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WHO HEALTHY CITIES PROJECT

Report on a Meeting
Madrid, 20–21 March 1995

1995

EUR/HFA target 14

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.

ABSTRACT

Coordinators and politically responsible people from 33 cities belonging to the Healthy Cities Project attended this business meeting. The main items on the agenda were the implications of health and sustainable development to the cities; update on city health plans and profiles since the previous business meeting; new multicity action plans; the Health Promoting Schools project; and project organization, management and coordination. The main agreements are listed as Appendix 1 of this report, and these will be on the agenda of the next business meeting which will be held in Amadora in October 1995. A report on the project coordinators' separate session on project organization, management and coordination is in Appendix 2.

Keywords

URBAN HEALTH
HEALTH PROMOTION
SCHOOLS
CONSUMER PARTICIPATION
EUROPE

WHO Healthy Cities Project

Business Meeting

Madrid, Spain - 20 - 21 March 1995

1. Introduction.

The meeting was hosted by Madrid and was the third formal business meeting of the second phase of the project.

The agenda was prepared by the WHO Healthy City Project Office following consultation with project cities.

The introductory speeches and project report were followed by 4 main sessions. These included:

- * Health and sustainable development: Implications for cities in the second phase of the project.
- * City Health Plans: Progress since Poznan.
- * Multi City Action Plans.
- * Project organization, management and coordination.

Parallel working sessions were held each day for the coordinators and politicians respectively.

The politicians among other things discussed the political strategies for Healthy City Project in cities and the coordinators discussed schools and the Healthy Cities Project, City Health Profiles and project organization and management.

2. Opening speeches.

The Health Mayor of Madrid extended a warm welcome to delegates on behalf of the Lord Mayor. He stated that Madrid put a lot of effort into the local healthy cities project. The focus of recent work had been on alcohol, elderly, equity and the negative effects of pollution.

A survey on health in the city had recently been undertaken. The aim is through intersectoral working to achieve a better environment, improved health and sustainable development.

Agis Tsouros, WHO Healthy City Project Coordinator, thanked the hosts for their welcome. He was pleased to experience the commitment and the energy of the city of Madrid. Madrid is not yet one of the WHO Project Cities, but is very active in the national network in Spain.

Agis Tsouros referred to the recent UN Social Summit in Copenhagen and stated that this was the first time a consensus on poverty and social issues were reached. This is also relevant to the Healthy Cities Project, as empowerment is part of the Health for All-strategy. He also remarked that health was a neglected indicator of social issues. WHO had published for the Summit Conference a book entitled "Health in social development", where health is seen as a unifying force.

3. Report from the WHO Healthy Cities Project office, October 1994 - March 1995.

The main activities were outlined and these included a number of key issues:

(A) Designation of cities to WHO Network and project city visits.

Three cities, Athens (Greece), Cankaya (Turkey) and Brno (Czech Republic) are in the final stages of the designation process. The total number of project cities to date is 33.

The cities of Bologne, Glasgow, Györ, Kaunas, Nancy, Padua, Rotterdam and Vienna, and St. Petersburg were visited by the project office.

(B) City Health Plans, profiles and indicators.

The city health plan guidance document has been revised and cities have also responded to a survey of current progress and needs in developing city health plans. Glasgow has launched its city health plan, which has been developed over the last 5 years.

The revised city health profiles document has been published as a booklet in the WHO Healthy Cities Series and was distributed.

A diskette containing the healthy cities indicators data base was distributed to project cities. The data were analysed by the South East Institute of Public Health and the report submitted by the Institute will be reviewed by the technical group on indicators before publication.

(C) The St. Petersburg special project.

The healthy cities mother and baby support programme for St. Petersburg has been significantly strengthened by a grant from the government of Canada. Furthermore, the first St. Petersburg health profile is in the process of publication.

(D) Euronet Association and National Networks.

The Euronet Association was inaugurated in Toulouse in November 1994, and an agreement on WHO/Euronet Cooperation for the period 1994-1998 was endorsed.

The Hungarian association of healthy cities has invested in development of all the project settings activities.

(E) Multi-City Action Plans.

MCAPs are continuing to flourish and develop with now 12 groups working under this umbrella. New MCAP proposals are on primary health care

(Maribor as coordinator), drugs (Rotterdam), diabetes (Vienna) and accidents (Dublin) and an MCAP on disability and the elderly (Rennes).

(F) Communications and new publications.

New booklets include "City Health Profiles - how to report on health in your city" and "Personal Profiles of Project Coordinators". A first experimental issue of the NET NEWS for project cities has been published.

(G) Updating of the healthy cities data base.

An updated version of the data base was distributed at the business meeting.

(H) Participation in important events.

European Health Policy Conference in December 1994 focused on health policy at national, regional and city level. Plans and activities from Pecs, Liverpool and Copenhagen were presented and discussed at the conference.

(I) Healthy cities telematics proposal.

The project office has facilitated the creation of a consortium of cities, industries and institutions to submit a proposal for integrated telematic public health developments to the European Commission under the fourth telematic programme.

(J) World Health Day 1996.

The theme of the World Health Day (April 7) in 1996 will be healthy cities. This signals a new interest in urban health, and a recognition of the importance of the healthy cities movement.

4. Health and sustainable development: Implications for cities in the second phase of the project.

Based on background papers, Charles Prices and Xavier Bonnefoy from the WHO Project office presented the issue sustainable development and health and implications

for cities. It was stated that the environmental agenda cannot be seen separate from the social and health agenda of the cities, and consequently actions should be taken on all these issues. The explanation for this is, that all the agendas have a common goal, the improvement in the quality of human life.

The question of sustainability is not a new issue, but it keeps coming back and this is the consequence of not dealing with the questions in the past. In focus of the discussion is the resource issues, the populating growth and the relentless destruction of other life forms, forests, pollution and so on.

Special reference was made to agenda 21, adopted at the Rio conference and the Aalborg charter, "Charter of European Cities and Towns towards sustainability". The Aalborg charter is a campaign at local level, already involving a number of healthy city project cities.

It was recommended for project cities to develop local Agenda 21 action plans and to consider signing the Aalborg charter.

An outline was given of the two parallel processes of health and environment.

The special advantage of healthy cities in mixing various agendas was seen to be the experience of intersectoral working, the environmental indicators in the healthy cities data base as an instrument and the experience of the healthy cities project of developing city health plans.

In the discussion following the presentations there was a general understanding that

- * it is not possible to keep the issues separate,
- * there is a need of integration for policy and planning,
- * the cities should use national and international commitment to support local action.

The recommendations from the WHO were adapted (see main agreements at the end of this text).

5. City Health Plans: Progress since Poznan.

Ann Marie Connolly from WHO presented the findings based on questionnaires to cities on stages of development with city health plans.

In general, most cities are in the early or intermediate stages. 4 cities are in a situation to implement their plans.

Concerning action many cities were engaged with making a health assessment or survey.

The problems that confront cities in making health plans are lack of resources and lack of political involvement and sectoral support for the plan. A key issue is integration with other planning.

Concerning the need for further support to cities, sharing of experiences and consultation was mentioned as well as evaluation of the existing plans.

Five cities presented their work on health plans, including

- * **Liverpool**, that has made a draft city health plan for the next 5 years, focusing on health and well-being. The plan is now under consultation before the final approval in September this year. For the consultation, a version of the plan was among other things translated into 7 languages, and is also available in large prints, Braille and as an audio cassette.

- * **Glasgow**, which adopted its city health plan in March 1995. The plan brings together the future aspirations of the city, involving issues on economy, environment, well-being and health. There are 45 contributors to the plan. The Glasgow City Health Plan was distributed at the business meeting.

- * **Horsens**, where health is incorporated into the overall municipal plan of the city. To produce the health part of the overall plan an intersectoral planning

group has been put down and a new health profile is under preparation. The health plan is supposed to be finished in December 1995.

* **Sumperk**, where the city health plan has now also been adopted. The plan concentrates among other things on environment, nutrition and sports.

* **Toronto**, where a range of planning initiatives have been published over the years, integrating health and environment into the general city planning.

In the discussion the importance of discussing practical examples of city health plans at business meetings was emphasised.

6. Multi City Action Plans.

Reports were given on progress to establish MCAPs including

- * MCAP on Urban Primary Health Care (family health support),
- * MCAP on diabetes,
- * MCAP Enable (support independent living and the quality of life of disabled and elderly people),
- * MCAP on Drugs,
- * MCAP on Accidents.

In general, the MCAPs are concerned with strategy as well as concrete projects. The MCAP on accidents is concerned with 3 settings including road, home and leisure accidents. Concerning the proposal for an MCAP on drugs it was mentioned that rival networks exist on policy. The main objective of the MCAP concerning drugs will be the exchange of evaluations on prevention and treatment.

7. Update on the Evaluation Arrangements.

As agreed in Poznan, the London School of Economics acts as the coordinator of the evaluation. Professor J. Humphreys from the London School of Economics said concerning funding that so far there was a very positive response from the director of

the Public Health Unit of the European Commission. Currently a proposal for funding is being prepared.

Professor Humphreys asked those involved in the evaluation of the first phase to send in their suggestions for the second phase. The evaluation is not going to be a top-down approach, but much more consultative. And interested parties were invited to participate in the discussion of the evaluation framework and to join the steering evaluation group.

There will be a technical symposium on evaluation in conjunction with the autumn business meeting 1996.

8. Project organization, management and coordination.

Four presentations were delivered to exchange experiences and to discuss project development strategic issues.

Agis Tsouros stressed that healthy cities projects are vehicles for strategic growth, innovation and change. The concept that Projects are just instruments of planning and control is outdated. Modern methods of project leadership and management help make things happen fast, deal with uncertainty and complexity, build horizontal partnerships and experiment with and legitimise new structures and decision making processes. He pointed out that the WHO network is very unique as it is based on direct political and technical cooperation between WHO and cities and that this is a precious asset in the development and implementation process of the project. WHO is very committed to the project and its continuation beyond 1997/98. In terms of the specific goals of the second phase Agis Tsouros said that there is a need to make the remaining five-six business meetings until 1998 as productive and dynamic as possible. He then outlined the various aspects of the work of the HCPO which include: the WHO project cities and MCAPs networks; Euronet; collaboration with other international agencies; advocacy to national governments and support to establish national networks; cooperation with other WHO Units and Departments; resource development and fundraising and conceptual and strategic work in the field of urban health and development.

Jens Houmann from Horsens talked about reorganization of the Horsens project, from being a project to sustainable development in the city. The question of anchoring becomes crucial in this process to give projects a closer link to city structure. On the other hand there is still a need for an independent organization to build and maintain the bridge to others. The solution to this is to have a unit inside the City Hall and a unit outside the City Hall.

Antonio de Blasio from Pecs presented the Pecs's experience as a healthy city foundation operating as an NGO in order among other things to attract money from external sources. The foundation receives annual support from the municipal council and support for specific programmes. It also receives funding from regional, national and international funds. The advantages of being a foundation seemed to be that a foundation was more responsive to the community, it was more reactive to daily needs and the influence of political changes was smaller.

Willy de Haes presented the development in Rotterdam from project to policy. The healthy city project has been an important sub-team in the social renewal processes in Rotterdam. Due to structural changes, the city of Rotterdam is now decentralising into 10 districts. Each local area has its own local policy. The healthy city project is now to find its role within this new decentralised system and in the creation of the new city metropolitan of the Province of Rotterdam.

The discussion following the presentations stressed the point that structure is vital to the success of development of healthy city work and that structure needs to be flexible and dynamic to accommodate to real life development. Change management is a significant part of the healthy cities coordinators work. It was also stressed that the strength of the healthy cities is diversity.

9. Healthy Cities Indicators.

A diskette with the healthy cities indicators database was delivered to each coordinator during the business meeting.

It was agreed that diskettes with healthy city indicators could be available outside the network on request to the WHO.

10. Coordinators session.

(A) Schools and the Healthy City Project.

As a background to the discussion Vivian Rasmussen from WHO presented the Health Promoting Schools(HPS) Project. The project is run by WHO, EU and Council for Europe and currently involves 27 countries with 400 core schools. The aim of the project is to take up lifestyle issues conducive to good health, to facilitate environments supportive of good health and to help pupils and staff to take action for healthier living and working conditions. Focus of the work so far has been on nutrition, tobacco and drugs.

The three cities, Horsens, Dresden and Liège, presented their work on 'health promoting schools'.

To investigate how much work is done in the Healthy Cities Project on health promotion in schools and also to see links between the Healthy Cities Project and the Health Promoting Schools Project a questionnaire was sent out to healthy cities. The result of this survey questionnaire, to which 16 cities have responded, is that 10 have links between Health Promoting Schools and Healthy Cities Project and 6 cities have no link. However, the majority of coordinators replied that they had representation from the education sector on the steering committees. Furthermore, the majority of the coordinators did not know, which schools were involved in the Healthy Schools Network. The full report from the survey will be circulated to Project Cities in due course.

In the discussion it was concluded that education in itself is a determinant of health, and that there is good scope for links to be established between the two projects. Coordinators can provide practical advice and support to develop the work in schools to focus on a holistic approach to health. Some discontent was expressed regarding the 'top-down' way that the HPS is organized and the difficulties involved in engaging interested schools directly in the project. Vivian Rasmussen will take this issue up with HPS coordinators.

(B) City Health Profiles.

City Health Profiles and plans are the focus of the work for all of the coordinators. So it was felt that there was too little time allocated for discussion on this very important aspect.

It was recommended to create space on the agenda at the next business meeting for the exchange of experiences and practical guidance on health profiles to help the coordinators with this important priority for their work.

(C) Project organization, management and coordination.

This session for coordinators decision was intended to exchange experiences among coordinators, building on the work done in Poznan.

The following issues were addressed by the coordinators in group work:

- * the characteristics of an effective coordinator and the needs for training,
- * how to ensure sustainable political commitment to the project when there are changes in the city government,
- * the future of project structures after 1998 and the continuation of the Healthy Cities idea.

Generally it was felt by the groups that discussions on these issues had been very valuable as they are crucial to the development of the Healthy Cities Project. It was regretted that the time allocated to these important questions was too short.

11. Politicians' session.

The politicians' session centred around the discussion of the relationship between the group of politicians and the WHO Project Office. Following this discussion the group of politicians decided to recommend to the WHO, that the project office should develop the necessary resources in order to produce in-depth evaluation of strategies to establish the Healthy Cities Project; evaluation on how to integrate the Health for All-strategy into the city structure; and models for Healthy Cities beyond 1997 to anchor the objectives of the project.

Moreover, the politicians recommended that future business meetings should not be organized with separate meetings for politicians and coordinators but as mixed groups.

Agis Tsouros responded very favourably to these recommendations as an excellent framework for cooperation.

12. Feedback from politicians and coordinators groups.

The discussion focused on a widespread wish and need among both coordinators and politicians to:

a) to structure future business meetings around group work and workshops on relevant issues, e.g. health profiles and health plans, instead of plenary sessions to make the most of experience sharing and b) the focus on future business meetings should be on strategy and policy up to 1997 and also beyond 1997.

Agis Tsouros responded very favourably to these proposals and presented the idea to make a position paper for the next business meeting on options for the development of the health cities project beyond 1997.

Following the discussion there were two special presentations, a presentation by Jacek Lukomski from Poznan on the obstacles in setting up local healthy cities projects, specially focusing on the tension between the state and municipalities. And a presentation by Madame Annette Sabouraud from Rennes on the relationship between Euronet and the Healthy Cities Project with special emphasis on the roles and tasks of Euronet.

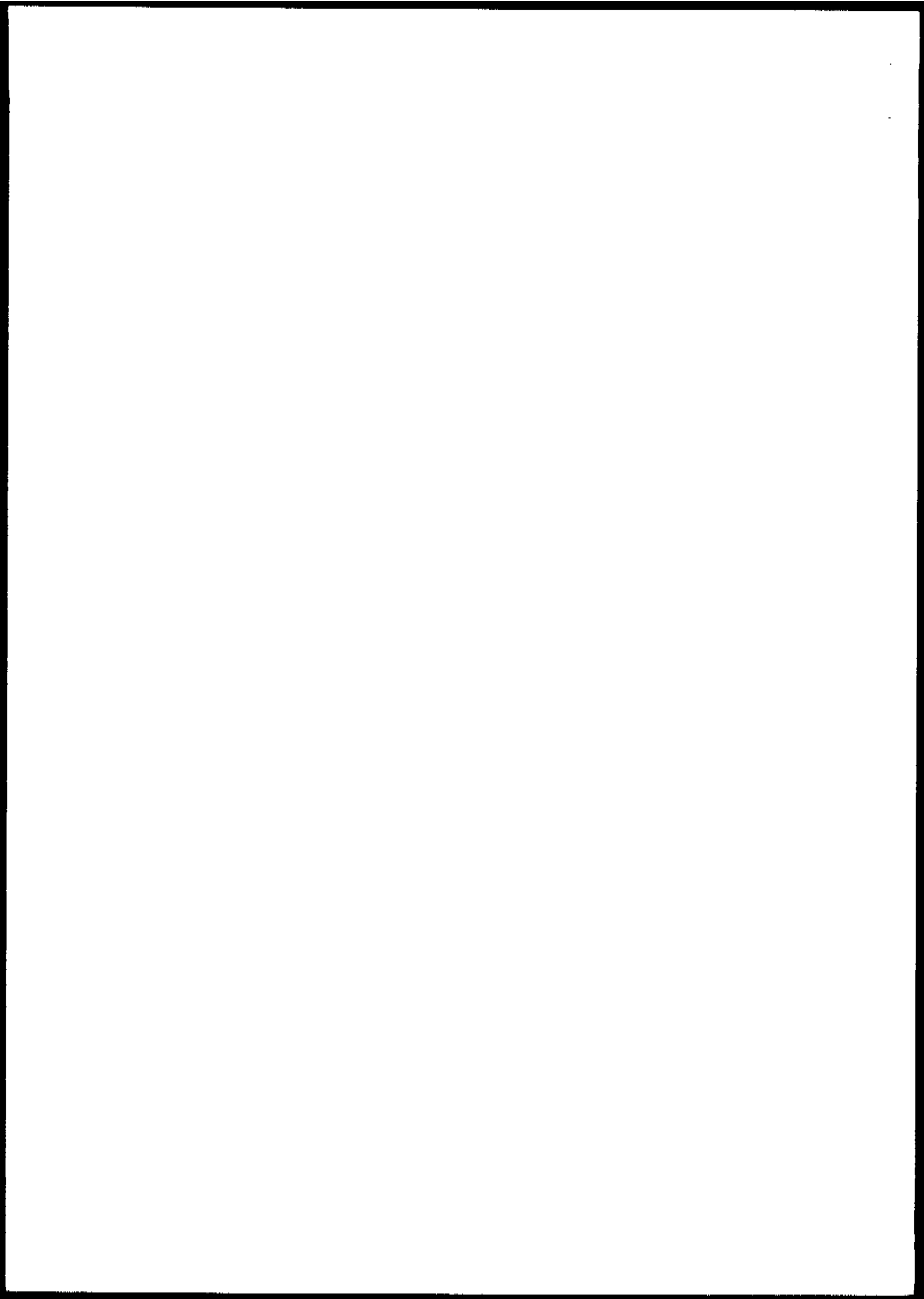
13. Next business meetings.

The next business meeting - probably at the end of September 1995 - will be hosted by the city of Amadora in Portugal.

The spring 1996 business meeting is going to be hosted by the city of Jerusalem in Israel.

14. Miscellaneous.

The city of Copenhagen handed out an invitation to the Healthy Cities Projects to take part in the second European Elderly Gathering in Copenhagen from June 27 - 30, 1996. The elderly gathering will be held on the occasion of Copenhagen being the cultural capital of Europe in 1996. It is the wish of the city of Copenhagen, that each Healthy City sends a group of elderly people to Copenhagen. A programme with more detailed information will be ready for the business meeting in September 1995.



Main Agreements and recommendations

1. Health and Sustainable Development

Recommendations for WHO project cities

Agenda 21

1. Cities should initiate a process to develop local Agenda 21 action plans.
2. Healthy City Project should ensure that local Agenda 21 is considered by the full council of the city.
3. Cities could consider signing the Aalborg charter and participating in the European sustainable cities and towns campaign.
4. The Healthy City Projects should review their partnerships with a view to ensuring that they have links with groups which have an important role to play in sustainability including planners, the corporate sector, and labour representatives.

Environmental Health Action Plan for Europe.

5. Cities should take into account the areas set out in the Environmental Health Action Plan for Europe and the Helsinki Declaration when making city health plans. Cities should consider the option of also producing a local environmental health action plan based on the Environmental Health Action Plan for Europe.

Recommendations for WHO HCPO.

1. The WHO project office should consider the feasibility of producing detailed guidance for cities on planning processes for environmental health, and report progress to the next business meeting.
2. The WHO Healthy Cities Project Office, in consultation with the technical group on city health plans, should elaborate and expand the guidance document "City Health Plans and City Health Planning" to incorporate reference to local Agenda 21 plans and to the Environmental Health Action Plan for Europe, and report progress to the next business meeting.
3. WHO Healthy Cities Project should remain as a member of the Steering Committee of the European Sustainable Cities and Towns Campaign with representation from the WHO Healthy Cities Project Office.
4. WHO should establish stronger links with international planning organizations, international business and labour organizations and others whose work directly affects sustainability, in particular in relation to the local level.
5. WHO HCPO should encourage national networks and the EURONET association to establish partnerships for sustainable development with relevant organization including planning groups, business organizations and labour organizations.

2. City Health Plan

- 2.1 All business meetings should include discussion on city health plans.
- 2.2 Recommendation to create a space on the agenda at the next meeting for the exchange of experiences and practical guidance on health profiles.

3. Multi-City Action Plans

- 3.1 Agreed to go ahead with the following 4 MCAP's proposed:

MCAP on Urban Primary Health Care (Family Health Support)

MCAP on Diabetes

MCAP ENABLE

MCAP on Drugs

- 3.2 to further develop the working group on accidents towards becoming an MCAP.

4. Healthy Cities Indicators

Agreed that diskettes with indicators should be available outside the network on request to WHO.

5. Politicians session

- 5.1. WHO HCPO to develop resources in order to produce in-depth evaluation of:
- * political and administrative strategies aiming to establish the Healthy Cities Project;
 - * political and administrative strategies aiming to integrate the Health for All programme into a political and administrative structure of the city;
 - * Future structures/models for Healthy Cities beyond 1997 which will anchor the objectives of the Healthy Cities Project.
- 5.2. That future business meetings should not be organized with separate meetings for politicians and coordinators, future business meetings should include mixed working groups (5-10 participants) in its programme.

6. Health Promoting Schools and the Healthy Cities Project

Both WHO and project cities agreed to further assist collaboration between the Healthy Cities and the Health Promoting Schools Project. WHO HPS will brief national coordinators of the Health Promoting Schools Network about their Healthy Cities Project, and encourage them to contact cities and offer cooperation.

7. Future business meetings

It was agreed that future business meetings

- * in its structure should be centred around group work and workshops

- * emphasis should be given to strategies and policies up to 1997, and strategies and options for the development of Healthy Cities beyond 1997.

Appendix 2

Report on the Healthy Cities project coordinators session on Project organisation, management and coordination

Madrid Business Meeting
Tuesday 21 March 1995

rappporteur: Janine Cosijn, Eindhoven

1. Introduction

Based on the outcomes of the discussions of the coordinators at the Poznan Business Meeting, a working group (the coordinators of Horsens, Pécs, Eindhoven and HCPO/WHO) had prepared the programme for the coordinators session at the Business Meeting in Madrid.

2. Aims of the session

To provide a platform for coordinators for a structured exchange of experiences and working methods of project coordinators.

3. Outline of the session

The working group had prepared the following set of questions the coordinators had to discuss in small working groups:

1. Characteristics of an effective coordinator and the needs for training
2. How to ensure sustainable political commitment to the project where there are changes in government
3. The future of project structures after 1998 and the continuation of the Healthy Cities idea.

The rapporteurs of the working groups were expected to report back on the discussions in plenary.

4. Working method

The session was pre-structured by the working group.

All the coordinators present were divided into three working groups. In the groups there was a balance between "old" and "new" project cities, north and south, east and west.

Each group was expected to address at least two of the three questions.

Group A was expected to discuss questions 1 and 3; group B, questions 2 and 1; group C, questions 3 and 2.

5. Feedback from the working groups

Group A

"Characteristics of an effective coordinator and needs for training"

facilitator: Antonio de Blasio

rapporteur: Ray Bateson

The ideal effective coordinator needs to have the following characteristics:

- * foreign language skills for international contacts
- * each phase of the project requires different characteristics.
- * an effective coordinator should never be alone, she/he needs a team of professionals with different skills around them
- * she/he knows about networking at various levels: city, national, international
- * she/he needs high communication skills
- * she/he knows much about public relations
- * she/he must have a general knowledge of problems affecting health
- * she/he must have a "heart" for their city
- * she/he must be firm but flexible and diplomatic
- * she/he must have some freedom and not be bothered by too many bureaucratic rules and regulations ("heavy (local) and heavy (WHO) = very heavy")
- * she/he must be innovative
- * she/he must know where she/he stands within the city
- * she/he must be taken seriously
- * she/he knows that the concept of healthy Cities is complicated, she/he should be able to make it as simple as possible
- * she/he should find priority of partners and apply HCP to them.

Summarized:

Coordinators should be able to conceptualize health and know how this applies to Healthy Cities. They must know the product in order to sell it in a proper way.

Healthy Cities work means teamwork. Coordinators should be acquainted with the methodological and technical aspects of networking. They must have the elementary mediation skills. Selling Healthy Cities has to do with public relations.

Coordinators need to be innovative, a strong recommendations from this group: let's start with business meetings!

Final suggestion from this group for a new bumper sticker:

"Healthy City coordinators do it on a full time basis"

Group B

"How to ensure political commitment to the project where there are changes in government"

facilitator: Trevor Hancock

rapporteur: Willy de Haes

Politicians and political commitment are vital to the success of the Healthy Cities project. When we looked at how to keep the political commitment, we discovered four different levels where we can work: the politicians, the community, structures in the city and the way of working of the coordinator.

For each of these levels, we formulated various recommendations for coordinators based on their experiences. Sometimes one recommendation is put under two headings.

A. Politicians

- * convince the politicians it is good for the community and therefore also for them, especially where children are concerned
- * broad political commitment in the project's Steering Committee
- * show the politicians that the issues they discuss are "healthy city" issues
- * coordinators maintain good relations with all politicians and with the community and other relevant organisations
- * use city health profiles to make a direct link to the local community and local politicians
- * recognize and look for the political benefit of every activity
- * try to create coalitions among various members of a council on topics of interest to them and to their constituents
- * politicians feel able to criticize and change the project; be accountable

B. Community

- * the community keeps the project alive
- * community involvement in the project's Steering Committee (agencies, institutions)
- * coordinators maintain good relations with all politicians and with the community and other relevant organisations
- * create strong third sector relations
- * organise community support by using existing groups (but be cautious!)
- * have lots of people involved in the work of the project

C. Structures

- * broad political commitment in the project's Steering Committee
- * community involvement in the project's Steering Committee (agencies, institutions)
- * financial support from a variety of sources
- * the HCP is somewhat apart from the political structure
- * a "stable" intersectoral technical committee - supportive and committed

D. Way of working

- * be able to manage well: do a good job over time

- * coordinators maintain good relations with all politicians and with the community and other relevant organisations
- * stay politically neutral - health is neutral
- * health promotion is valued by the community - show good examples of positive experience
- * show the added value of working across sectors and between community and institutions
- * save money by doing integrated work
- * be a good listener
- * use city health profiles to make a direct link to the local community and local politicians
- * use every opportunity to bring people together
- * maintain the visibility of the project
- * politicians feel able to criticize and change the project; be accountable
- * test proposals out in public first and have them discussed at lots of levels and settings
- * ensure there are visible short-term benefits
- * have lots of people involved in the work of the project

Group C

"The future of project structures after 1998 and the continuation of the Healthy Cities idea"

facilitator: Jens Houmann

rapporteur: Julia Taylor

Project structures depend on where the Healthy Cities project lies in the city. There are different options. Where the project is independent, political support can be neutral. When the project is incorporated within another institution, it can lose flexibility. When the project is independent, it can be financially vulnerable.

It is important for local project structures not to be dependent from one politician and one political party; cross party support is essential.

The international WHO Healthy Cities Network is important for local project structures. The status nationally of belonging to an international network can be important for local politicians. It works in two ways: the WHO Healthy Cities Network supports and is, in turn, supported by political involvement.

There is a strong need to demonstrate the "value added" of being a Healthy City project city. International publications demonstrate the value of involvement.

After 1998 - the next phase.

We need to stop talking about the end of the project. Five more business meetings to the end is the wrong message. We have to make the way forward together.

Healthy Cities is every one's business.

There is a need for a discussion paper on the next phase on the role of the various actors in Healthy Cities: WHO, EURONET, EU. What are the possibilities, the advantages and disadvantages, the alternatives. We need an open discussion on this.

We should talk in small groups (coordinators and politicians together) about the future. It is a loss of energy to have separate discussions. Coordinators and politicians need each other.

6. Conclusions and recommendations

Although the available time for group discussion again turned out to be not enough, the very interesting and intense discussions between coordinators in small working groups worked very well and resulted in a lot of interesting and useful materials for further discussion.

The plenary discussion followed by the feedback of the small discussion groups provided many recommendations for WHO/HCPO for the organisation of future business meetings.

We agreed that we will definitely have more time for small group discussion as this turned out to be very effective.

The politicians and the coordinators will not have separate meetings any more, but will discuss everything together.

A working group cities convened by Vienna will prepare a discussion paper on the future of the project for the next Business Meeting in Amadora in October 1995.