WHO Healthy Cities Network Cities & National Networks

WHO Health 2020

WHO Belfast Secretariat, European Healthy Cities Network

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Health is an increasingly relevant and challenging field for all sectors. The health of people living in towns and cities is strongly determined by their living and working conditions, the quality of the physical and socioeconomic environment and the quality and accessibility of care services.
Health requires an active process whereby individuals, communities and societies create and maintain well-being and the conditions in which it can be attained.

It is a co-production of many actors at every level of society.
Health & well being & urban environments

Barton & Grant 2006
Healthy Cities is about changing the ways in which individuals, communities, private and voluntary organisations and local and regional government think about, understand and make decisions about health. Ultimately it is about enhancing the physical, mental, social and environmental well being of people who live and work in cities and towns.
| A | Explicit political commitment at the highest level to the principles and strategies of the Healthy Cities |
| B | Establishment of new organisational structures to manage change |
| C | Commitment to developing a shared vision for the city, with a health plan and work on specific themes |
| D | Investment in formal and informal networking and cooperation |
• Launched in 1988 – 11 cities
• Global public health movement

• 1000 cities and towns in WHO Europe – WHO European Network – Designated Healthy City process

• 100 to designated network
• 29 National Networks
National Networks

Backbone of the Healthy Cities movement in Europe
- provide political, strategic and technical support to their members
- represent a national resource of experience and expertise in health development and
- a dynamic platform for public health advocacy at the national and international levels

Each national network is unique
- develop in response to the needs of its member cities
- according to the resources available and
- within its own cultural and legal framework
• National networks can support the development and implementation of country strategies for health promotion, noncommunicable disease prevention, and environment and health.

• A common set of accreditation criteria for national networks and member cities provides a quality standard and a source of international legitimacy for all stakeholders in a national network.
• Belgium
• Croatia
• Czech Republic
• Denmark
  http://sund-by-net.dk/in-english/
• Finland
• France
• Hungary
• Greece
• Israel

• Italy
  http://www.comune.modena.it/pps/
• Norway
  http://www.comune.modena.it/pps/
• Poland
• Russian Federation
• Spain
• Slovenia
• Sweden
• Turkey
• United Kingdom
• www.healthycities.org
Phase V: Requirements for Accreditation for membership to the NETWORK

1. Political Commitment
   - Minister; WHO Liaison Officers & National Authorities

2. Infrastructures
   - Focal point/full time Co ordinator; technical and administrative support
   - Political representative
   - Steering Group comprised of cities, politicians and national stakeholders
   - Clear membership requirements for cities
   - Commitment to and signature of Zagreb Declaration
Phase V: Requirements for accreditation for membership to the NETWORK

3. Products & Outcomes

- Host regular meetings with member cities
- Develop clear programme of work on Phase V overarching goal of health & health equity and the three core themes
- Have systematic monitoring in place and produce annual report
- Attend joint Annual Business meetings of WHO Network & National Networks and bring up to two national network cities to Business meetings
- Establish & maintain a website in English

4. Networking

5. Annual financial contribution

- Make annual financial payment to WHO
Phase V: Requirements for membership for National Network cities

- Political commitment
- Infrastructures
- Products & Outcomes
- Networking

- Political/Council resolution
- Endorse Zagreb Declaration
- Focal point/Coordinator
- Politician
- Cross sectoral Steering Group
- Programme of Activities based on Phase V goal of health & health equity & Zagreb Declaration
- Annual Report
- Attend National Network Annual Meeting & at least one city to attend the Joint WHO Annual Technical & Business meeting
Deliverables of the NETWORK

• Disseminate/develop tools & knowledge
• Communication/Capacity between members
• Enhance cooperation between cities & national networks
• Enhance co-operation between national networks & national governments
• Partnership with relevant national bodies
WHO Network Benefits

• New concepts & approaches – beyond local and national targets
• Valuable testing ground
• Leading edge public health issues
• Increased understanding of health determinants & intersectoral working – access to papers
• Focus on inequalities – Marmot review of WHO Europe – Health Divide
• Policy - Health 2020
  – Governance for health/ input from Mayors
• Access to WHO Expert advisors – Healthy Ageing
• Access to high level keynote speakers
• Substantial body of ‘know how’
• Valuable experience and legitimacy for national programmes
Belfast Healthy Cities – Phase IV Evaluation
‘Added value?’

- Health high on the agenda of health & non health sectors
- Innovative, inspirational & challenging in influencing and shaping policy - *Investing for Health*
- Introduced new tools to city, HIA and Quality of Life Matrix – BMAP
- Influenced core business, ways of working and priorities within partner organizations
- Created structures for communication & information between sectors in the city – Partnerships
UK National Network

- Quarterly UK/Ireland network city meetings -
- Terms of Reference – 2008/09
- Department of Health England & others? 2010, based in UCLAN
- Co-ordinator appointed 2010
- Public Health Minister England
- WHO Accreditation – 2011
- Launch of network 6 December 2011
Better Health for Europe

The new European policy for Health

HEALTH 2020
HEALTH 2020

• Help people achieve their full potential
• Tackle the health divide between and within countries
• Improve governance for health, ensuring that all sectors understand and act on their responsibility for health
• Investing in solutions that address the public health challenges of the region
• Anticipating change & fostering innovation
Health 2020

A WHO European Region where all peoples are enabled and supported in achieving their full health potential and well-being, and in which countries, individually and jointly, work towards reducing inequalities in health within the Region and beyond.
Health 2020

Health Equity
Life expectancy at birth, in years

EU: European Union
CIS: Commonwealth of Independent States
Health inequalities are socially determined
Change in life expectancy by increase in income inequality, 1989–1995

Source: Marmot & Bobak.
Governance for health is shared between sectors and levels of government, and with other stakeholders and citizens.

Care is shared between patients and professionals.

Information leads to The Knowledge Revolution, which in turn leads to Technology.
The 21st-century approach to governance for health

Global commitments

Overall societal goals

Interconnected forms of government

New strategic relationships

Citizens’ voice and participation

Social determinants  Equity  Sustainability

Source: Kickbusch, I. 2011.
Health 2020

Health Equity

Health Governance

Economics of Prevention
Economic costs of ill health

- Cardiovascular diseases (CVD): €168 billion per annum in 25 European Union countries; 60% of costs to health care systems
- Alcohol-related harm: €125 billion per annum (substantial costs of lost employment, violence and crime)
- Obesity-related illness (including diabetes and CVD): more than 1% of gross domestic product (GDP) and up to 4.5% of health care expenditure
- Cancer: 6.5% of all health care expenditure
- Road traffic injuries: 1.5–2% of GDP in middle- and high-income countries
## Economic returns

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<thead>
<tr>
<th>Parenting and social/emotional learning to prevent childhood behavioural problems have 9:1 return on investment</th>
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<tbody>
<tr>
<td>Childhood obesity: combined food labelling, self-regulation, school actions, media and counselling are highly cost-effective: less than €10 000 per disability-adjusted life-year (DALY) gained</td>
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<tr>
<td>Healthy diets: taxes and regulatory measures (e.g. restricting level of fat in products) shown to be cost-effective measures in different contexts</td>
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<tr>
<td>Harmful use of alcohol: combination of taxation, advertising restrictions, brief intervention and increased roadside testing interventions is highly cost-effective in Europe</td>
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Health 2020

Health Equity

Health Governance

Economics of Prevention

Public Health
Strengthening public health: guaranteeing delivery of 10 essential public health operations (EPHOs)

Vary according to institution, but constitute the backbone of the proposed public health operations for Europe (pilot-tested for the last four years)

1. Surveillance and assessment of the population’s health and well-being
2. Identification of health problems and health hazards in the community
3. Health protection services (environment, occupational, food safety)
4. Preparedness and planning for public health emergencies
5. Disease prevention
6. Health promotion
7. Assurance of a competent public health and personal health care workforce
8. Governance, financing and evaluation of quality and effectiveness of public health services
9. Communication for public health
10. Health-related research
Other Studies

• Countries’ experience with implementing intersectoral approaches

• Anticipatory analysis of drivers and trends that influence health

• Guidance documents & tools
WHO Belfast Secretariat

Outsource Secretariat function to external partner with long term collaboration - 2009

• Focal point for Network cities & National Networks
• WHO Phase V (2009-2013) designation
• WHO Advisory Committees
• Annual Business & Technical Conference
• Annual Reporting Template (ART)
• Technical support & input to developments
• Phase V strategy papers
• Identification of & collation of case studies on WHO Europe thematic areas
• Sub networks/Task groups
  – Healthy Ageing
  – Healthy Urban Environment
  – Equity
  – Literacy
www.belfasthealthycities.com

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