



34121

EUR/ICP/HSC 621(S)
3555B
ORIGINAL: ENGLISH

SUMMARY REPORT

Annual Healthy Cities Symposium

Stockholm
23-26 September 1990



1990

EUR/HFA targets 13 and 24

SUMMARY REPORTS are issued by the Regional Office in English, French, German and Russian, but may be reproduced, or translated into any other language, providing due acknowledgement is made.

Les RAPPORTS SOMMAIRES sont publiés par le Bureau régional en allemand, anglais, français et russe, mais ils peuvent être reproduits, ou traduits dans n'importe quelle autre langue, à condition que la source soit dûment mentionnée.

KURZBERICHTE werden vom WHO-Regionalbüro in Deutsch, Englisch, Französisch und Russisch herausgegeben. Nachdruck oder Übersetzung in andere Sprachen mit Quellenangabe gestattet.

КРАТКИЕ ОТЧЕТЫ издаются Региональным бюро на английском, немецком, русском и французском языках, но могут быть размножены или переведены на любой другой язык при наличии соответствующего указания на источник.

TARGET 13

Healthy public policy

By 1990, national policies in all Member States should ensure that legislative, administrative and economic mechanisms provide broad intersectoral support and resources for the promotion of healthy lifestyles and ensure effective participation of the people at all levels of such policy-making.

TARGET 24

Healthy homes

By the year 2000, all people of the Region should have a better opportunity of living in houses and settlements which provide a healthy and safe environment.

Index:

URBAN HEALTH
HEALTH PROMOTION
HOUSING
CONSUMER PARTICIPATION
SOCIOECONOMIC FACTORS
TRANSPORTATION
INTERSECTORIAL PLANNING
ENVIRONMENTAL HEALTH
CONGRESSES

Introduction

A total of 345 participants attended this year's Symposium with men outnumbering women by 2:1. They represented Healthy Cities and other cities, and national and international institutions in 21 European countries and also Australia, Canada, Kenya and the United States. Among those present were engineers, town planners, architects, health and social service employees, politicians, other decision-makers and researchers. Unfortunately, only 3% came from community groups and no disabled people attended.

The symposium theme was supportive environments and intersectorality. As this was such a broad subject, the work concentrated on three priority issues: supportive social and physical environments for children and young people; the interrelationship between social structure and the quality of the environment; and the impact of traffic on health and supportive environments.

The main objectives were:

- to examine policies and strategies intended to build up supportive environments through intersectoral collaboration; and
- to evaluate the progress achieved by the core group of Healthy Cities halfway through the implementation of the Healthy Cities project.

Background

At present there are 30 core project cities in 18 European countries. In just two and a half years the project has grown into a strong movement and inspired people in hundreds of cities throughout the world.

The mid-term analysis of progress reflected a sustained commitment to what is accepted to be a long-term process. It clearly showed that to be effective city projects need to achieve: strong political support, effective leadership, broad community control, high visibility, a strategic orientation, adequate resources, good administration, intersectoral cooperation, and political and managerial accountability.

A new dimension to the project has been an information-sharing mechanism known as the Multi-City Action Plan. The aim of the Plan is for cities jointly to develop, implement and publicize innovative projects, and for them to obtain additional information, advice and resources from the WHO Regional Office for Europe on tobacco, mental health, the environment, and so on.

Topics

The European Charter on Environment and Health was presented as a policy tool. The participants then heard about work on the environment and public health in Stockholm City and County, Camden (London), Turku, Belfast and Glasgow. After introductory lectures, the three priority issues were discussed in greater detail in workshops.

Nine cities presented their work as did the European and extra-European networks. Over 100 case studies and work done under the Multi-City Action Plan were presented at workshops. The results of the Plan were presented and

priorities were decided upon for tobacco and for the elderly. There was a call for mental health to be given greater visibility. Participants were asked to send more feedback on the workshop to the project secretariat.

This year two workshops were arranged for politicians, who contributed to the conclusions and final declaration of the Symposium and also agreed on a political declaration.

Conclusions

1. Intersectoral collaboration is not limited to collaboration between different disciplines, professions, services and sectors. It also includes assessment of the health and environmental consequences of decision-making in quite remote sectors, such as those relevant to economic or cultural development.
2. The building up of an environment supportive to health requires simultaneous consideration of both social and physical factors.
3. It is very important for the future of European cities to give sufficient priority to building up a supportive environment for the health and wellbeing of children and adolescents. Children remain a risk group for traffic and domestic accidents. They are also those most exposed to polluted air, water and soil. Adolescents should live in an environment that both permits and encourages a healthy lifestyle, and discourages smoking, narcotic addiction and sedentariness. They should have easy access to sports facilities, green spaces and recreation areas.
4. For reasons of equity, special attention should be paid to giving equal opportunities for educational and cultural development to disabled people, children and young people. Efficient programmes should also be implemented to prevent avoidable disabilities, such as those resulting from accidents and from specific infectious diseases among children and young people.
5. Community participation should be increased at the neighbourhood level in order to build a supportive environment.
6. To ensure conditions that promote a healthy lifestyle, both the living and working environments should be attended to. The right to live and work in a healthy environment should be guaranteed.
7. Traffic and transportation are a prerequisite of city life, but also a major source of health and environmental problems. Alternative urban and economic development models, such as sustainable development and/or local self-sufficiency, should be considered both to cut down the need for transportation and to build a supportive environment.

Final Declaration: a Healthy Urban Transport Policy

Having reviewed the health and environmental impact of urban transport - not only the effects of traffic, such as noise and air pollution, but also accidents, of which the main victims are vulnerable groups including children and old people - the participants proposed the following guidelines for developing a healthy urban transport policy.

1. Efficient public transport systems are a prerequisite for the life of any city, which needs transport not only for people, but also for goods and wastes.
2. Publicly organized, integrated transport systems that provide safe, regular and congenial transport throughout cities will reduce the need for private vehicles to be used, so reducing traffic congestion and improving the environment.
3. Any healthy city must have a healthy urban transport policy that not only promotes healthy lifestyles and fulfils transport needs, but also keeps negative health and environmental impacts to a minimum. It should also meet the needs of the whole community, including people with disabilities, who should where possible be involved in the planning and design of appropriate systems.
4. A healthy transport policy should promote the use of safer, quieter and less polluting vehicles, whether public or private.
5. A healthy transport policy should include a network of systems enabling heavy and other vehicles to go round rather than through cities. In particular, vehicles carrying chemical or toxic materials should be diverted round cities.
6. Smoking and drinking which cause nuisance or endanger safety should be forbidden in all urban public transport vehicles.
7. Action must be taken to reduce dangerous driving, whether caused by alcohol, drugs or anything else that impairs driving ability. This action could include stopping people from driving altogether, and enforcing the appropriate minimum medical standards.
8. National governments should adopt common urban air quality standards and agree on the remedial action to be taken should standard levels be exceeded.
9. Measures should be taken to minimize the use of private cars in cities.
10. The best available technology for reducing noise and air-polluting emissions should be fitted compulsorily to all vehicles manufactured after 1990.
11. Speed limits in urban areas should be standardized at 50 kilometres (30 miles) per hour in all countries.
12. Special, sufficiently wide paths should be built for walkers and cyclists.
13. New technology that uses electric power should be promoted.
14. Intensive health education at school and through the media should be used to contribute to accident prevention.
15. The cities commit themselves to exchanging all available information on their healthy urban transport policies.

Political Declaration

The involvement of politicians in the Healthy Cities project goes beyond party politics. Members of all political parties can and should work together to improve the health of their citizens, as another way of bringing about European unity.

Central and eastern Europe: creation of a healthy cities exchange network

1. Over the next two or three years, work with cities in central and eastern Europe will be considered a priority for the project.
2. Politicians from project cities can help by:
 - establishing contact with politicians in cities in central and eastern Europe, using the WHO Regional Office as a go-between;
 - establishing a special relationship with another city, or using existing links, for the purpose of passing on experience in developing a Healthy City;
 - organizing exchange visits between cities for those involved in public health issues;
 - being prepared to visit other cities, to raise awareness of the project and to discuss their own city's political development.
3. All inter-city activities should be undertaken on the basis of a relationship of equals from which both sides stand to benefit.
4. More detailed work will be done to enable these principles to be put into practice.

The European Community: strengthening the links

1. Politicians from the project cities will work individually and collectively to persuade the European Commission to give much higher visibility and priority in all its work to public health, with reference to health for all.
2. Approaches will be made to both the Commission and the Council where possible, using the existing lobbyists or representatives of individual cities to promote the Healthy Cities agenda.
3. It would be appropriate to approach the European Community for support to projects emerging from the Multi-City Action Plans or developed with central or eastern European countries.
4. Further consideration is needed of strategies for improving links with the European Community and other international agencies. Such strategies could include sending political delegations to the European Community and inviting Commissioners and other top Community officials to future project meetings.

The Healthy Cities unit at WHO in 1992: need for continuity

1. WHO has raised these issues among others:
 - the potential political commitment of the current 30 project cities after 1992;
 - the many other cities waiting to be designated project cities;
 - the possibility of a new form of organization, such as an association through which existing project cities might remain involved.
2. A survey of politicians will be carried out in the next few months and evaluated at a future meeting. It is accepted that each city's needs are different and warrant varying solutions.

The role of local politicians in project cities

1. Local politicians, already important at home, should play a greater role in supporting all of the project aspects.
2. Links between politicians in different cities particularly need to be strengthened by pan-European collaboration, both generally and in relation to specific issues.
3. A forum of project-city politicians will meet from time to time, especially in connection with other project events, to discuss policy issues, improve collaboration, develop links with international agencies and help prepare for the mayors' meeting and the annual symposium. The forum will be responsible for following up the proposals made in this statement. It will also be used regularly by WHO as a sounding-board.