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# URBAN HEALTH



WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR EUROPE  
COPENHAGEN

## TARGET 14

### SETTINGS FOR HEALTH PROMOTION

*By the year 2000, all settings of social life and activity, such as the city, school, workplace, neighbourhood and home, should provide greater opportunities for promoting health.*

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# URBAN HEALTH

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## ABSTRACT

Many organizations work on aspects of urban health in Europe. Although their perspectives differ, they often share many objectives; cooperation offers the chance of increased effectiveness and efficiency, which are particularly important in work with cities in central and eastern Europe. Representatives of 14 intergovernmental and nongovernmental organizations met during the Seventh International Healthy Cities Symposium to describe their activities and explore opportunities for cooperation. The participants agreed that an interagency meeting on work in central and eastern Europe should be held early in 1993. Improved information on each agency's urban work should be published in a compendium that cities could use as a reference tool. Finally, the participants agreed to consider the idea of a jointly edited journal; this would cover a wider range of issues in more depth than the newsletters at present produced by the agencies represented at the Meeting.

### *Keywords*

URBAN HEALTH  
HOUSING  
CONSUMER PARTICIPATION  
HEALTH PROMOTION  
CONGRESSES

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## Introduction

The WHO Regional Office for Europe convened the Interagency Meeting on Urban Health to coincide with the Seventh International Healthy Cities Symposium, which marked the end of the first five years of the WHO Healthy Cities project and the beginning of a new five-year phase.

The last ten years have seen an increase in concern about health, the environment and socioeconomic circumstances in cities throughout the world. Problems in some cities have been associated with very rapid increases in population that have outpaced the capacity of services. In other cities, the main problems have been the deterioration of neighbourhoods in the centre or periphery and the increasing inequalities in health experienced by some disadvantaged and vulnerable groups. Most people in the European Region live in cities. Thus, the design of urban environments, the management of services in cities and the social and support structures available profoundly affect the health and quality of life of the population.

The WHO Healthy Cities project has encouraged the development of urban policies based on the strategy for health for all. WHO supports a network of 35 European project cities, and some 700 cities and communities worldwide take part through networks in other WHO regions as well as the 18 national networks in the European Region. Other intergovernmental and nongovernmental organizations have also developed a wide range of initiatives in countries and cities and yet more organizations tackle urban issues from the perspective of particular professional groups or by addressing specific topics. Although there are a number of examples of collaboration, few attempts have been made to coordinate more closely the efforts of a broad range of agencies concerned with urban development. In initiating the Meeting, WHO stressed the health dimension of urban initiatives and sought ways to promote greater effectiveness through better coordination.

The participants comprised 26 people from 15 organizations and 6 observers from WHO project cities; they are listed in Annex 1. Agency representatives were asked:

- to describe their work in the field of urban development;
- to indicate issues of common interest or areas of overlapping activity (both thematic and geographic); and
- to explore the possibilities for bilateral or multilateral cooperation with the WHO Healthy Cities project or other agencies.

Presentations were made, and discussion followed.

## Agencies and Activities

### WHO Regional Office for Europe

With more than 40 Member States, the WHO European Region has a total population of some 850 million people. The work of the Regional Office is based on the strategy and targets for health for all adopted by all Member States in 1984. The WHO definition of health encompasses both positive wellbeing and the physical and social environments that create the conditions for health. The Healthy Cities project works directly for the creation of settings that promote the health of the population – in schools, workplaces, homes and other environments – and through the twin approaches of promoting healthy public policy at local government level and supporting communities and individuals in gaining the skills and resources to take responsibility for their health. WHO is committed to the Healthy Cities project for a further five years from 1993 and will expand the network of project cities into central and eastern Europe. WHO will also support the setting up of national networks of healthy cities in Member States and encourage the development multi-city action plans (MCAPs), in which groups of cities work together on particular topics, such as traffic, smoking, hospitals or AIDS. A statement signed by mayors and senior politicians of project cities in June 1992 underlined cities' commitment to the project.

### Council of Europe

The Council of Europe (CE) has 27 member countries. The number will probably increase soon, as a result of applications for member-

ship from countries in the central and eastern parts of the European Region.

The four principal bodies of CE are: the Committee of Ministers, made up of foreign ministers of the member countries, with a network of intergovernmental committees reporting to it; the Parliamentary Assembly, made up of delegations from the national parliaments of member countries; the European Court and European Commission of Human Rights, the jurisprudence mechanisms for the application of the European Convention of Human Rights; and the Standing Conference of Local and Regional Authorities of Europe (CLRAE), an assembly of national delegations of local and regional politicians from member countries.

CE has a programme of urban policies, inspired by the European Campaign for Urban Renaissance, held in the early 1980s and run by CLRAE. Work has tended to focus on the exchange of information and experience on non-economic aspects of urban development, such as social, cultural and environmental aspects. The European Urban Charter builds on this work. In addition to chapters on different aspects of urban development, it includes a series of principles and an initial twenty-point Declaration on Urban Rights, which towns throughout Europe will be asked to adopt.

### **European Academy of the Urban Environment**

The idea for the Academy came from the Senate of Berlin in 1989. It was formally established in 1991 with support from the Commission of the European Communities (CEC) and the *Länder* of Brandenburg and North Rhine-Westphalia. The aim is to encourage the exchange of ideas and experience to improve cities and the wider environment. Initial priority areas include:

- strategies for sustainable cities
- public spaces, habitats and urban green areas
- traffic and transport compatible with the environment
- sustainable urban renewal and settlements.

Particularly strong links are sought with the International Council for Local Environment Initiatives (ICLEI).

### **European Wellness Union**

Founded in 1990, the European Wellness Union seeks to expand the traditional methods of health promotion. It focuses on a "lifestyle therapy", to overcome detrimental effects of so-called societies of achievement. The programme includes self-protecting strategies for central and eastern European countries. The Union offers seminars, corporate training, consultancy, networking and other appropriate expertise.

### **International Council for Local Environment Initiatives**

ICLEI is formally associated with the International Union of Local Authorities (IULA), and has 70 members. Funding comes from membership, the Federal Government of Germany and the city of Freiburg, and some funds are devoted to individual projects. The ICLEI information system was sponsored by the Norwegian Government. An international training centre hosts conferences and workshops. The main issues for ICLEI are the environment, urban energy management, construction, applied ecology and local urban affairs. Local leaders are involved, for example, in the European mayors' summit on climate change.

### **International Hospitals Federation**

The members of the International Hospitals Federation (IHF) come from 90 countries and include national ministries hospitals and individuals. IHF aims to promote hospital and health service planning and management. It holds global and regional conferences and has connections with WHO. Although it has no direct involvement with the Healthy Cities project, many members are located in project cities. IHF has recently become interested in the role of the hospital in developing the health of the community and in collaboration in this area.

### **Organisation for Economic Co-operation and Development**

The Organisation for Economic Co-operation and Development (OECD) has 24 member countries and its main function is to analyse

policy and to advise central governments on a wide range of issues related to economics. OECD is also interested in social problems in cities. It has an urban affairs division with special interests in housing and liveable environments, transport, sustainability and energy management. OECD and WHO share a number of concerns. OECD is eager to learn more about indicators in the Healthy Cities project and would consider inviting project cities to participate in some of its meetings.

### **International Union of Architects**

The International Union of Architects (UIA) has over 900 000 members in 98 countries, with headquarters in Paris and five regions covering the world. English, French, Russian and Spanish are working languages. UIA is financed by subscriptions from national sections and the members.

The general secretariat, in Paris, includes among its activities working groups on programmes and projects, and congresses. There are groups dealing with public health, buildings for sports and leisure, architecture and energy, and healthy buildings. UIA also produces a regularly distributed newsletter. An ecological congress was planned to be held in Stockholm and Helsinki in August 1992 and a congress in Chicago in June 1993 would address the theme of designing for a sustainable future.

### **European Foundation for the Improvement of Living and Working Conditions**

The European Foundation for the Improvement of Living and Working Conditions is an autonomous European Community (EC) body created by Council Regulation 1365/75. Its basic task is to provide EC institutions (notably CEC and the European Parliament) and member states with relevant information and advice on medium- and long-term developments and trends in society that affect living and working conditions. For this reason, the Foundation's work focuses mainly on policy, but may be both general and specific in its scope and approach, thus enabling particular actions or measures to be taken

in the light of its conclusions. The Foundation's audience includes not only EC institutions and member states, but also local government, social partners, various organizations, communities and, in some cases, the general public.

The Foundation is governed by an Administrative Board composed of three representatives of CEC and representatives of the governments, employers' organizations and trade unions in each of the 12 member states. The Administrative Board discusses and approves the work programmes, that is, the four-year framework programmes and the annual programmes for the activities of the Foundation. The areas covered by the work programmes vary, but are mostly linked to work organization, social dialogue and industrial relations, health and safety, social cohesion and the environment. The environmental programme has gradually become more comprehensive; the work programme for 1993-1996 has three main themes:

- work and the environment (including such issues as the environment and the performance of industry, employment and the environment, and environmental management training and awareness);
- the environment and socioeconomic development (including developments and trends in particular sectors and the integration of environmental considerations into other policies); and
- harmonious development of the living environment (including environmental and social issues in urban areas, the integration of development, and social and environmental policies and approaches).

### **International Federation for Housing and Planning**

The International Federation for Housing and Planning was established by Ebenezer Howard, who was a leading proponent of the garden cities movement that began in the nineteenth century. With headquarters in the Hague and members in 65 countries, the aim of the Federation is to improve practice in housing and urban planning. Biannual congresses are held. Work has recently begun on reconstruction in the countries of central and eastern Europe.

## **Danish Red Cross**

The International Red Cross and Red Crescent Federation comprises 165 societies. Over 250 local branches are affiliated to the Danish Red Cross. Although primarily an emergency aid organization, the Red Cross employs the principles of health for all. Psychosocial aspects are being incorporated into Red Cross training, along with the social, physical and spiritual dimensions.

## **World Bank**

The World Bank is primarily a lending agency, but it also provides a wide variety of technical assistance in urban development. Programmes related to the environment address issues such as basic public health development (water supply, sewerage and solid waste, for example), poverty alleviation, and environment and health. Many technical co-operation missions on these issues are carried out each year to central and eastern European countries. In addition, collaborative work is undertaken with other agencies such as the United Nations Development Programme (UNDP) and the European Bank for Reconstruction and Development. The World Bank issued its world development report for 1991 on development and the environment; in 1993, the subject will be health.

MEDCITIES is an environmental project supported by the World Bank that involves towns on the coasts of the Mediterranean Sea. It is entering its second phase, entitled Mediterranean Environmental and Technical Assistance Programme (METAP). Funding comes through the World Bank, the European Investment Bank, UNDP and CEC. METAP works on institution building, cooperation between cities and resource mobilization. The members of the MEDCITIES network agreed in May 1992 on initiatives for financing projects and environmental audits.

The Urban Management Programme (UMP) is a joint effort funded by UNDP and through a number of bilateral agreements between European countries, and is executed by the United Nations Centre for Human Settlements (Habitat) and the World Bank. UMP has a component that focuses on the development of environmental management strategies for cities, carries out research on the health

and economic impacts of urban environmental problems, and helps to build up regional research, training and networks of local and national institutions for information dissemination.

## **EUROCITIES**

The EUROCITIES organization has 34 members, including six cities with populations of more than 500 000. It was established in 1990 and has eight "commissions" covering different topics, each with a lead city. Sheffield is the lead city on environment and health. Directorate-General XI of the CEC provides some support. Most of the member cities already have health projects: for example, Eindhoven, Milan and Nancy are WHO project cities. Cities wish to avoid the duplication of work. A survey of environmental policies in cities is under way.

## **Areas for Cooperation**

In discussion the participants identified nine areas in which cooperation between agencies might be beneficial. Although the organizations represented at the Meeting had different perspectives, they shared a number of objectives for urban management, the environment and health. An important aim was to find ways to achieve these objectives more effectively and efficiently through intersectoral cooperation. This might involve combining knowledge, methodologies or human or other resources.

Improved information exchange and the coordination of activities are particularly important for work in central and eastern Europe. Cities reported that missions had come from several different organizations in a short period of time with seemingly similar requirements for information and liaison. The changes within Europe and the desire of most of the organizations represented to provide assistance offered a good opportunity to review collaborative working arrangements.

Several urban programmes include training for local trainers, technical staff or decision-makers. The themes of the environment, health and urban management could be linked in training, along with another theme common to several organizations – democracy and community participation.

Conferences and other meetings could be used more effectively. For example, reducing the number of conferences while extending the range of urban issues that they cover would increase the likelihood that leading politicians would be able to participate. In addition, agencies could increase collaboration on meetings through more joint organization and sponsorship and greater use of each others' experts.

Agencies could productively share technical expertise in a great variety of ways, such as creating scenarios, combining environment, health and economic impact statements, and jointly using indicators. Further, combining approaches to a particular topic might prove more productive than using each independently.

The organizations represented at the Meeting produced a total of 11 newsletters on urban issues. They could explore ways to increase their efficiency by, for example, sharing mailing lists, and combining one or more newsletters into a journal whose articles would cover more issues in greater depth. It would also have a larger audience and greater impact than a relatively ephemeral newsletter.

Networks could also be used to distribute reports and other materials. A reference work listing organizations' activities in cities could be very useful to cities, national governments, universities and the organizations themselves. Such a compendium could be published annually, and contain details on each organization and its projects, including the names of cities involved and contact people.

Although there were good examples of joint projects, numerous additional opportunities for bilateral and multilateral work could be further explored. For example, organizations could make joint applications for funds, use one another's networks for fund-raising, or work together to use existing resources more effectively. They could also combine to give prizes and other forms of recognition or carry out other symbolic functions to increase their importance, visibility and impact.

## Conclusions and Recommendations

1. A joint interagency meeting should be held on work in central and eastern Europe in 1993. Topics for the meeting should include the

work of each agency in this area, a seminar to exchange views on terminology for the environment, health and urban management, and opportunities for future cooperation. WHO will approach 2-3 potential partners to form a group to give direction to such a meeting, which will probably take place after May 1993.

2. Because a compendium of urban initiatives would be valuable, a sponsor to produce such a compendium will be sought, and the agencies represented at the Meeting will be asked whether they are prepared to coordinate the work.

3. A journal covering the topics of the environment, health and urban management – an “urban review” – would be desirable. It might be jointly edited by several agencies.

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