practical implementation examples, were needed to share around the network.
- Clear definitions of equity and sustainable development were required (note: these were developed by Charles Price and can be found in working paper 12 which was tabled at the meeting (10)).

Briefings on international developments and major events

Leah Rothstein introduced a series of briefings on future events related to Healthy Cities.

Hanover Conference 2000, Hanover, Germany, 9–12 February 2000
The third European Conference on Sustainable Cities and Towns will be the millennium event of the European Sustainable Cities and Towns Campaign. The campaign is supported by a strategic
alliance of five European networks of local authorities, one of which is the WHO Healthy Cities project. The conference will address social, health, economic and environmental views of sustainable development, strategies and policies, management practices, progress and impact assessment, and cooperation and networking.

Contact: Leah Rothstein, WHO Centre for Urban Health
Lro@who.dk Tel: +45 39 17 14 60

Active Living MCAP – International day of dance, 19 May 2000
The Active Living MCAP introduced a video showing a number of events that had taken place as part of the international day of dance in 1999. The next such event would be on Friday 19 May 2000.

Contact: Heini Parkkunnen, Turku Healthy City Project
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Planning at a turning point – AESOP, Brno, 18–23 July 2000
AESOP is the Association of European Schools of Planning. This congress will provide opportunities for urban planners to discuss no only the qualities and shortcomings of the theory and practice of planning at present, but also the challenges and problems of the future.

Contact: Ivana Draholova, Brno Healthy City Project
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Reducing Social Inequalities in Health, Copenhagen, 27–29 September 2000
This conference is organized by the City of Copenhagen and the Danish Ministry of Health in close cooperation with the WHO Regional Office for Europe. The conference will highlight existing social inequalities in health with examples from all over Europe, strategies and policies to reduce social inequalities in health and action to reduce differences in health. More information is available at the conference Web site: www.inequalities-copenhagen.dk

Contact: Jens Egsgaard, Copenhagen Healthy City Project
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International Healthy City Event in 2001, Toronto, Spring 2001
The Toronto healthy city project is proposing to hold an international event to celebrate and examine the achievements of the international healthy cities movement in the year 2001. A call for abstracts will be made during winter 1999/2000.

Contact: Wade Hillier, Toronto Healthy City Project
whillier@city.toronto.on.ca, Tel: +1 416 392 0632

International Congress of Nutrition, Vienna, 27–31 August 2001
The conference will discuss “modern aspects of nutrition – present knowledge and future perspectives” and will act as a forum for scientific discussion of all aspects of nutritional sciences. More information is available from the conference Web site: www.univie.ac.at/iuns2001/

Contact: Ibrahim Elmadfa. Institute for Nutrition Science, Vienna
ibrahim.ELMadfa@univie.ac.at Tel: +43 131 336 8213
**Official closing session**

This final session was chaired by Hannes Schmidl.

**Future meetings**

Jill Farrington announced that the following cities had offered to host future business meetings:

- Spring 2001 – Lodz
- Autumn 2001 – Seixal

These dates were agreed by the meeting.

In 2003 there would be an international conference marking the end of Phase III of the WHO Healthy Cities Project. The venue for this was yet to be decided. WHO would prepare specifications for this and forward to all cities for their consideration in hosting the conference.

In addition to business meetings the cities of Newcastle, Dresden and Brno had each said that they would like to host a technical themed meeting.

The next business meeting was to be held in Horsens from 7 to 10 June 2000. This would include a Mayor’s meeting. The Horsens delegation gave an introduction to their city by showing a video.

**Key decisions**

The key decisions of the Vienna Business Meeting can be summarized as follows.

1. The detailed strategic programme budget for 1998–1999 was approved.
2. The strategic programme budget for 2000 was endorsed.
3. Two amendments to the network terms of reference regarding city contributions were agreed.
4. An overall programme of work for the next four years, as outlined in the Action Plan for Business Meetings, was approved.
5. The schedule and format of the system for annual reporting for evaluation and monitoring (MARI and Annual Reporting Template) were agreed.
6. Two new members of the Advisory Committee were elected.
7. The time and venue of future business meetings was agreed.
8. Politicians group:
   - (a) A planning group for the Horsens Mayor’s meeting would be set up.
   - (b) Equity would be a key theme of that meeting.
   - (c) Cities would sign a mayor’s statement in Horsens.
Concluding remarks

Ray Bateson, Coordinator, Dublin Healthy City Project, presented the report of the General Rapporteur. The meeting had provided a good combination of enjoyment and hard work, and as a member of the Advisory Committee he felt that the programme had responded well to the comments of the committee.

Politicians from the cities of Helsingborg, Manchester and Newcastle signed the Athens Declaration, to take the total number of signatories to 125.

Hannes Schmidl thanked participants for coming to the meeting on behalf of the city of Vienna. Agis Tsouros thanked the city of Vienna for their generous hospitality. He also remarked that it had been encouraging to see the active participation of so many at this meeting. This was a tribute, especially to those people for whom English was a second language. He urged participants to remember the remarks of Sepp Rieder, the Health Mayor for Vienna, that a process is successful when it becomes routine. In other words, Healthy City Projects are truly successful when their strategies, methods and activities become mainstream.

Finally, the cities said a fond farewell, with a standing ovation, to Erlinda Petersen, WHO Centre for Urban Health, who was to retire on 1 February 2000. Erlinda had provided a first point of contact at WHO for many people since the beginning of the Healthy Cities Project 12 years ago. Agis Tsouros and Julia Taylor thanked Erlinda on behalf of the network, and presented her with a bouquet of flowers from the cities.

References

Annex 1

PROGRAMME

Thursday, 28 October 1999

09.00–10.45  Plenary: Business session and official opening
Official welcome by city of Vienna
Welcome remarks by the Chairperson
Adoption of the agenda

- Report of the WHO Centre for Urban Health
- Report of the Advisory Committee
- Report on Strategic Programme Budget 1998–1999
- Election of Advisory Committee (call for nominations)

10.45–11.15  Break

11.15–12.30  Plenary: Business session
- Action Framework
- Strategic Programme Budget 2000 (Introduction)

12.30–14.00  Lunch break

13.15–14.00  Induction session for new WHO Healthy Cities and Coordinators: This is intended for those designated cities that did not participate in Phase II.

14.00–15.30  Plenary: City Health Development Planning 1: The politics of building partnerships for health
Overview and politicians’ round table

15.30–16.00  Break

16.00–17.30  Parallel Session: A
City Health Development Planning 2: Balancing scope and content
Sharing experiences in groups

20.00  Mayor’s Reception at the City Hall

Friday, 29 October 1999

09.00–10.45  Parallel Sessions: B
Developing a communications strategy, in plenary
Concept, design and practices
Guidance, case studies and discussion
Facilitator: Franklin Apfel, WHO Regional Adviser for Communication and Public Affairs
Politician’s Group
In addition to free exchange the agenda will include the Mayors Meeting 2000 at the Business Meeting in Horsens

10.45–11.15  Break

11.15–11.45  Plenary:
Managing Change: Leadership and Project Management
Facilitators: Colin Hastings and Wendy Briner, New Organisation Consulting

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1 The participation of select media representatives from the central European countries is made possible through the generous support of the Federal Ministry of Labour, Health and Social Affairs, Austria.
11:45–13:00  Parallel Sessions: C
Managing Change: Leadership and Project Management
Work in groups

13.00–14.30  Lunch break

14.30 onwards  Walking sightseeing tour
Space available for ad hoc meetings in the afternoon

Parallel Sessions: D (optional)
Project Management Training
• Three 40 minute sessions starting at 14:30, 15:15 and 16:00.
• “Open Clinic” for cities requiring help with Project Management

Evening  Free

Saturday, 30 October 1999

09.00–09.45  Plenary: Business Session and Evaluation
Strategic Programme Budget 2000
Discussion and approval
Evaluation and Monitoring
Update – Annual Reporting Template

09.45–11.00  Parallel sessions: E
City Health Development Planning 3: The Challenge of Integration
Sustaining political support:
Surviving elections and political change
Evaluation and Monitoring: Optional Consultations

11.00–11.30  Break (Election of the Advisory Committee)

11.30–12.45  Parallel sessions: F
City Health Development Planning 3: The Challenge of Integration
Sustaining political support:
Surviving elections and political change
Evaluation and Monitoring: Optional Consultations
National Networks Meeting

12.45–14.15  Lunch break (Business Meeting evaluation forms will be distributed)

14.15–15.30  Parallel sessions: G
City presentations
Poster sessions (optional)
Optional consultations with WHO

15.30–16.00  Break

16.00–17.00  Plenary 7: Briefings and official closing
• Briefings on international development and major events
• Schedule for future business meetings
• Horsens Business Meeting
• Business meeting concluding remarks and recommendations
• Announcement of results of election of Advisory Group
• Report of the General Rapporteur
• Official closing

20.00  Farewell party
Annex 2

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