Healthy Marketplaces in the Western Pacific

Guiding Future Action

Applying a Settings Approach to the Promotion of Health in Marketplaces

WORLD HEALTH ORGANIZATION
WESTERN PACIFIC REGION
Message from the Regional Director

Marketplaces, particularly in developing countries, are often one of the defining characteristics of a community—reflecting community values, traditions and practices. In many cities and rural communities, the marketplace is considered by most people to be its commercial and social centre. In addition, many marketplaces prove to have a great drawing power for tourists who find in marketplaces a microcosm of the community they have come to discover. Yet, as colourful as these markets may be, traditional attitudes and practices in the marketplace may be at odds with practices that protect or promote health. As a consequence, in many countries of the Western Pacific Region, marketplaces are endangering the health and safety of the marketplace community. Vendors, marketplace employees, consumers and others using the marketplaces are frequently exposed to many hazards including fire hazards associated with overcrowding, poor wiring, excess flammable materials and a lack of fire fighting facilities; communicable diseases; emerging zoonoses; flooding and associated poor sanitation; inadequate hygiene facilities; poor working conditions; unsafe water; unsafe food; injury from vehicles in the marketplace; and poor personal security.

The Western Pacific Region of WHO, therefore, considers the marketplace to be a priority setting for health protection and promotion in the 21st century. Like other settings where WHO has developed health-promoting initiatives (cities, islands, schools, hospitals and workplaces), the marketplace can have a very positive impact on the health and well-being of vendors, their families, communities and the society at large. From an economic point of view, the Healthy Marketplace initiative also offers the possibility of establishing linkages between development and health. If resources generated in the marketplace are used to improve health as well as to create a demand for safe products among consumers, business in the market will improve, thus generating even more resources for further improvements. This mutually supportive dynamic can lead to sustainable long-term improvement in the health status of the population.

In the Western Pacific, a number of countries have initiated Healthy Marketplaces activities supported by WHO. However, the expansion of Healthy Marketplaces programmes has been limited by the tendency for activities to have been driven by both external funding and non-market-based stakeholders. These regional guidelines have been prepared to facilitate more rapid expansion of Healthy Marketplace programmes by clarifying core principles that, if applied, will enhance the success and sustainability of Healthy Marketplace programmes. These guidelines will also benefit from future Healthy Marketplace activities and should be regarded as progressive, working guidelines that will need to be revised as more experiences are accumulated.

It is anticipated that the guidelines will be of value not only to those considering using Healthy Marketplaces as settings for promoting and protecting health but also to those already implementing Healthy Marketplace programmes. In this situation, the guidelines may be used to review current visions, goals and activities and to develop and implement plans for the future.

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"The Western Pacific Region of WHO considers the marketplace to be a priority setting for health protection and promotion in the 21st century"
Acknowledgements

Appreciation is due to Ms Catherine Holmes, School of Environment and Agriculture, University of Western Sydney, Australia who is the key author of these guidelines, having undertaken a significant rewriting of the original draft to more effectively present the guidelines in the context of the Ottawa Charter for Health Promotion and to give greater emphasis to the significance of community aspects of the healthy settings approach. The guidelines have benefited from Ms Holmes work towards a post-graduate qualification. That work was undertaken with financial support from the Centre for Water and Environmental Technology, University of Western Sydney, Australia.

These guidelines also represent significant contributions by many individuals and institutions worldwide including Dr Gerald Moy, Food Safety Department, WHO, Geneva (Dr Moy has been instrumental in advocating food safety as a priority concern in the application of the Healthy Marketplaces concept); Dr Hisashi Ogawa, WHO, Manila (Dr Ogawa is a strong advocate of the healthy settings approach in the Western Pacific); Dr Maria Nystrom, Architecture and Development Studies, Lund University (Dr Nystrom has undertaken extensive advocacy work on Healthy Marketplaces in developing communities); the Swiss Humanitarian Aid Unit (this unit of the Swiss Agency for Development and Cooperation has supported technical input on a number of Healthy Marketplace activities in the Western Pacific and other Regions of the world); and a number of national and local authorities who have implemented Healthy Marketplace programmes in the Western Pacific since the early 1990s. In addition, a number of WHO technical personnel provided significant input to the drafting of the final document, including Dr Genaro Garcia, Dr Ted Magno, Dr Patience Mensah, and Dr Susy Mercado. The guidelines also benefited from the helpful comments of reviewers to this and earlier drafts. Reviewers include:

- Mr Mark Bishop, Environmental Health Coordinator, City of Swan, Australia;
- Dr Jamilah Hashim, Public Health, Sarawak State Health Department, Kuching, Malaysia;
- Dr Marco Jermini, Republic and Canton of Ticino, Department of Health and Sociality, Division of Public Health, Switzerland;
- Dr Andrew Kiyu, Deputy Director of Public Health, Sarawak State Health Department, Kuching, Sarawak, Malaysia;
- Ms Shirley Laban, Environmental Health Officer (Food Safety), Ministry of Health, Vanuatu;
- Mr Kim Leighton, Principal Food Scientist, Department of Health, Western Australia, Perth, Australia;
- Ms Marie France Maleb, Environmental Health Officer, Espiritu Santo, Vanuatu;
- Mr Nguyen Hung Long, General Department of Preventative Medicine, Ministry of Health, Ha Noi, Viet Nam; and
- Ms Rosemary Nicholson, School of Environment and Agriculture, University of Western Sydney, Richmond, Australia.
The marketplace environment is an important determinant for health.
Introduction

Marketplaces are unique settings in which local cultures and traditions are reflected in the daily activities of the people in the market. While the main function of a marketplace is to provide an economic centre for trade in goods and services, it also provides shelter, security, an important social centre and a source of information. The marketplace may also be seen as a setting wherein regulations and laws are enforced, and taxes collected. Because of its important nature to many in urban and rural communities, the marketplace also represents a great opportunity to promote and protect the health of the local population.

One strategy that attempts to link environment and health promotion and protection programmes with the everyday lives of people is the ‘settings’ approach. Settings are places that have defined physical parameters (e.g. the marketplace and associated areas); have social contexts; and represent common patterns of behaviour (e.g. business, trade and socialization) among the people within that setting. The ‘settings approach’ to health promotion and protection recognizes that the interactions and communications within a defined physical setting, such as the marketplace, ‘have the capacity to facilitate healthful choices’.

As a setting, the marketplace itself can define the specific target audiences for health promotion and protection interventions. Interventions may target the market-based group including traders or vendors, management, cleaners and contractors or they may target all marketplace users including consumers from surrounding communities.

The World Health Organization (WHO) has actively advocated the settings approach for many years and its healthy settings initiatives have been implemented in hundreds of locations throughout the world, including schools, hospitals, workplaces and islands communities. The impetus for this health promotion strategy by the WHO can be traced back to the Ottawa Charter for Health Promotion, the outcome of the first International Conference on Health Promotion held in Canada in 1986. The Charter defined health promotion as ‘the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health’. In this definition, ‘health’ is recognized as a state of complete physical, mental and social well-being, and is regarded as a resource for living, rather than the objective of living.

The Charter identified five key strategies as a framework for social change. These are:

I. the development of healthy public policy;
II. the creation of supportive environments;
III. strengthening community action;
IV. the development of personal skills; and
V. the reorientation of health services.

These strategies, particularly the first three, provide direct support for the settings approach to health promotion and protection.

Aim of the Guidelines

It is the intention of the World Health Organization that every city in the WHO Healthy Cities network will eventually have a Healthy Marketplace programme. As such, these guidelines aim to provide national, provincial and local authorities, mayors, city administrators, health professionals, nongovernmental organizations and market communities with practical information on how to initiate a Healthy Marketplace programme.

The guidelines have been designed to assist communities to establish Healthy Marketplace programmes that draw on the strategies identified in the Ottawa Charter and address the physical, mental and social elements of health.

The guidelines are meant to:
- offer a practical resource for national, provincial and local authorities, mayors, city administrators, health professionals, nongovernmental organizations and market communities;
- provide a guide for developing health promotion activities that recognize market-setting characteristics and the physical, mental and social dimensions of health;
- suggest a realistic evaluative framework; and
- draw on the lessons learnt from other WHO settings-based programmes.

It should be noted that when guidelines are disseminated across a range of countries, they need to pay attention to diverse cultural, political, social, economic and community values. As such, guidelines should not be seen as prescriptive for all situations. Rather, they are meant to provide a reference point for community action for the promotion and protection of health in a sustainable fashion and they need to be considered as flexible and adaptable to differing community priorities and needs.

Healthy Marketplace Programmes and Healthy Cities

In view of the projected trends of increasing urbanization and an accompanying global decline in the quality of the physical and social environments, the WHO’s Healthy Cities programme is considered a vital tool for assuring that health is explicitly considered in urban management and development planning processes.

WHO describes a Healthy City as:

One that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential. (Healthy Settings. Document Series No. 2. Regional Guidelines for Developing a Healthy Cities Project, Manila, the Philippines, World Health Organization, 2000).
Thus, a Healthy City is defined in terms of a process as well as an outcome. The objective of the Healthy Cities programme is to improve the health of urban dwellers, especially low-income urban dwellers, through improved living conditions and better public health services. The Healthy Cities programme operates by raising awareness of unsatisfactory environmental and health conditions, and to address these challenges by mobilizing community participation through partnerships with local (usually municipal) agencies and institutions.

One of the most valuable and powerful aspects of the Healthy Cities programme is its emphasis on creating environments that are supportive of health. WHO's Healthy Cities programme has traditionally been the umbrella programme for smaller, elemental settings programmes, such as Health Promoting Schools, Healthy Hospitals and Healthy Workplaces. One setting of great importance in a city is the marketplace. Within the context of the Healthy Cities programme, a Healthy Marketplaces programme can provide a unique opportunity for practical inter-sectoral collaboration for health promotion and protection.

It is likely that stakeholder support for a healthy marketplace programme will be stronger and that a better understanding of the processes and driving philosophies will exist in localities where Healthy Cities programmes are already in place. However, the Healthy Cities programme is not an essential prerequisite for a Healthy Marketplace programme. A Healthy Marketplace programme can be implemented wherever a marketplace exists, irrespective of its rural or urban environment.

What is a Healthy Marketplace?

A Healthy Marketplace is a setting in which everyone works together to achieve an agreed vision for health and safety of the market community. As with a Healthy City, a Healthy Marketplace is one that is continually creating and improving the market's physical and social environments and creating a situation where the market community itself is empowered to achieve its maximum potential.

The market community will mean different things in different situations and social and cultural contexts. In its simplest form, the market community may include management, all traders and vendors, security staff, cleaners, and groups or organizations (such as women's or youth movements) operating within the setting itself. It may, however, also include consumers, politicians, local authorities and others who use, or have an interest in and commitment to, the marketplace. Whatever the local definition of a market community, a fundamental requirement of a Healthy Marketplace programme is the 'joint commitment' of all stakeholders. Such a commitment is likely to be strengthened through the use of participatory processes.

The overall aim of a Healthy Marketplace programme is to promote the health and safety of community members in the market setting in a sustainable manner. Health and safety in this context refers to the physical, mental and social well-being of the defined market community.
More specifically, a Healthy Marketplace aims to:

• create a healthy, safe and supportive environment;
• ensure that health promotion and health protection are central to all marketplace practices;
• ensure all key stakeholders actively participate in the process; and where appropriate,
• extend positive health impacts to the local and surrounding community and environment.

The Benefits of a Healthy Marketplace Programme

Health and Safety Concerns

In most cities, marketplaces have arisen spontaneously at given locations and have evolved, sometimes over hundreds of years. This has occurred often with the limited involvement of urban planners and with little consideration for the protection and promotion of people’s health. As noted, marketplaces also reflect local community values, traditions and practices, and are often commercial and social hubs of cities. As such, they are magnets for tourism, and have the capacity to contribute to local economic development and poverty alleviation.

Zoning (separation of different activities) in the marketplace is essential to protect ready-to-eat food and limit the spread of emerging zoonoses.
As colourful as markets may be, traditional attitudes, practices and market conditions may not facilitate healthy lifestyles or choices for market and other community members. For example, poor hygiene in terms of a lack of clean water, sanitation and solid waste disposal commonly leads to the transmission of diseases. Marketplaces often have heavy concentrations of fuels for fire (e.g. cloth, cardboard, paper and wood) with many potential points of ignition, such as faulty electrical networks. This hazard may be further compounded when access to water and other fire retardants is limited. Market communities may also be faced with other occupational hazards, such as working in confined spaces with poor lighting and ventilation, the occupation of poorly constructed and unsafe premises, the exposure to extreme weather conditions, and working where personal security may be at risk. Therefore, the state of a marketplace affects not only the health and security of market-based communities, but also potentially the health and security of all visitors and consumers.

Benefits

Because marketplaces have an important social function in providing a venue for the exchange of ideas and knowledge, they offer an important opportunity for educating market community members about a range of health issues. Thus, a Healthy Marketplace programme can transform a marketplace into a place where people's health is promoted, enhanced and protected. A Healthy Marketplace may also act as a source of information for the promotion of health of consumers in the wider community.

There are economic advantages for market communities to be part of a Healthy Marketplace programme. For example, a market setting may improve the quality or safety of goods. In turn, this may lead to an increase in demand and greater profitability. A Healthy Marketplace programme also offers the possibility of establishing links between development and health. For example, if increased profits can be generated through improved trade, more funding may be available for improvements to the market infrastructure. This mutually supportive dynamic can lead to sustained improvements in the health status of market community members. In addition, the Healthy Marketplace may give rise to entrepreneurs that share a business culture that is more in harmony with the health and other social needs of the community.

The following boxes present just some of the benefits of a Healthy Marketplace programme to vendors, marketplace employees, contractors, consumers/customers, market management, the broader community, health authorities and community leaders.

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The benefits of a Healthy Marketplace programme to marketplace vendors, employees and contractors include:

- the opportunity to address health issues that have emerged through inadequate planning and/or resources;
- the opportunity to enhance and protect the health of other market community members;
- a safer working environment – less at risk of harm and theft;
- a health-promoting work environment;
- access to adequate hygiene facilities and safe and nutritious food;
- potentially greater access to health services;
- enhanced self-esteem, improved morale and reduced stress;
- increased job satisfaction;
- a better understanding of health protection issues within and outside the market environs;
- poverty alleviation through improved trade; and
- the building of community networks.

The benefits of a Healthy Marketplace programme to market management include:

- improved marketplace business generating a stable income;
- more effective systems in place;
- increased job satisfaction;
- improved relations with vendors, contractors and consumers;
- reduced risk of fines and litigation through reducing health and safety risks in the marketplace;
- reduced stress; and
- other benefits as outlined in the previous box.
The benefits of a Healthy Marketplace programme to consumers and the broader community include:

- a safe and healthy shopping environment;
- greater access to safer and better quality commodities at reasonable prices;
- an increased opportunity to participate in health promotion activities;
- an increase standard of community health and safety through improved community planning, such as transportation and commuter safety; and
- a reduction in community health care costs.

The benefits of a Healthy Marketplace programme to health authorities include:

- increased levels of community health and safety and a reduction in community health care costs;
- effective access to a broad range of community members for health promotion and protection activities;
- the opportunity to address community health and safety in a holistic manner through multisectoral collaboration;
- the opportunity to develop new partnerships across government and nongovernmental agencies; and
- the more efficient use of resources.

The benefits of a Healthy Marketplace programme to community leaders include:

- greater community awareness of their political commitment to community health and safety;
- an improved understanding of the market community's health priorities;
- an improved level of community health and safety;
- a more efficient and effective use of resources; and
- a strengthened local economy through better business and greater tourism.
Getting Started

When getting started, it may be useful to consider key attributes of Healthy Cities programmes that are frequently present in effective programmes and which are also likely to be present in effective Healthy Marketplace programmes. These include:

- a high level of political commitment;
- acceptance of the ‘Health for All’ principles, such as equity, empowerment, participatory approaches, interdisciplinary work and an emphasis on primary health care;
- a commitment to structures that facilitate a multi-sectoral approach;
- a community diagnosis of health needs; and
- a widespread debate over strategies.

There is, however, no single approach to developing and implementing a Healthy Marketplace programme. Actions must be adapted to the organizational, social, cultural and political contexts of each market and its community. The steps outlined in figure one are likely to be present in any Healthy Marketplace programme, but the details associated with each step will need to be established with consideration of issues specific to the location. Also, as discussed in the following sections, there are some occasions when it will be better to develop the community vision before establishing the Healthy Marketplace committee and others when the sequence should be reversed.

Figure 1: An overview of steps in implementing a Healthy Marketplace programme (HMP)

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5 In 1978 the United Nations International Children’s Emergency Fund (UNICEF) and the World Health Organization (WHO) held a conference on Primary Health Care in Alma-Ata, Union of Soviet Socialist Republics (USSR). The outcome, known as the Declaration of Alma-Ata, included 10 principles that were recognized as the means to achieving an acceptable level of health for the world’s people by the year 2000. Providing a blueprint for Primary Health Care, the declaration was later referred to as “Health for All by the Year 2000” or the ‘Health for All’ strategy.
Champions Recognize Benefits and Advocate the Concept

As with most new ideas and change, there is a need for a champion or advocate to identify the benefits that can result from introducing the Healthy Marketplace concept in a market community. Greatest success has been achieved where at least one of the champions also represents a high level of political commitment to Healthy Cities and healthy settings programmes. In the Western Pacific, the champions or advocates have predominantly come from national, provincial or local government health authorities. However, advocates have also been identified among mayors, local politicians, city administrators and private market managers. Champions may come from a variety of sources, and if the guidelines are successful, it is hoped that the diversity and number of advocates will be increased and may even arise from within market communities themselves.

Familiarizing Stakeholders with the Healthy Marketplace Concept

Advocacy meetings have been the primary technique used to introduce the concept and to encourage its adoption by market communities in Cambodia, Lao Peoples' Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Vanuatu and Viet Nam. More recently, as experiences expand, advocacy activities have also included the presentation of papers on the topic in conferences, development of videos and production of promotional materials. Whatever the technique used to initiate awareness, it is important to get the information to as many market communities and associated stakeholders as logistically possible.

Healthy Marketplace stakeholders are diverse but can be divided into two major groups based upon the marketplace as a setting: (i) market-based stakeholders; and (ii) non-market-based stakeholders.

Market-based stakeholders may include market vendors, traders, wholesalers and service providers, management, owners, cleaners, security officers, and trades or maintenance personnel. Non-market-based stakeholders may include a variety of government agencies or departments including planning, public works, environment, transport, agriculture and health. Other non-market-based stakeholders may include mayors, local politicians, consumers, academics, nongovernmental organizations, lobby groups, workers' unions, youth groups, media organizations, educational institutions and aid organizations. Remember, the diversity of stakeholders will be limited only by the imagination.

Familiarization of market-based and non-market-based stakeholders with the Healthy Marketplace concept may occur through a single meeting or through a number of meetings or workshops. It is however important that both groups of stakeholders are aware of the concept and are convinced of its benefits. Only by convincing both market-based and non-market-based stakeholders of the benefits of a Healthy Marketplace programme will these key stakeholders be committed and willing to allocate the necessary human and other resources to bring the concept to reality and maintain it sustainably. It is important at these early stages to be as inclusive as possible of all stakeholders.

Stall design can contribute to or hinder good hygienic practice.
The key outcomes of the initial meeting(s) may include: stakeholders gaining a better understanding of the programme's key concepts and aims; an assessment being made of the level of stakeholders' interest in the programme; a list of stakeholders participating in the meeting; a declaration/confirmation of stakeholder commitment to the programme; the identification of any gatekeepers and programme champions or advocates; an assessment of the stakeholders that may be interested in forming part of a Healthy Marketplace committee; setting of a date and an agenda for a further meeting(s) or workshop(s); and the setting of a date for a meeting with the market community to initiate thinking around their Healthy Marketplace vision.

Remember that meetings can be intimidating or uncomfortable experiences for some people. For example, vendors, security guards and cleaners may be unaccustomed to and, therefore, uncomfortable with formal meetings, while other stakeholders may routinely participate in such processes.

The location of the meeting will also have an influence on attendance and the active participation of stakeholders. As such, it is recommended that a setting be chosen that encourages a feeling of equity among those present. In this respect the market setting should be a familiar location for all stakeholders and could prove, where facilities are available, to be the venue of choice for initial meetings.

It is a good idea to record the meeting's processes and outcomes, and if possible, make these available to all participants. Distribution to those stakeholder groups not currently represented, with an invitation to the next scheduled meeting, may prove to be beneficial.

**Obtaining Commitment of Those Who Can Assist or Inhibit a Healthy Marketplace Programme – the Gatekeepers**

Gatekeepers are those individuals or groups who have the capacity or authority to assist or inhibit aspects of the programme.

Gatekeepers can be market-based or non-market-based, and there is often more than one. For example, a market manager or owner (who may be the local authority for public markets) may be an important Healthy Marketplace gatekeeper. As such, it is essential to secure his or her support for the programme. This may be achieved by highlighting the programme benefits, including those relating to economic growth. Other market-based gatekeepers can include any influential market community members, such as union representatives and senior security officers.

Marketplace management should ensure the marketplace community has access to clean hygiene facilities. Failing to do so can lead to the spread of disease.
Often non-market-based gatekeepers may also have control over many of the resources required to support programme activities. For example, government departments may affect the market's ability to improve water supply or sanitation, or the supply of current information relating to a particular health issue.

It is important to continually watch for gatekeepers and take action to obtain their commitment to the Healthy Marketplace programme. This is necessary for a smooth and successful programme. Gatekeepers can also make excellent programme advocates or champions. Gatekeepers often have great strengths. For example, they can be persuasive; they are often heavily committed to their cause; and they are commonly self-motivated and even passionate people. These strengths in character can be utilized in the programme by allocating roles and responsibilities to these people.

Defining and Empowering the Market Community

One of the first steps is to define for any given marketplace whether the market community will include only market-based personnel or also include non-market-based groups who interact regularly with market-based groups and the market setting. In the latter situation, there is also the need to determine which groups and organizations should be included in the definition of the community.

In order to facilitate ownership of the Healthy Marketplace programme among those who spend much of their lives in the marketplace environs, it may be more effective for market communities to be limited initially to market-based personnel. Experience with other healthy settings has shown that starting with a more defined community can build the confidence of those who live and/or work in the setting and can enhance the opportunity of finding a setting-based champion to maintain sustainable programme momentum. If the market-based community is seen as the primary target for action, then it is also more likely to lead to the increased participation of market-based personnel in all Healthy Marketplace activities.

Alternatively, many in developing countries consider the marketplace a vital and central setting for the broader community and, as a consequence, are supportive of the view that the primary target group should include not only market-based personnel, but also those who rely on the marketplace to supply their essential needs and/or jobs. With this perspective, the target group could include, in addition to market-based personnel, consumers, suppliers, transport services and the broader urban or rural community. Including consumers in the definition of the community will increase the focus on the safety of goods sold in the marketplace, including the safety of essential items such as food. The benefits of this approach also include the opportunity of finding within the broader community one or more non-market-based champion(s) or positive gatekeepers with significant authority and access to resources that will assist any programme to achieve its goals. The limitations of this approach include the potential that market-based personnel will feel a loss of programme ownership and feel a loss of power over the outcomes achieved. The activities may also provide greater benefit to non-market-based stakeholders.

In addition to defining the market community, an important theme that has emerged through the WHO's setting-based programmes, and health promotion in general, is the need to promote and support participation of community members in all steps of the programme. It is also a central concept of the Healthy Marketplaces programme that the market community feel empowered to implement the programme in accordance with its vision. It should be noted, however, that community participation is likely to be affected by local traditions, cultural norms, personal situations and choices, and the experiences and skills of other stakeholders, including the facilitator.

Over time the definition of the market community and the primary target groups for interventions may change. It is important, however, that these changes are linked to the Healthy Marketplace vision, goals and activities, which form the basis of the action plan, which itself will need to be periodically reviewed and updated. Furthermore, programme activities should clearly articulate what the activity is; what group of people it aims to target; what the expected outcomes are; and what the intended method of evaluation is.

Establishing a Healthy Marketplace Committee

In order to obtain the commitment of all stakeholders in the market community, key representatives from each of the sectors present in the market community should be invited to be members of a Healthy Marketplace committee. It is vital that the representatives be committed to the initiative, as the committee will be an essential driver of the process. In Vanuatu, it was considered important that members be asked to sign a document agreeing to their roles and responsibilities.

Historically, in developing countries such as Lao Peoples' Democratic Republic, Papua New Guinea and Viet Nam, local government authorities have been the chairpersons of many of these committees. As such, local government has been able to coordinate the many stakeholders and gatekeepers and has applied its power to coordinate, and its resources to achieve specific goals within the marketplaces. In these instances, local authority has taken overall responsibility for developing the Healthy Marketplaces initiative. In most cases, it has done so in partnership with key stakeholders, such as government agencies with various responsibilities, including public health, environment, commerce, land use, etc.; private sector interests, including farmers, stall-holders, street-food vendors, etc.; community and non-governmental organizations, including consumer groups, social and community organizations, etc.; and other organizations, including universities, technical schools or institutions with appropriate expertise.

The difficulty of such an approach lies in the likely loss of power felt by the market-based community members and the effect of this on the Healthy Marketplace vision. If local authorities were to play key roles in Healthy Marketplaces committees, the Healthy Marketplaces programmes would benefit from the authorities recognizing the benefits that are associated with leaving power in the control of members of the market community.

Where marketplace committees already exist, as they do in many communities in Papua New Guinea, using existing committees and strengthening them to include relevant stakeholders and gatekeepers is preferable to establishing overlapping committees.
Developing a Healthy Marketplace Vision

Once the outcomes of the meeting(s) with the broad stakeholders have been achieved, the key concepts have been understood, the community has been defined, the community has expressed interest in applying the concept, and a Healthy Marketplace committee has been established, the next step is for the community to create its Healthy Marketplace vision.

A vision does not have to be complex. A vision does, however, need to capture the sentiments of the people, and should be clearly expressed. A vision will usually reflect a community's social, cultural, political and environmental values. For example, the market community may have a vision where the community:

- enjoys good physical, mental and social health;
- is sensitive to consumer needs and safety;
- is committed to protecting the environment;
- works collaboratively and takes pride in its work and products; and
- earns an adequate income.

It is critical that the defined market community determine their own Healthy Marketplace vision. All key stakeholders in the defined market community should be part of the vision development process. The process will require much debate and discussion among all members of the market community, and may well be an evolving process. To develop a community vision, community members need to think how they see their community in the future if all related health issues were well managed. A useful approach to developing a vision is summarized in Environmental Health Planning and Action: A Draft Handbook for Indigenous Practitioners, University of Western Sydney, 2003. That publication identifies the following set of questions (see Box 1) that may be used to help the community better identify its ideals, values and vision. Everyone should be encouraged to share their responses, and everyone's responses should be valued. These responses should be captured where everyone in the community can view them. Then there needs to be a process whereby the community can, using this visioning exercise, establish a vision statement.

Box 1: Visioning Questions

1. What does your community look like in the future? (Describe the community's desired environmental, social, health and economic characteristics.)
2. What environmental characteristics have been preserved and enhanced? (Point out the places in and around the community that need to be cared for.)
3. What environmental health services are provided to community members? (Describe all of the work that you might be doing, or managing, in the community.)
4. What types of relationships exist? (Decide how relationships should be among and between community members, elected members, community managers, service organizations, regional agencies, business owners and industry.)
5. What aspects of community living and working should be protected at all costs? (Point out the main physical, cultural, spiritual and social reasons for wanting to be part of this community.)
It is suggested that this process also be undertaken with the assistance of a skilled facilitator. The facilitator must possess the ability to ensure that all stakeholders are heard and that their contributions are equally valued. A suitable facilitator will have excellent skills in listening and communicating, will be flexible and stimulating, will not promote their own ideas above others, will try to remain impartial, will not push the views of any particular stakeholder over others, will be self-motivated and able to motivate others, and will believe in the Healthy Marketplace approach.

One consideration is whether the community should develop its vision before or after the establishment of a Healthy Marketplace committee. Commonly, the committee has been formed first and the representatives on that committee have assisted in the development of a vision and plan of action. However, some would argue that sequencing the development of a vision before the establishment of a committee will limit the extent to which non-market-based stakeholders can "hijack" the vision. There are many examples of programmes that have goals determined by others that are not consistent with the values or characteristics of the community within which they intend to make positive health changes. Such programmes have little meaning to the target community and thus are likely to become ineffective and unsustainable. In recognition of this, these guidelines stress the importance of market communities identifying their own visions and goals.
Stakeholder Roles and Responsibilities

Stakeholders have roles and responsibilities that will change over time irrespective of whether they are Healthy Marketplace committee members or not. Many factors, including the stage of the programme, the nature or emphasis of programme activities, and the necessary resources, affect these roles and responsibilities. It is useful to explore the scope stakeholders can have in the programme, while keeping in mind the processes that help define what a Healthy Marketplace programme is.

Possible roles and responsibilities for the various stakeholders are suggested below.

Possible Roles and Responsibilities

National, provincial and local government and other key non-market-based stakeholders

- Promote and provide guidance on the Healthy Marketplace concept.
- Assist in the creation of a Healthy Marketplace committee that is well represented by stakeholder groups.
- Assist the market community in identifying and prioritizing the health and safety concerns of its members.
- Identify gatekeepers and work to secure their support.
- Assist in the implementation of the Healthy Marketplace concept.
- Provide technical services where appropriate.
- Participate in the Healthy Marketplace Committee where requested.
- Commit resources to the programme.

Market community

- Undertake a needs analysis to prioritize health and safety concerns.
- Work together to develop and implement a Healthy Marketplace vision.
- Explore and consider different ways to participate in the programme, including through a Healthy Marketplace committee.
- Commit resources to the programme.

Healthy Marketplace committee

- Assist the community to develop and implement its Healthy Marketplace vision by supporting its needs analysis.
- Assist in explaining or clarifying programme processes to other market community members and stakeholders.
- Develop a better understanding of the marketplace characteristics as perceived by all stakeholders.
- Contribute to the development of the programme by collecting and sharing feedback on activities and processes.
Identifying Priority Health and Safety Topics

The marketplace community, assisted by the Healthy Marketplace committee, should identify the health and safety concerns of the community members by drawing upon internal knowledge and, where appropriate, non-market-based expertise for a sound scientific risk assessment. With the committee's assistance, the community needs to identify priority issues to be addressed before developing an action plan to address the most important community concerns.

Areas of priority concern, related activities and methods of implementation may differ considerably across different markets. The box below presents just some of the ideas for health and safety priority topics with suggested complementary activities. There are potentially many overlaps between priority topics and activities. The way in which a Healthy Marketplace committee links priority topics with activities will be determined through negotiation/discussion with stakeholders, the context or emphasis of the priority area and activities, or simply an organizational or strategic preference.

Table 1: Examples of health and safety topics that may be awarded priority consideration

<table>
<thead>
<tr>
<th>Health and safety priority topics</th>
<th>Foci for complementary activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air</td>
<td>Dust control, pollution, smoke, odour, etc.</td>
</tr>
<tr>
<td>Building construction and safety</td>
<td>Design, materials, layout, facilities, standards, access, egress, alarms, disabled access and provisions, lighting, ventilation, etc.</td>
</tr>
<tr>
<td>Chemical safety</td>
<td>Pesticides and persistent organic pollutants regulation and education</td>
</tr>
<tr>
<td>Communicable diseases</td>
<td>Prevention, management, health services, treatment, specific diseases, etc.</td>
</tr>
<tr>
<td>Consumer goods</td>
<td>Quality assurance, safety standards, food safety, etc.</td>
</tr>
<tr>
<td>Fire safety</td>
<td>Energy sources, sprinklers, extinguishers, construction material, access and egress, evacuation, etc.</td>
</tr>
<tr>
<td>Flood control/drainage</td>
<td>Design, construction, waste management, drainage, roads maintenance</td>
</tr>
<tr>
<td>Food safety</td>
<td>Education, good hygienic practices, food safety plans, food premises, marketplace layout and zoning, laws, regulations, temperature control, pest control, etc.</td>
</tr>
<tr>
<td>Green environment</td>
<td>Gardens, open space, aesthetics, storm water drainage, used water recycling, etc.</td>
</tr>
</tbody>
</table>

Fire safety means proper planning, avoiding dangerous wiring, controlling energy sources and providing fire control resources.
Historically, WHO-supported activities have focused on areas such as food safety, sanitation and drainage, market design and construction, fire safety and lifestyle. In this regard, Viet Nam illustrates the diversity that may result from different market community priorities. In Hue, the Dong Ba community’s initial focus was on market design and construction, market zoning and the frequent flooding to which the market was exposed. This work was strongly supported by local authorities, market management, vendors and Maria Nystrom and her students of Lund University (Nystrom, M., www.ark3.lth.se, 2003). In Hai Phong, Ga market focused on containing flooding due to raised streets and blocked drains, improving fire safety, establishing exercise facilities, rezoning to move food preparation away from motorcycle parking and poultry (keeping and slaughtering); and improving roofing. In Hai Phong’s An Duong market the focus has been food safety. Food safety was also the focus of markets in Papua New Guinea, Cambodia and Lao Peoples’ Democratic Republic. Gordons market in Papua New Guinea also focused on better control of human waste, better management of solid waste, the adequacy of washing facilities, more effective drainage, improved human security and better occupational health practices for cleaning staff. In Malaysia, too, the focus of Healthy Marketplace activities has been on sanitation, food safety, public order,

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Table 1 continued: Examples of health and safety topics that may be awarded priority consideration

<table>
<thead>
<tr>
<th>Health and safety priority topics</th>
<th>Foci for complementary activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education and services for vendors and other key community members</td>
<td>(i) Child/baby health (e.g. immunization, nutritional needs, developmental growth, assault prevention); (ii) Family planning and reproductive health (e.g. contraception, sexual health, sexually transmitted diseases); (iii) Smoking cessation; (iv) Nutrition, diet and lifestyle</td>
</tr>
<tr>
<td>Pest control</td>
<td>Monitoring, construction and maintenance, waste management, chemical control</td>
</tr>
<tr>
<td>Occupational health and safety</td>
<td>Ergonomics, stress management, safe work practices, workplace exercise, work environment, noise, etc.</td>
</tr>
<tr>
<td>Sanitation</td>
<td>Infrastructure improvements, water supply, provision of hygiene facilities, training in disinfection</td>
</tr>
<tr>
<td>Security</td>
<td>Proper fencing, policing, security, protection against theft and sexual assault, etc.</td>
</tr>
<tr>
<td>Waste management</td>
<td>Recycling, waste collection and disposal, pest control, hygiene, etc.</td>
</tr>
<tr>
<td>Water supply</td>
<td>Quality, quantity, pressure, protection, monitoring</td>
</tr>
<tr>
<td>Zoonoses</td>
<td>Segregation of different birds and animals, cleaning and disinfection, infrastructure improvement, inspection and surveillance</td>
</tr>
</tbody>
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7 A key element of the research undertaken by Dr Nystrom of Lund University has focused on the market as a complex setting with integrated systems and flows that link it inextricably with the surrounding community. In her work, design criteria have been identified as operating at three levels: (i) the market within the urban setting; (ii) intra-market, including the buildings and spaces between, and (iii) detail design and sub-systems.
pollution control, pest control and traffic. Key advocates of the Healthy Marketplace concept in Malaysia and Viet Nam question the appropriateness of the marketplace as a venue for health promotion in relation to some health and safety topics such as child health, family planning and reproductive health. The diversity of opinion regarding appropriate topics to be addressed or prioritized will be great. However, the Healthy Marketplace concept is best served by market-based stakeholders remaining focused on addressing health issues of greatest concern to the community itself. It remains important, however, that attention and what are often limited resources remain focused and are not diluted by attempting to address too broad a range of topics at one time.

**Healthy Marketplace Action Plans**

A Healthy Marketplace action plan can be simple or elaborate in design, but in either case must be responsive to the community’s vision. The plan is essentially an evolving document that expresses a Healthy Marketplace agreement between stakeholders.

The plan is generally based on the community analysis and may identify priority issues to be addressed; goals and objectives; strategies to be followed; short-term, medium-term and longer-term actions to be taken to address these issues; indicators by which progress can be monitored and evaluated; and the persons or institutions responsible for taking action and those responsible for monitoring progress. The plan developed in response to the community priority concerns and its vision, is generally expected to address one or more of the major elements in the development of a Healthy Marketplace. These major elements are outlined in more detail in annex 1. They include:

- stakeholder participation;
- broad political commitment;
- the physical environment;
- the operational environment;
- healthy lifestyles;
- health services; and
- impact on the external environment.

There are many advantages to having well-planned Healthy Marketplace activities, including:

- a clearer understanding of the link between the activity and the Healthy Marketplace vision and goals;
- more efficient use of available resources;
- increased likelihood of achieving outcomes;
- more effective evaluation; and
- the increased participation of all stakeholders.

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8 Kiyu, A. and Hashim, J., Personal communication, 2003
9 Nguyen, Hung Long, Personal communication, 2003
The key steps in the development of an evolving Healthy Marketplace action plan may be mapped, as illustrated in the following diagram.

![Figure 2: Key steps in the development of an evolving healthy marketplace action plan](image)

The community, committee and important gatekeepers need to move the action plan from paper to actual implementation. Inevitably this will mean the need to mobilize resources. The assistance of non-market-based groups or organizations may be essential. It is therefore most valuable if the relevant outside organizations are represented on the committee, e.g. the police for security, transport authorities to improve or limit vehicle access, water supply authorities and drainage authorities.

In a Healthy Marketplace authorities should provide safe access to the market and limit vehicle access within the market.
The key processes involved in the identification, delivery and evaluation of Healthy Marketplace activities can be mapped, as illustrated below.

**Figure 3: Key processes involved in the identification, delivery and evaluation of Healthy Marketplace activities**

- The Market Community identifies health and safety priority topics based on scientific evidence.
- Explore potential activities for priority topics.
- Identify resource needs for each activity.
- Identify available resources for each activity.
- Define target for each activity.
- Define health focus of each activity.
- Define who does what and when.
- Identify methods and timing of evaluation.
- Implement activities.
- Review and refresh plan.
- Monitor and evaluate each activity.

Healthy marketplaces require proper planning, design and construction.
Measuring the Success of Healthy Marketplace Programmes

As each community implementing a Healthy Marketplace programme is likely to have a unique vision for health, they are likely also to have unique indicators of having achieved their goal. A common factor, however, will be the great benefit achieved by effective monitoring and evaluation of a programme.

Monitoring and evaluating Healthy Marketplace programmes provide the opportunity to:

- strengthen components of the action plan;
- demonstrate successes;
- identify weaknesses;
- assess the use of resources;
- report programme outcomes to communities and stakeholders, including funding bodies, local leaders, government departments;
- maintain and attract stakeholder interest and support;
- enhance stakeholder skills through useful feedback on aspects of the programme;
- develop stakeholders skills through participation in the process;
- commit to good practices;
- contribute to other local planning and development processes;
- improve understanding of the programme by stakeholders; and
- determine programme outcomes.

The evaluation process should be seen as an opportunity to strengthen and sustain the programme, rather than as an end point.

Marketplace evaluation methods must be considered very early in the process. Approaches that propose to evaluate programmes on how they impact health and social indicators would need to consider the many factors and external forces in a city that affect people in a market community, in addition to the Healthy Marketplace programme itself. Health and social changes are therefore very difficult to attribute to a single programme or activity. An alternative or supplementary process of evaluation recognizes that it takes time for sustained community changes to occur, for example, the placing of health and the environment at the top of communities' agendas. This approach focuses on monitoring and evaluating the process itself.

Getting a better picture of the programme will require the use of a variety of evaluation tools and procedures. Information for evaluative purposes can be obtained through qualitative and/or quantitative means. Qualitative methods generally refer to processes which seek to develop a better understanding of the thoughts, feelings and opinions of respondents. Information is gathered in words or pictures through interviews, surveys, focus groups, videos, photographic material, art, observations and the review of...
To determine whether a healthy marketplace programme has achieved its goals, there is a need to plan ahead for programme evaluation.

Programme documents. In contrast, quantitative methods yield numerical data, such as the number of participants in an activity. It is recommended that the evaluation processes of Healthy Marketplace programmes include the collection and analysis of both qualitative and quantitative data.

The evaluator(s) should have a good understanding of the relationship between the programme processes, concepts, community vision, goals and activities. The evaluator(s) must have excellent written and oral communication skills, as it is important to communicate information back to the stakeholders in a clear, concise and timely manner. An engaging delivery of the programme evaluation will help maintain or revive enthusiasm, and could benefit people and programmes in markets in other regions and countries.

The following diagram has been adapted from the WHO (2000) Healthy Cities' evaluative advice, and illustrates some of the steps that could be applied in the evaluation of the Healthy Marketplace process. As such, the evaluation process itself can be considered a useful tool to refine and improve the programme over time.

**Figure 4: Healthy Marketplace evaluation cycle**

**FOCUS**
What are the HMP vision and goals?
What should be evaluated?
For whom is the evaluation?

**FORMULATE QUESTIONS**
What are the key issues?
What do we need to know?
What types of questions do we ask?

**DESIGN STRATEGY**
What types of information will be collected?
Who will we ask?
What will we observe?

**COORDINATE PLAN**
Who will manage the task?
What is the timetable?
What is the end product?

**RE-ASSESS**
What should we do differently?

**ANALYSE**
What patterns have emerged?
What is the whole picture?

**COLLECT DATA**
What additional data do we need?

**REPORT**
What did we find?
Why did it happen?
What lessons did we learn?
Appendix 1

Appendix 1 provides examples of components and checkpoints that a community may consider when evaluating the progress made in a Healthy Marketplace programme. The inclusions in the list do not mean that every marketplace must be able to adhere to all checkpoints. They simply refer to some of the areas for action and indicators of success that may have a significant impact on health of marketplace stakeholders.

Components and Checkpoints for Healthy Marketplace Evaluations

There are seven components and checkpoint areas, reflecting major elements in the development of a Healthy Marketplace. These include the following:

- stakeholder participation
- broad political commitment
- the physical environment
- the operational environment
- healthy lifestyles
- health services
- impact on the external environment

Stakeholder Participation

The importance of stakeholder participation has been discussed thoroughly in these guidelines. It is important, therefore, when evaluating a Healthy Marketplace programme that a check of whether participation has been a core element of the programme is carried out.

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>CHECKPOINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Political Commitment</strong></td>
<td>• Local authority leadership actively promotes the Healthy Marketplace policy.</td>
</tr>
<tr>
<td></td>
<td>• Local authority leadership actively supports the Healthy Marketplace action plan with appropriate resources.</td>
</tr>
<tr>
<td></td>
<td>• Local authority assists in the establishment of a Healthy Marketplace committee and contributes to the development of action plans.</td>
</tr>
<tr>
<td></td>
<td>• Local authority may develop its own committee to provide support, create policy or define its roles and responsibilities for Healthy Marketplace programmes within a larger area.</td>
</tr>
<tr>
<td></td>
<td>• Influential local leaders are trained in the Healthy Marketplace concept and its practical implementation.</td>
</tr>
</tbody>
</table>
Market management has a policy outlining its commitment to a Healthy Marketplace.

The Healthy Marketplace committee is an effective body.

The Healthy Marketplace committee, with the support of other stakeholders, monitors and evaluates the programme outcomes and processes.

National or provincial authorities have a strategy and plan of action for supporting the Healthy Marketplace concept.

- Marketplace management has a documented policy that details its commitment, resource contribution, capabilities, roles and responsibilities in the programme.
- Marketplace management facilitates the creation of a Healthy Marketplace committee, and is an active and supportive member of that committee.
- There is a high level of integration between the local authority and the Healthy Marketplace committee and marketplace management.
- The Healthy Marketplace committee has membership from all stakeholder groups including local authorities, health authorities, market management, service providers, contractors and vendors in the marketplace, academic institutions and others.
- The Healthy Marketplace committee regularly monitors and evaluates the action plan, activities, outcomes and processes.
- With market management support, an audit of the physical and operational environments is undertaken to assess safety standards and ensure the environment is supportive of health.
- Market management monitors for unsafe practices and trains all stakeholders in monitoring for such practices and in taking suitable corrective actions.
- There are documented procedures for stopping unsafe operations and for taking corrective action.
- Market management recognizes the need for an appropriate level of security and allocates adequate resources to the issue.
- National or provincial authority leadership actively promotes the concept among government and nongovernmental agencies.
- National or provincial authority leadership actively supports local authority commitment to the programme with appropriate resources.
- National or provincial authorities establish a supportive network of local authorities and/or Healthy Marketplace committees in order to share experiences and gain knowledge.
The Physical Environment

The physical environment of the marketplace contributes to health protection and promotion.

- In designing, constructing and maintaining the physical environment (buildings, paths, equipment, ventilation, fire control, etc.), the Healthy Marketplace committee and management regard health and safety as a major consideration, complying with all relevant legislative requirements.
- Materials used in the construction of the market are not hazardous to one's health.
- The market fencing or perimeter is designed and constructed so that vendors and consumers are well protected.
- Adequate light and ventilation are provided to enable healthy and safe operations.
- Rest areas and designated eating places are provided.
- Areas for physical activity and exercise are incorporated into existing and new market designs.
- Vendors of food increase accessibility to safe and nutritious food in the market and wider community.
- Switches, electrical wiring and electrical equipment are designed, installed and maintained in accordance with applicable codes.
- A fire prevention plan exists and is being implemented, including: the training of personnel; access to appropriate and functioning fire fighting equipment; and the maintenance and designation of fire exits.
- Basic hygiene facilities are available and accessible:
  - Hygiene facilities comply with existing codes.
  - There are sufficient and appropriately placed toilets for both men and women.
  - Clean water and soap are available for hand washing.
  - There are sufficient and appropriately placed sanitary facilities for women.
  - An adequate (safety, quantity and pressure) supply of water is available for washing and disinfecting needs.
  - Potable water is available for consumption.
Drainage is appropriately designed to meet the varying needs for washing across the marketplace.

Drainage is maintained so that blockages are prevented and timely corrective action is taken when necessary.

Solid waste is removed in a timely fashion from vending units and public spaces and stored in closed containers that preclude access by pests.

Solid waste is removed from the marketplace on a daily basis.

A marketplace maintenance programme is in place and adequately resourced.

The Operational Environment

Market operations are conducted in a manner to protect and promote health.

- Live poultry and animals should be marketed in a manner that does not increase the risk of humans being exposed to diseases such as avian influenza.

- Raw foods, such as meat, fish and poultry, should be separated from ready-to-eat food in order to protect the ready-to-eat food from contamination with hazards present in raw food; and

- For food products generating large quantities of solid waste, the waste should be quickly removed so as to not contaminate other foods.

- Motor vehicle access should be planned to enable ease of vendor, supplier and consumer access while also limiting the capacity of the vehicles to contaminate products and harm marketplace users.
Healthy Lifestyles

The Healthy Marketplace committee has an action plan which addresses healthy lifestyles as part of the programme.

Healthy lifestyle programmes are actively implemented.

• A documented action plan that addresses healthy lifestyles is readily accessible.

• Marketplace vendors and employees are periodically surveyed to determine priority concerns regarding lifestyle.

• Market management and the Healthy Marketplace committee are making available education materials and training on priority issues such as:
  - Tobacco use
  - Alcohol use
  - Drug use
  - Nutrition
  - Food safety
  - Reproductive and sexual health
  - Physical activity
  - Mental health
  - Consumer protection
  - Business improvement

• The Healthy Marketplace committee and market management have in place programmes making available services and support in areas such as:
  - Healthy and nutritious food
  - Safe food for vendors and employees
  - A supportive environment for breastfeeding
  - Access to fitness education and exercise classes
  - Stress management programmes
  - Business improvement programmes
  - Counselling services
  - Sexual health education
  - Access to condoms
The Healthy Marketplace committee and market management use appropriate communication strategies (possibly including signage) to promote healthy lifestyles and limit unhealthy practices in areas such as:

- Food handling
- Smoking
- Environmental protection
- Proper maintenance of a hygienic environment

Health Services

Basic health services are available to vendors, employees and contractors.

- Local health services collaborate with market management and committee to provide greater accessibility for vendors and employees to basic health services.
- Training in first aid is provided to market vendors and employees.
- Local health services personnel provide training in appropriate topics and are represented on the committee.
- In markets selling food, food handlers have access to training in food hygiene and safe food handling practices.
- Vendors have access to regular medical examinations. This access is particularly important in situations where the vendor may transmit a disease to the consumer, e.g. foodborne diseases such as Hepatitis A and typhoid.
- Pest control programmes are regularly applied, monitored and evaluated.

Local authorities facilitate committees and market management to monitor and evaluate hazards in the marketplace.

- In collaboration with the committee, local authorities implement a programme of monitoring the quality of water provided to and used by the marketplace.
- In collaboration with the Healthy Marketplace Programme committee, health and veterinary authorities monitor the safety of meat sold in the marketplace and provide appropriate monitoring and control at the point of slaughter.
• In collaboration with the HMP committee, health authorities monitor the safety of food sold in the marketplace.

• In collaboration with the Healthy Marketplace Programme committee, health authorities monitor the safety of other commodities sold in the marketplace.

• The Healthy Marketplace Programme committee and market management monitor the general conditions of the market.

The Impact on the External Environment

• Solid waste from the market is managed appropriately to minimize impact on the external environment. Principles of reduce, re-use, and recycle are applied. Attention is paid to the possibility of implementing practices such as composting and worm farming and other innovative approaches to waste management.

• Effluent is treated to minimize the opportunities for cross contamination, and so that the external environment is not polluted as a result.

• Hazardous materials are handled safely in order to minimize cross contamination and contamination of the external environment.

• Noise from the marketplace is reduced to levels acceptable to market personnel, customers and neighbours.

• Air quality is maintained in the marketplace.

• Opportunity for green space and open recreational space is identified.

• The aesthetic quality of the marketplace is enhanced.