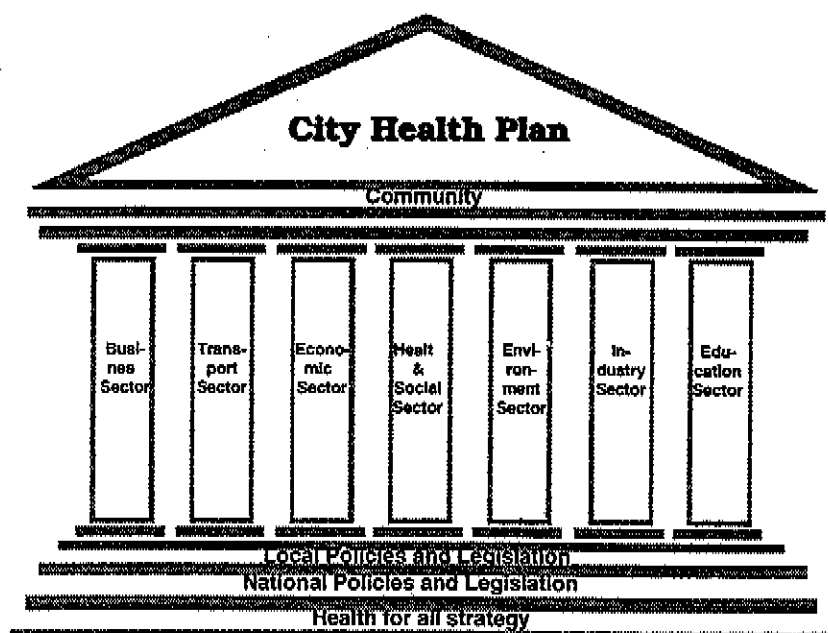


# City Health Planning:

## The Framework



October 1995

Healthy Cities Project



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.*

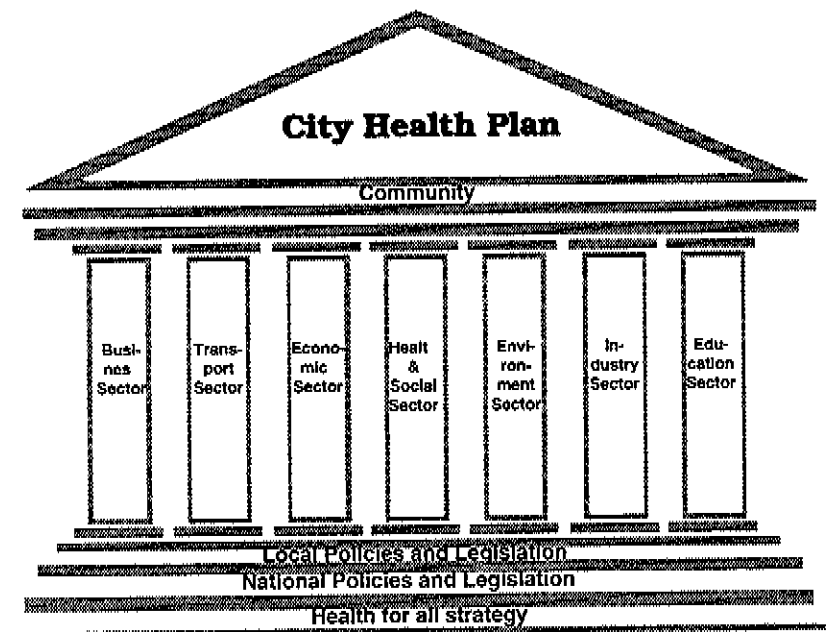
#### Keywords

HEALTHY CITIES  
URBAN PLANNING  
URBAN HEALTH  
SUSTAINABLE DEVELOPMENT  
HEALTH POLICY

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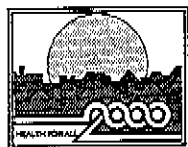
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# City Health Planning: The Framework



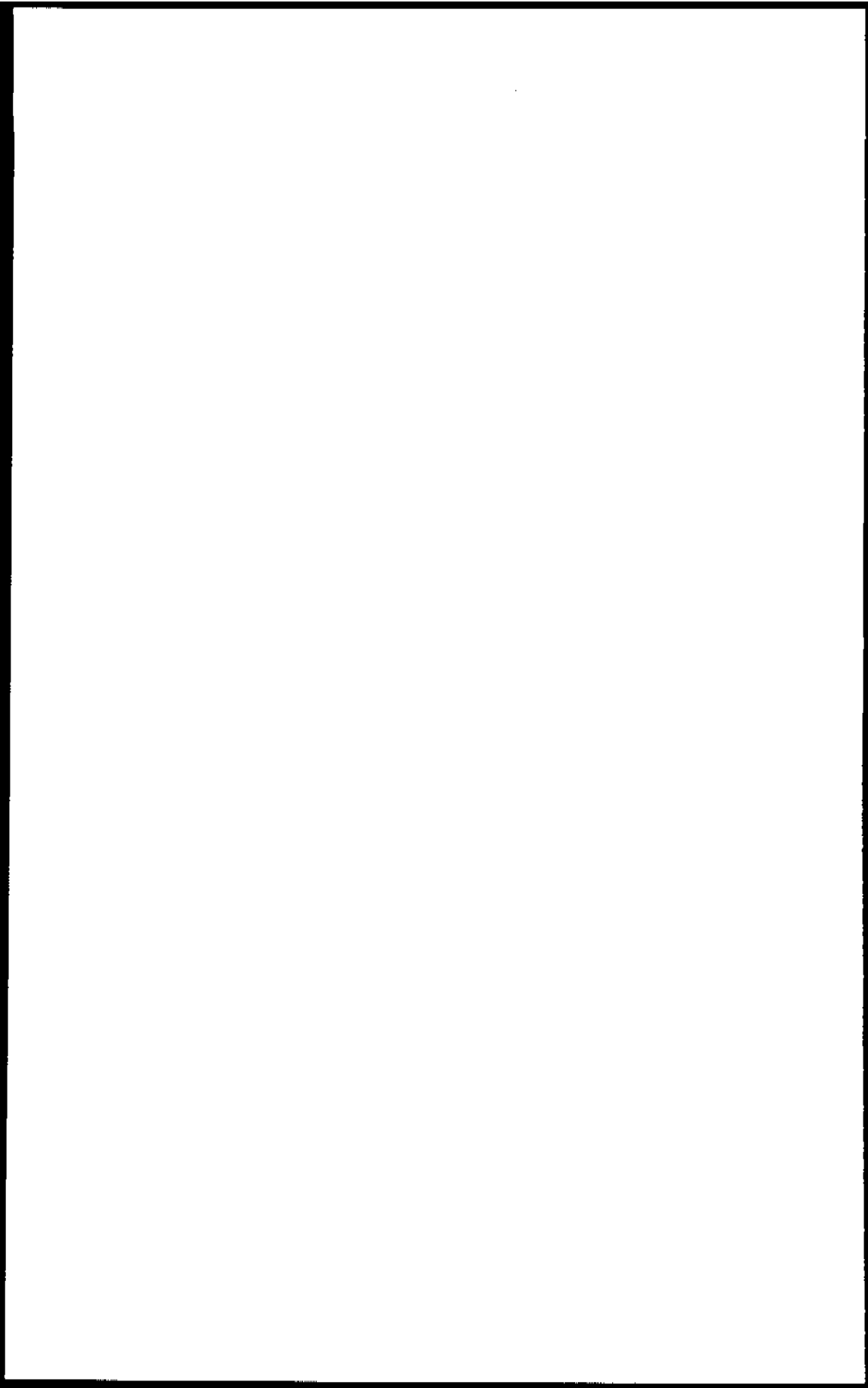
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## **0. Abstract**

City health plans are a key tool for health development which should adapt the WHO Health for All Strategy to the local situation. A city health plan describes the broad policies and strategic objectives for improving health and reducing health inequalities in a city and the practical steps which will be taken towards achieving the objectives over a defined period of time. This document is based on the experiences of the WHO Healthy Cities Project. It gives a framework for cities developing city health plans - including a working definition, principles and guidance on processes and content.

# 1. Introduction

1.1. The city health plan in the context of Healthy Cities is qualitatively different to previous health planning. This document sets out some of the ways in which it differs and lists some principles and guiding notes on developing such a plan. It draws on the thinking and experiences of WHO project cities to date and addresses three main areas:

- the meaning of 'city health plan' in the context of the WHO Healthy Cities Project;
- guiding principles for developing city health plans;
- processes for developing city health plans.

Further documents in this series will give additional guidance on specific aspects of planning for health and sustainable urban development.

## **2. City Health Plans and the WHO Healthy Cities Project**

2.1. All cities joining the second phase of the WHO Healthy Cities Project undertook to prepare and implement a city health plan (1). The purpose of this plan is to assist each city to improve the health of its population, using as a basis the WHO Health for All Strategy (2). Achieving health for all requires a shift in thinking and in working methods. Inevitably, planning processes also have to change in order to improve ways of promoting health development.

2.2. The creation of healthy public policies and plans are fundamental tasks for health development which are addressed in the Health for All strategy (2) and the Ottawa Charter for Health Promotion (3).

2.3. City health plans are one of the main tools for achieving health objectives. They link the Health for All strategy with a local analysis of health priorities and set out the commitments by local authorities and other agencies to improve health at the local level.

City health plans are also a key activity for the implementation of Agenda 21 (4) and need to be developed in the context of overall sustainable urban development.

2.4. All cities have experience in planning. Most plans, however, are concerned with a particular sector or for a part of a city - whether it be the physical planning of a particular neighbourhood or a plan for health promotion as part of the health services. Few cities have yet created the sort of comprehensive city health plan described here.

2.5. The first substantial discussions on city health plans took place in St Petersburg in June 1993. Based on the experience of cities at that time in the Healthy Cities Project, some of the most important features of the content and process of production of city health plans were identified (5).

2.6. Follow up discussions took place at the Healthy Cities Business Meeting in Glasgow in January 1994 (6). Following the meeting the Healthy Cities Project Office (HCPO) convened a technical group on city health plans which met for the first time in Vienna in June 1994. The group's suggestions on the definition, content and process of development of city health plans have been a major input into this document.

2.7. This document has drawn on plans and planning documents produced by Copenhagen (7), Glasgow (8), Horsens (9), Liverpool (10), Poznan (11) and Valladolid (12) and the outcome of a technical symposium held in Poznan in Poland in September 1994 where experiences from Healthy Cities were presented and debated in open forum and in discussion groups (13). It also uses the experience of WHO in considering national (14,15) and subnational (16) policies for Health for All.

### **3. Rationale**

3.1. A city health plan is a key tool for health development. It is also an important aspect of the general development of a city. The production of a city health plan sets out a city's vision of health and the steps it intends to take to achieve it. It demonstrates to everyone in the city the importance that the city gives to health and gives a strong signal about the city's values. The production of a city health plan requires processes which include all relevant sectors and levels of government together with the people of the city.

3.2. Developing a city health plan has a number of other advantages:

- it gives current and future health programmes a direction and gives practical expression to the vision of Health for All;
- it facilitates the development of integrated approaches and the coordination of all health and health-related activities by various sectors in the city;
- it helps to create an environment in which health improvements can take place;
- it facilitates the raising of awareness among the various sectors and agencies and serves as a mutual learning experience;
- it helps to provide a rational basis for decision making, one which is geared towards investing in health;
- it facilitates the development and application of new means of dealing with health problems; and
- it provides current and planned health activities and policies with visibility.

## **4. Working definition**

**4.1.** A city health plan describes the broad policies and strategic objectives for improving health and reducing health inequalities in a city and the practical steps which will be taken towards reaching the objectives over a defined period of time.

**4.2.** Notes on the working definition:

**4.2.1.** The city health plan adapts the WHO Health for All strategy to the local situation. Its two key characteristics are comprehensiveness and intersectorality. It integrates all health and health related activities and links health to all relevant sectors which impact upon it. The health of the entire city is considered, including the environment, social and economic issues and the physical and psychological wellbeing of the inhabitants. Actions specified in the plan should also cover all the major sectors influencing health - in particular the environment, education, social, employment and health care sectors. The plan provides the glue cementing together abstract ideas and practical means by which the city can achieve its ideal of health.

**4.2.2.** The plan should have explicit and broad support within the city. This includes not only the usual decision making structures of the city council and administration but also the support of the public, the sectors carrying out parts of the plan and where possible, other administrative levels (for example the regional level) which have responsibilities which impact on the health of the city. In short all parts of the city should be involved in the process and provide the appropriate technical, economic

and political structure in which the implementation of the plan can take place.

4.2.3. Where possible the plan should include targets. It should also include mechanisms for evaluation and a process for incorporating the evaluation results into subsequent planning processes.

4.2.4. The city health plan is a point in a process and not an end in itself. It is important to speak of planning as well as the final plan and recognise that planning is a dynamic process. The plan and the final programmes agreed upon are merely tools to reach strategic health targets. It is produced through a process involving intersectoral collaboration and community participation. It requires an analysis of the health, environment and social situation, the development of policies and the consultation of the public. Implementing the plan requires further detailed operational plans.

4.2.5. The city health plan is not just a collection of policies and activities influencing or relating to health. It is more than the sum of its parts. It provides the basis and means to create a vision of health and integrated policies and strategies by which to achieve it.

4.2.6. The city health plan should be informed by the current health situation in the city as assessed and presented through a city health profile (17).

# NOTES ON PRODUCING A CITY HEALTH PLAN

## 5. Principles

5.1. The Health for All (HFA) principles make up the basic framework of the WHO Healthy Cities projects with the Ottawa Charter for Health Promotion providing strategic guidance. The city health plan should place the city's health policies and programmes in line with HFA and with other local, regional and national strategies. The planning process and the plan itself, should incorporate the following principles from Health for All (2):

1. *Equity*: Equity is the essence of HFA. Equity in health means that all people have the right and the opportunity to realize their full health potential. It requires action to reduce inequalities in health status between and within communities. Equity policies involve improving the living and working conditions of the disadvantaged and raising the standards of their physical and social environments to levels closer to the more fortunate groups.
2. *Health promotion*: A city health plan should aim to promote health using the principles outlined in the Ottawa Charter (3).
3. *Intersectoral action*: Health is created in the setting of everyday life and is influenced by the actions and decisions of most sectors. All sectors need to cooperate in the production and implementation of the city health plan.

4. *Community participation:* Informed, motivated and actively participating communities are key partners in setting priorities and making and implementing decisions. This approach makes the best use of human resources and strengthens individuals and communities.
  
5. *Supportive environments:* The creation of supportive physical and social environments should be addressed in the plan. This includes issues of ecology and sustainability as well as aspects such as social networks, transport, housing and other environmental concerns.
  
6. *Accountability:* Health is created through the interaction of all aspects of the environment and living conditions with the individual. Decisions of politicians, senior executives and managers in all sectors affect those conditions that influence health. Responsibility for decisions that affect health creating conditions should be made explicit in a clear and understandable manner and in a form that can be measured and assessed after time. In this way responsibility can be attributed and accounted for.
  
7. *The right to peace:* Peace is a fundamental prerequisite of health and the attainment of peace is a justifiable aim for those who are seeking to achieve the maximum state of health for their community/citizens.

These principles may at times seem abstract in relation to the concrete problems which cities are facing. However these are the basic ideas which must support the development of health in cities and cities are finding innovative ways to translate

these principles in to practice. It is important to state clearly the principles upon which the plan is based.

## 6. Context of the plan

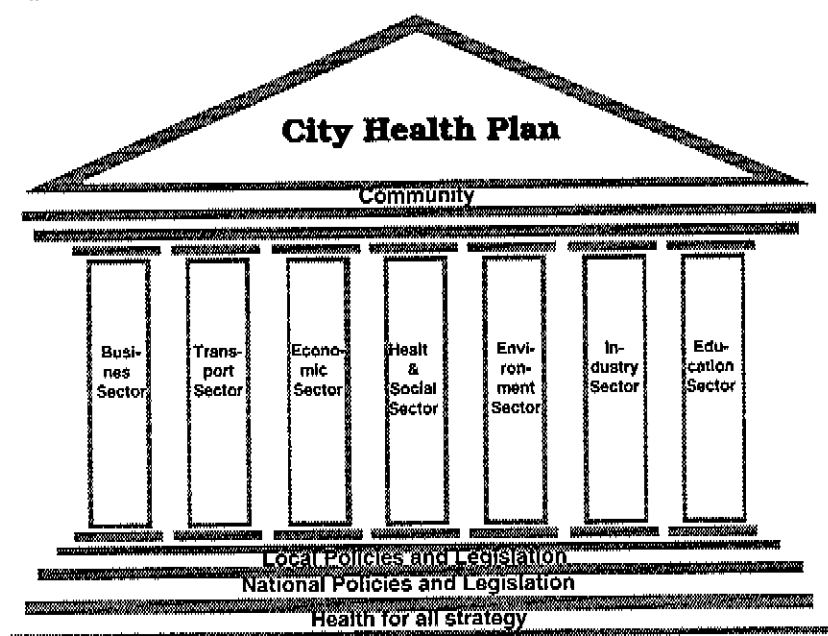
6.1. The city health plan is formulated in a context which has certain political, bureaucratic and legal characteristics which influence the development process as well as the scope of the plan. Each city has its own set of unique national and local legislative imperatives, policies and administrative processes which influence health and its determinants. Some of these may refer specifically to city level health planning - for example Spain passed a General Health Law in 1986 under which cities are required to develop a health plan. Others may address only specific topics related to health, e.g. regulations on air pollution and traffic control. The plan needs to be placed in the context of the legal and administrative framework of the city.

6.2. An additional factor influencing the development of the plan may be the prevailing economic and political climate which may be in a state of great change as is occurring in some countries in central and eastern Europe. In other countries certain issues may have a high visibility or be of general concern at the time (such as health promotion or environmental problems) and hence set the scene for the development of the plan.

6.3. Besides the different political and administrative levels, there are many other important stakeholders in a city health plan - statutory and voluntary, private and public. Each sector or agency has its own understanding of the local problems and may have a specific concern for health which should be coordinated with the other sectors. One way of representing this intersectoral cooperation is the diagram shown in figure 1 - the 'pillars of health'.

6.4. It is of great importance to ensure that city health plans are not confused with health care or medical services plans. Even though in some countries health service plans may include concepts and strategies for health promotion, responsibility for health frequently continues to be seen as the sole prerogative of the health care sector. City health plans, by contrast, are comprehensive and widen the concern and responsibility for health beyond the health care sector to other sectors and city departments.

Figure 1.



6.5. The development of a city health plan requires cities to work creatively to extend or develop existing working arrangements both horizontally within the city and vertically with other levels of government and administration. This is

because the specific legal responsibilities which each city has - to carry out certain functions or run particular services - are narrower than the much wider responsibilities which project cities have taken on themselves to improve the health and wellbeing of the whole city. An effective city health plan needs to identify important areas of responsibility for health which may lie outside the city's administrative control. Where possible, the planning process should forge collaborative links with other relevant bodies and organizations whose decisions affect the health of the citizens of the city. For instance, a city health plan may become a collaborative venture between a municipality and a region, with collaboration and endorsement from nationally controlled organizations, as well as the commercial and voluntary sectors.

## 7. Relationship of the city health plan to other plans

7.1. The city health plan is related to other plans in the city. For example:

1. *Overall city plan:* Where cities have detailed overall plans covering all sectors then health should have a high profile in the policy and social agenda of the overall plan. A more detailed description of the health and environmental actions should then form a separate document which is comparable to a city health plan.
2. *City health plan:* This is the core plan for health which is the focus of this paper. It could be called a master plan for health and should describe its relationships with other sectoral plans.
3. *Sectoral plans, e.g., of education:* The contribution to health, drawn from the city health plan, will be represented in these plans.
4. *Plans for specific health issues:* Certain health issues have their own plan of action. Such plans need to be linked to the city health plan and should also reflect HFA principles.
5. *Operational plans:* The city health plan will not give detailed information about operational issues. Detailed questions of finance, number and types of services, individuals and agencies responsible for carrying out particular activities may be addressed in separate operational plans.

City health plans should acknowledge and react to other plans and vice versa. The common objectives and shared values of other plans within the city should be incorporated where these are relevant. The city health plan should also influence and change the processes of plans in other sectors.

The timetable of planning in other sectors should be kept in mind when preparing the city health plan. This includes other city plans and also planning at the regional and national levels.

## **8. Preparatory work**

**8.1.** Before the planning process can begin, considerable groundwork has to be done in order to lay the foundation and gain the support necessary for developing a city health plan. Pre-existing organizational arrangements may have to be modified, awareness raising at the political and public level has to be carried out and the local situation has to be assessed. A well-prepared and well thought out "launching platform" is a basic requirement for an effective city health plan. Healthy Cities Projects have a major role to play in creating the preconditions for success.

## 9. The planning process

9.1. The planning process consists of various stages or components which can be broadly categorized into: health assessment, issue identification, prioritization, strategy formulation, consultation and presentation. There is no one correct way of doing this; each city will have to find the most appropriate approaches for their local situation.

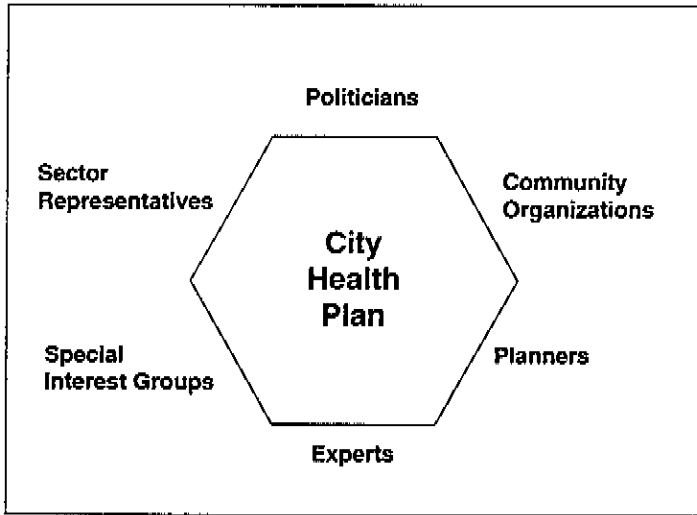
Each phase may require the input of different people. A core organizational body needs to be established which will oversee and guide the overall planning process. Various types of arrangement may be suitable and each city needs to choose one which best reflects its administrative and political context. Regardless of the type of structure chosen, however, it must have credibility and the trust of others. In some cities, structures may already be in place and it may be feasible to build upon them. However, it is important to bear in mind that, given the breadth of approach required for good city health planning, existing terms of references and working practices are likely to have to be modified.

## 10. Intersectoral collaboration

10.1. An important step in planning is to identify the participants in the planning process. Anyone who will be affected may be a stakeholder. Each city and country will have its own set but the list below sets out some of the categories which may need to be considered (figure 2):

- politicians and planners at the highest level in order to ensure political acceptance and implementation;
- representatives of various public sectors, in particular environment, education, housing, transport and social welfare;
- voluntary organizations and special interest groups;
- health professionals (primary care and hospital sector);
- community groups; and
- further special groups may also need to be convened to address and elaborate specific policies and strategies agreed within the plan.

Figure 2



10.2. Healthy Cities Projects will have already developed some mechanisms for intersectoral collaboration. These will probably have to be extended to meet the particular demands of city health planning. A good deal of explanation and education of other sectors may be required to improve the basis of intersectoral working and to create a common understanding which will led to a sense of ownership in both the planning process and the plan itself.

## 11. Community Participation

11.1. A key aspect of city health planning is the involvement of the community. Most Healthy Cities projects have developed a wealth of expertise on community participation which needs to be drawn on in the planning process. Participation is particularly important in all of the development phases.

Community participation needs to be developed and has some basic requirements: the citizens should know how they can participate; the authorities cooperate; the citizens are able to make themselves heard and participation should be attractive to them. Different techniques have been tried in different Healthy Cities e.g. Liverpool distributed materials that made the planning process accessible to the blind and visually impaired and for those without an understanding of English. Another city used community facilitators to raise awareness and involve local communities, producing surveys and stimulating responses from the community.

## **12. Areas that the plan should address**

**12.1.** The plan should address priority areas. These are identified by community consultation, a city health profile (17) and the political processes of the city and other collaborating sectors and levels of government.

**12.2.** All areas that impact on health should potentially be considered. But it is important to include in the plan only those areas which are to be acted upon. All cities will have to prioritize in their planning process. There are a number of analytical tools to assist prioritization but the most important aspect is the need to ensure communication between the final decision makers, those who will implement the plan and the people of the city. The mechanisms for community participation in the decision making process should be explicitly referred to in the plan. It is important to be aware of the need to achieve credibility and progress and to include some actions which are feasible and possible within the short term as well as longer term goals.

## 13. Obstacles to the Planning Process

13.1. There are many difficulties which may be encountered in the development of the planning process. Some may be particular to the individual city while others are problems which will be encountered in many cities.

13.2. The involvement of politicians is essential but it can prove difficult to achieve when politicians are working within short electoral terms which can decrease their long term perspective. Good intersectoral collaboration is always a challenge. Adequate ways of involving the community requires a great deal of effort and resources. Differences of opinion between the perceptions of experts and the perceptions of the community should be expected. The resources required to develop a city health plan will be underestimated unless adequate account is taken at the outset of the fact that new methods and approaches require additional investment to implement.

13.3. Gaining adequate political momentum is a major task which requires skilled political advocacy by one or more 'product champions' in the city. It may be helpful to highlight and identify some short term and easily achievable goals which address the political preoccupations of the city. Education and information about the importance of health policies may be useful in the process. The use of informal networks can be a good strategy to win support and allies for the development of the process but ultimately the formal decision making processes have to be fully involved and committed. On occasion it may be better to produce a small plan rather than no plan at all, particularly if the principles and processes can be documented with a view to applying them in a more comprehensive way at a later stage.

## 14. Contents of the Plan Document

14.1. The city health plan needs to include the following information:

- *Political status of the plan:* What position does the plan take in the overall city administrative system? What bodies have approved the plan?
- *Process of developing the plan:* Who was involved and what mechanisms were used (e.g., for securing support, obtaining intersectoral collaboration, involving the community, etc.)?
- *The Principles on which the plan is based;*
- *Conclusions of health assessment based on health profile;*
- *Policy and legislative background;*
- *Priorities decided upon, reasons and methods/criteria used;*
- *Strategic aims, including targets;*
- *Plans and practical actions to be carried out by each sector and level of government;*
- *Follow up:* processes for monitoring, evaluation and review.

## 15. Role of Healthy City Project Office

15.1. Healthy Cities projects will be initiators and catalysts of the development of the city health plan. They will be responsible for:

- encouraging their cities to develop a city health plan and helping them build the mechanisms to do it;
- advising their cities in the planning process;
- assisting their cities in getting community input;
- following up on the implementation of the plan;
- participating in the evaluation and review of the plan;
- ensuring that various aspects and lessons learned from the plan will be carried over into the next planning cycle; and
- sharing experiences with other international network cities.

## REFERENCES:

1. *Setting Standards for WHO Project Cities: The Requirements and the Designation Process for WHO Project Cities, WHO Healthy Cities Project, Phase II 1993-1997*, WHO Regional Office for Europe, Copenhagen.
2. *Health For All Targets, The Healthy Policy for Europe*, updated edition September 1991, WHO Regional Office for Europe.
3. *Ottawa Charter for Health Promotion*, An International Conference on Health Promotion, November 17-21, 1986, Ottawa, Ontario, Canada.
4. *Earth Summit Agenda 21: The United Nations programme of action from Rio*. ISBN 92-1-100509-4 United Nations, United Nations Department of Public Information, New York 1992
5. *Proceedings from the WHO Healthy Cities Project Business Meeting*, St Petersburg, Russia, 17-19 June 1993.
6. *Healthy Cities Project: Report on a WHO Business Meeting*, Glasgow, 20-22 January 1994.
7. *Healthy City Plan of the City of Copenhagen, 1994-1997*, Copenhagen Health Services, August 1994.
8. *Working together for Glasgow's Health*. Glasgow Healthy City Project. ISBN 0 9522263 8 3. Glasgow 1995
9. *Kommuneplan 1993*. Horsens Kommune, Horsens 1993.
10. *Draft Liverpool City Health Plan*. Liverpool Healthy City. Liverpool 1995
11. *Poznan - Healthy City (Strategies-indicators)*. Poznan Municipal Publishing Office. 1994.
12. *Municipal health plan of Valladolid*. Valladolid City Council. Valladolid 1994.

13. *City Health Profiles - City Health Plans. Report on a WHO Healthy Cities Technical Symposium. Poznan, Poland 23-24 September 1994.* EUR/ICP/HCIT 94 01 PB01. WHO Regional Office for Europe, Copenhagen 1994.
14. *WHO Country Health Policy Reviews: the Case of Finland, Report on a WHO Meeting, Espoo, Finland, 10-12 November 1992,* WHO Regional Office for Europe, Copenhagen.
15. *Framework for the Analysis of Country (HFA) Policies,* WHO Regional Office for Europe, Copenhagen, HPP/December 1987 (ICP/MPN 932 0075j).
16. *The Process of Health Policy Development, Report of a Working Group on the Development of Subnational Policies for Health,* WHO, Regional Office for Europe, Copenhagen, 1992.
17. *City Health Profiles: how to report on health in your city.* ICP/HCIT/94/01 PB 2. World Health Organization Regional Office for Europe, Copenhagen 1995.

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