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MULTI-CITY ACTION PLAN

Report on a meeting of coordinators

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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 from nine multi-city action plans (MCAPs) met WHO focal points to review progress and discuss strategy for 1996–1997. The outputs of each MCAP during 1994 and 1995 were reviewed. Discussion of the main issues for the future concentrated on the targeting of MCAP outputs to cities in central and eastern Europe and the newly independent states, mobilizing resources, and ensuring the involvement of MCAPs in completing and evaluating the second phase of the Healthy Cities project and the ninth general programme of work.

Keywords

URBAN HEALTH
HEALTH PROMOTION
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ALCOHOLISM – prevention and control
WOMEN'S HEALTH
SUBSTANCE ABUSE – prevention and control
NUTRITION
ACCIDENT PREVENTION
ENVIRONMENTAL HEALTH
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MCAP-Coordination meeting 24-25 August 1995

Introduction

Coordinators from 9 Multi City Action Plans met with WHO focal points to review progress and discuss strategy for the period 1996/1997. A review of the outputs of each MCAP during the period 1994 and 1995 was carried out. During discussion of the future the main issues were: targeting of MCAP outputs towards cities in central and eastern Europe and the Newly Independent States; resource mobilisation; and ensuring the involvement of MCAPs in completion and evaluation of the second phase of the Healthy Cities Project and the ninth general programme of work.

Multi-city action plans overview

Multi City Action Plans (MCAPs) bring together groups of cities to work on an issue of common concern. They are "joint ventures" between cities collaborating institutions, technical units from WHO/EURO and the WHO Healthy Cities Project Office. (1) During 1994/1995 a total of 13 Multi City Action Plans were operational. The long-term objective of the MCAP mechanism is to develop action to implement parts of the health for all strategy and to identify and disseminate case studies and models of good practices which will be useful to cities throughout the Region. These will provide the basis for new policies and standards.

One major spin-off of the MCAP mechanism has been the development of the Health-promoting Hospitals (HPH) project. This has developed to such an extent that it is now considered to be one of the key and most promising "settings" projects of WHO/EURO. The HPH project consists of a WHO network of twenty pilot hospitals that are committed to a comprehensive approach to the HPH concept, as well as a wider network of interested hospitals throughout Europe.

Each MCAP operates with the same basic framework (2). It is coordinated by a city or sometimes an institution and has from eight to 20 or so members. Most members are cities from the WHO project network or a national healthy cities network but participation is also possible for other cities and for institutions.

Because MCAPs are issue-based, they provide a mechanism for other WHO/EURO units to work with the Healthy Cities project in order to bring their technical expertise to bear at the local level. This experience with practical aspects of policy implementation is also very useful to units in their work at national level.

Membership of an MCAP usually requires project cities to involve other individuals and sectors in a city than the people in the local project office. At international level

MCAPs also give an opportunity to forge links with other types of collaborators and sources of support. All MCAPs receive financial support for meetings and activities from member cities and most have managed to attract additional sources of funding.

Three MCAPs publish newsletters (3,4,5). The MCAPs for AIDS and for Tobacco free cities have produced booklets on their experiences (6,7). The MCAP on women's health has begun to develop a women's health information network and has been involved in the production of women's health profiles for cities such as Glasgow (8) and St. Petersburg (9). The nutrition MCAP (SUPER project) has published a number of reviews of their activity (10) and will organise a major conference early in 1996. Ideas from MCAPs are being widely used by participating cities and incorporated into city health plans (11). Resource packs and more detailed collections of case studies are planned for publication over the next two or three years which will make these experiences available to a wider audience.

Presentations from MCAP Coordinators

Presentations were made from the following MCAPs which are included in the appendix: Accidents, AIDS, Alcohol, Baltic Cities Drugs, Family health support (urban primary health care), Sports Formula (Active living), Nutrition (Super Project) Tobacco, Women's health.

Discussion and agreements

The future of the MCAP mechanism

Cities continue to express strong support for MCAPs. The mechanism has shown itself to be capable of bringing together a range of partners to create action in cities as well as some impressive joint products. MCAPs have also been the starting point for new WHO programmes such as the Health Promoting Hospitals and Health Promoting Schools. However, the MCAP mechanism needs to continue to evolve and adapt, particularly to reductions in WHO's regular budget and the increasing needs of cities in CCEE/NIS. WHO will continue to provide the key strategic direction but an even greater effort will be required in the future to raise resources for MCAPs from voluntary donations and collaboration with other organisations. The level of technical support to MCAPs depends on the WHO planning process and the level of other priorities. Strong intentions for continuing technical WHO support were given for the MCAPs on alcohol, drugs, tobacco, women's health, nutrition and active living. WHO will propose to UNAIDS that the MCAP is included in their future programme. The level of WHO input to all MCAPs will depend to a great extent on voluntary donations in the next biennium.

Communication

In future MCAP Coordinators will send reports of their meetings to all other MCAP Coordinators. Healthy Cities will be responsible for maintaining the list of coordinators and making sure that they receive the same materials as coordinators of cities and national networks.

Greater focus on central and eastern Europe and NIS

The present situation where member cities support their own participation in MCAPs is a barrier to many cities. The solution is for MCAPs to seek external funding from programmes which encourage participation from CCEEE/NIS.

Charter for young people

It was agreed that MCAPs would discuss at their next meetings the possibility of collaboration on the production of a charter for young people. This idea was proposed by the alcohol MCAP.

Funding of MCAPs

Within some cities belonging to the Healthy Cities Project there is considerable experience in raising funds through sources such as the European Union. The Healthy Cities Project has also published a document on making applications for funding. Programmes such as ECOS, OVERTURE, TACIS are currently possibilities as well as the health promotion programme of DGV.

World Health Day

The World Health Day on 7 April 1996 will be devoted to Healthy Cities.

The Name MCAP

It was agreed to keep the name.

MCAP Conference

It was felt not to be a good idea to have a special MCAP conference but instead to set aside time for MCAPs at Healthy Cities Symposium such as the one in Dublin on Evaluation in 1996 and the 1998 symposium.

Evaluation of MCAPs

MCAP Coordinators agreed to arrange evaluations of their MCAPs which could be presented in October 1996.

Next Coordination Meeting

Coordinators would like to have another MCAP coordination meeting in 1996. However WHO could not agree to organise it at this stage. Possibly the meeting could take place in conjunction with the evaluation symposium in Dublin in October 1996.

References

1. *Briefings on Multi-City Action Plans. Price C (ed). EUR/ICP/HSC(A). WHO Regional Office for Europe, Copenhagen 1994.*

2. *Guidelines on Multi-City Action Plans. WHO Healthy Cities Project. WHO Regional Office for Europe. Copenhagen. 1994*

3. *Miuex Vivre Infos: Able News. Georges de Korvin (ed) 101 A, Av. Henri Fréville, BP 56111 35056 Rennes Cedex.*

4. *Sports Formula: Sports Formula Multi-City Action Plan Newsletter. Janine Cosijn (ed). Eindhoven Healthy City Project PO Box 2357, 5600 CJ Eindhoven.*

5. *MCAP AIDS Newsletter. Nicoline Tamsma and Onno de Zwart (eds). MCAP AIDS, Municipal Health Service Rotterdam. PO BOX 70032, 3000 LP Rotterdam.*

6. *The Process of an established Multi-City Action Plan: the example of the AIDS care and services MCAP. World Health Organisation Regional Office for Europe 1992.*

7. *Working for Tobacco-free Cities: Burnside G, Piha T, Wood M. EUR/ICP/HSC/644(T). WHO Regional Office for Europe. Copenhagen 1994.*

8. *Glasgow's Health, Women Count. Hair S (ed). Glasgow Healthy City Project. Glasgow 1994. ISBN 0 9522263 6 7.*

9. *Investing in Women's Health: Central and Eastern Europe. WHO Regional Office for Europe 1994.*

10. *Nutrition MCAP gains benefit from international cooperation. Vanndrager L. Healthy Cities 5; 2, June 1993 p 4.*

11. *City of Copenhagen, Healthy City Plan 1994-1997. Healthy City Project, Copenhagen Health Services, Copenhagen 1994. ISBN 87 984111 8 7.*

MCAP on AIDS

Copenhagen, August 1995
Nicoline Tamsma, MSc, Rotterdam Municipal Health Service

Introduction

The MCAP on Aids started its first activities more than five years ago. Over these years, it has grown into a stable partnership of cities who have taken up the challenge of HIV/Aids, are willing to share their expertise and are interested in joint work. The MCAP representatives form a multi disciplinary group of committed experts who are able to link with colleagues at a local and international level. Coordinating responsibilities have been carried out by Liverpool, Glasgow and (since 1994) Rotterdam.

Current member cities include Camden, Dresden (the newest member), Dublin, Düsseldorf, Glasgow, Gothenburg, Liverpool, Nancy, Rotterdam, Pècs, St. Petersburg, Sofia and Vienna. Tallinn and Warsaw are associate members. In the months to come, the MCAP will actively look for new partners, especially in southern Europe.

Strategic Framework

MCAP Aids' main strategic aim, is: "the development of basic cost effective, quality standards for city action in the area of HIV prevention, support and care". Among other things, the MCAP AIDS Strategic Framework states that "developing the standards should start at the community level and be achieved by a genuine partnership of governmental organisations, non-governmental organisations, and representatives of affected and other relevant groups or communities. Priority should be given to supporting and empowering people whose circumstances or behaviour put them at higher risk of HIV or its effects".

Implementation

From 1994 onwards, MCAP AIDS has been working on the implementation of its Strategic Framework. The city representatives took the framework back to their cities for consultation and to ensure commitment at policy level. The rationale of the Strategic Framework is explained in a booklet published by WHO in 1995.

"Action Groups" were set up as a mechanism to address the needs of the communities/groups prioritised in the framework, exchange expertise and carry out collaborative projects across MCAP cities. They were also meant to be instrumental in formulating the standards referred to in the Strategic Framework. Over the course of three MCAP business

meetings, six different action groups have taken off, addressing men who have sex with men, black and ethnic minorities, people living with HIV/AIDS, women, people in prison, and young people, respectively. Cities can participate in action groups according to their own priorities.

The action groups have already proven to be effective in broadening the impact of MCAP AIDS within the member cities as they especially encourage community-based and other non-governmental organisations in these cities to link with similar organisations in partner cities and to set up joint work. The following progress can be reported:

- Within the "Gay Men's Action Group" key organisations and contact persons were identified and an inventory of prevention projects carried out at local level in six different cities was published in May 1995.

- Within the "Black and Ethnic Minorities Action Group" work focuses on identifying the needs of the different communities in each city, as well as on linking similar communities across cities and exchanging methods and materials. Joint projects -reaching out to the Roma community and prevention work at border locations- are under way.

- The "Women's Action Group" is currently looking at the sexual health needs of lesbian and bisexual women. This research project is partly funded by the EC. There are plans to produce an information leaflet on women and HIV suitable for distribution in all MCAP AIDS cities.

- The "People living with HIV/AIDS Action Group" made great progress during the most recent business meeting in May, when representatives from body positive organisations from five different cities got together. Following the method used by the Gay Men's Action Group, an inventory of local activities will be drawn up. Opportunities to set up and support body positive organisations in CCEE-cities are explored while at the same time Western European groups are exchanging methods to increase the accessibility of their services.

- The "Prisoners Action Group" had a difficult start but is now working on a needs assessment project.

- Within the "Young People Action Group" a lot of emphasis is put on exchanging expertise. In addition, young key persons are sought in each city to help with peer group education and form a 'Junior MCAP' in the near future.

Local structures for collaboration are another crucial aspect of city action mentioned in the Strategic Framework. Based on a survey in 1994, MCAP AIDS identified core conditions for collaboration which can be applied to all participating cities, irrespective of their epidemiological, legal, political or demographic idiosyncrasies. The expertise MCAP

AIDS has been able to build up over the years regarding opportunities for collaboration across sectors and communities was offered to the city of Vienna in 1995. This city called upon MCAP AIDS for assistance in formulating its local policy on HIV/AIDS and developing effective structures for collaboration. Vienna then offered to host MCAP's business meeting in May, which enabled direct and extensive exchange of expertise.

Whenever possible, prevention and care should be designed only after a thorough needs assessment procedure. Following some pioneering work in Glasgow, several cities have carried out or are currently planning to carry out surveys to investigate user views on existing services at city level as well as their wishes for filling in possible gaps in the service system. Basic forms of needs assessment are now automatically included in all projects linked with the Action Groups.

As the Strategic Framework refers to the importance of evaluation, the MCAP addressed methodological and practical aspects of evaluation of projects or policies. In a more concrete sense, the business meetings are evaluated with all participants.

Next to implementing MCAP AIDS' strategy, a lot of effort has been put into improving the frequency, quality and diversity of communication with and within the MCAP. Some concrete results of this can be seen in the publication of a quarterly newsletter. The first issue came out in Spring 1994 and is now published in Russian as well as in English. The booklet "Multi-City Action Plan on AIDS": an example of joint city action against AIDS' which was published in May 1995 elaborates on MCAP AIDS' mission and work plan. It also highlights the different working arrangements of the MCAP AIDS, discusses essential elements for intersectoral collaboration at city level, and describes some concrete models of good practice.

Plans for the next two years

As it can be said that over the last two years MCAP AIDS' mission and structures for joint work have been revised, it is feasible that the MCAP will focus on taking its strategy forward, rather than on any dramatic alterations. At the same time, MCAP's course and working arrangements allow for flexibility where and when epidemiological or political priorities may change. It is anticipated that two more Action Groups will be set up: one focusing on sex workers, the other addressing the needs of drug users. And that earlier plans for creating a research support group become more concrete before 1996. Most Action Groups schedule their work 6 - 12 months ahead, as they have deliberately chosen to set concrete, realistic targets.

Although there is still much to be learnt about local HIV prevention, care and policy, the MCAP AIDS has acquired a lot of expertise over the years. Increasingly, the coordinating office and/or representatives from member cities are consulted by both statutory and community-based organisations inside but also outside the MCAP. MCAP's role in the development of Vienna's city policy is an example of this, as are the widespread interest in the work of the Black and Ethnic Minorities Action Group and the training of peer group

educators for men who have sex with men in St. Petersburg by MCAP-colleagues from Rotterdam.
Consequently, dissemination of expertise will be put at an even more prominent place on the MCAP AIDS agenda for the next two years. This can be done through consultation, advice and training, but also through publications. In order to increase opportunities for dissemination, MCAP AIDS' profile in member cities as well as on national and international level has to be heightened. Of course any assistance from within the already existing Healthy Cities structure -offices in member cities, national networks and the Copenhagen office- would be especially welcome here. Needless to say the MCAP AIDS Newsletter and the recently published booklet are instrumental in this process, too.

But of course funding remains the most crucial factor in future exchange of expertise, as it will be at a much more basic level: coordination of all MCAP work. Until now, the MCAP has basically lived off the generosity of the coordinating cities, the cities hosting the business meetings and -last but not least- WHO, which was able to provide funds to enable representatives from CCEE countries and occasionally from NGO's to attend business meetings.

As resources for HIV/AIDS are getting poorer in western Europe and the future of WHO's technical and financial input around this issue is unclear as a result of the UNAIDS programme, MCAP AIDS has turned to the EC and to several industrial and private funds in order to acquire enough means to carry on the necessary work. Furthermore, some national funds have been or will be approached.

When these efforts are not successful, any future of MCAP AIDS is very unsure and may actually end before 1996.

Other matters

- Stimulating activity in member cities has been tackled by:

– asking participating cities to send representatives who have a central, preferably coordinating role in their city and who can link across sectors and communities;
– actively stimulating participation of NGO representatives in business meetings;
– site visits during business meetings, workshops and presentations for the host city. MCAP AIDS always asks the host city to arrange meetings with NGO's and community-based services. Whenever necessary, MCAP AIDS will actively stimulate dialogue between sectors in the host city. Organising a business meeting always has a positive impact on future joint work within the host city;
– Action Groups.

- Resources. This issue has already been addressed (see above).

- Relevance for cities in CCEE/NIS: five such cities participate in MCAP AIDS. In all cities, MCAP has had at least some impact. Examples of this are: empowering people

with HIV to organise themselves and participate in structuring services (Warsaw); stimulating the development of intersectoral collaboration and community-based preventive action (St. Petersburg); improving opportunities for prevention (Tallinn and Sofia); putting HIV on the local agenda, stimulating prevention activities and counselling services (Pècs). Since May 1993, MCAP has succeeded to organise at least one business meeting in a CCEE-city each year. Publication if a Russian edition of the MCAP AIDS Newsletter has been met with enthusiasm in CCEE/NIS countries.

- Communicating results: the Newsletter and the booklets published in 1992 and 1992 have already been mentioned, as is the inventory of local prevention projects for gay men. Communication at national level can be improved: this is, however, also dependent on the time and resources available to the different city representatives and on the relationship with national organisations in their own country.

- Communication with other MCAPs. This issue has not received much attention, although the MCAP AIDS coordinator did give a short presentation at a preliminary meeting of what would later become the MCAP on Drugs. The MCAP AIDS Newsletter is send out to all MCAP Coordinators, as well as to all HC Offices and national coordinators. MCAP AIDS regularly contributes to WHO's "NetNews".

MCAP - Alcohol

Introduction

The MCAP was originally proposed by a WHO working group on community and municipal action on alcohol as a means of implementing the European Alcohol Action Plan at the city level.

It is a condition for a city to become a member of the MCAP that there is a commitment by policy makers in the city to undertake new action on alcohol prevention. It is also expected that cities will be preparing an alcohol action plan. Members of the MCAP can be project cities in the Healthy Cities Project, cities from National Healthy Cities Network, and other cities with activities of special interest to the work within the MCAP. Fifteen cities currently take part in the MCAP.

Strategic objective

The main strategic objective of the MCAP is to initiate and strengthen community and municipal action to prevent and manage the harm done by alcohol use primarily in the participating cities but also in other project cities within the Healthy Cities Project.

Working methods

The cities have decided to concentrate their collaboration to selected themes: Early intervention and primary health care (1994), Young people (1995), Women (1996), Local alcohol policies (1997).

The participating cities are expected to put special emphasis on activities within the theme of the year.

The annual business meeting focuses on the theme of the year which is prepared by one or two especially interested cities.

Each theme has a subcoordinator. The role of the subcoordinating city is to be a focus point within the MCAP on the specific theme, which comprises an obligation to prepare and organise the discussions of the theme at meetings and to follow up activities in the cities.

Achievements

In order to have a baseline for the work in the MCAP a **report** has been made on alcohol problems, alcohol policy framework and city action. The report has been edited on the basis of a questionnaire sent to all the cities. The report contains chapters on alcohol problem indicators, alcohol policy framework, alcohol policy obligations at the

city level, laws and regulation enacted at the municipal level, local and national cooperation, and permanent (and planned) actions at city level.

In some of the cities data on a number of important indicators are only available at the national level. Thus, preparing the report has stressed the need to have access to relevant and valid data at the city level to support policy making and setting priorities.

Early intervention is an effort to offer help to persons with a level of alcohol consumption that causes a risk to develop into abuse and addiction. A resource pack has been supplied to the cities by WHO, containing scientific evidence on the effects of early intervention by general practitioners as well as material on concrete examples of tools that are being used in different early intervention activities. Concrete projects have been presented and demonstrated at the MCAP-business meetings. Several cities are now in the process of implementing new early intervention activities inspired by the different kinds of input received through the MCAP. One city, e.g., has established an educational centre that will be training different groups of professionals in the methods of early intervention.

All the participating cities have alcohol prevention programmes directed towards **young people**. These programmes are basically primary prevention activities. Health education at school is common in all cities, but there is also a widespread doubt whether there is substantial positive effects from these programmes. There is in the cities a tendency to a shift from this traditional form of information oriented health education towards activities involving the pupils more actively in different ways. This involves developing forms of peer-training. The aims of this kind of activities are to develop social skills and self esteem as a fundamental prerequisite for the pupils enabling them to form their own opinion on the use of alcohol and to resist group pressure. There is also a common understanding that the activities directed at the young people in schools and in other settings cannot stand alone but must be seen in combination with the other efforts to address the whole society on alcohol prevention and as an integrated part of the alcohol cultural scene in the local society.

Next Phase

The next phase of the work in the MCAP will be to develop strategies of involving the young people in local activities. It is also agreed to establish a mechanism to involve young people from the cities directly in the common work of the MCAP. A small group of cities is now preparing this.

The general **experience** of the cities of participating in the MCAP is that there is an increased attention at the policy level to alcohol prevention programmes. Cities are taking up new activities, partly because attention has been drawn to neglected themes, and partly because they have got new ideas and knowledge thus inspiring the adaptation of these ideas to the local culture in order to strengthen the local efforts.

Participating cities

The following cities participate in the MCAP in the autumn 1995: Bologne, Copenhagen (coordinating city), Dresden, Gothenburg, Kaunas, Kiev, Lahti, Liverpool, Nancy, Oporto, Padua, Rotterdam, Sandnes, St. Petersburg.

MCAP on Baltic Cities - Environment and Health

The initiative to form a Baltic Cities Environment and Health Multi-City Action Plan was taken by the city of Turku, Finland in 1991. Important objectives of the MCAP are to facilitate city to city collaboration and help to initiate health and environmental projects. Additionally the MCAP has encouraged other forms of interaction such as expert exchanges, training programmes, and resource packs. The involvement of local political decision makers in the MCAP is regarded as essential.

Projects

Waste management
Air monitoring
Handling industrial environmental matters
Health education for children
Mothers' and children's health
Turku and Tallinn mentoring

Training and Information

A training course on waste management was held in Riga 16-19 October 1995. Publications on waste management at the local level are available from the MCAP and are available in Estonian, Latvian, Lithuanian and Russian. Contact Mr Xavier Bonnefoy at WHO.

Membership

Participating cities are: St. Petersburg, Tallinn, Riga, Kaunas, Rostock, Greifswald, Copenhagen, Stockholm and Turku. Sandnes and Gothenburg have also participated as observers.

Membership requirements

Cities are welcome to join as associates with minimal requirements. To become full member requires endorsement of the MCAP guidelines and the MCAP workplan and objectives.

MCAP - Drugs

Introduction

Drugs and drug related problems are a major concern for most European cities and approaches to prevention, treatment and rehabilitation vary widely. This MCAP focuses on evaluation of different methods of approaching the treatment and prevention of drug abuse in cities.

Strategic Objectives

To assist cities to develop and evaluate innovative approaches to the prevention and treatment of drug abuse within the framework of the WHO Health for All strategy.

Specific Objectives

1. To assist member cities to develop more effective activities for the prevention and treatment of drug abuse through structured information exchange;
2. To promote the evaluation of city based drug interventions;
3. To develop joint activities such as (a) joint applications for funding of evaluative studies between groups of cities; and (b) the production of a booklet of case studies; and (c) development of evaluation framework methodologies;
4. To promote co-operation between cities and to ensure involvement of cities from central and eastern Europe and the newly independent states.

Areas of Work for Co-operation

1. Drug prevention (community based Health for All);
2. Evaluation of treatment and rehabilitation for drug users;
3. Involvement of primary care and primary health care;
4. Research as a basis for policy;
5. Community involvement;
6. Intersectoral co-operation.

Requirements from Cities

1. City participation is on the basis of MCAP guidelines;

2. All participating cities are expected to :

   - prepare for the MCAP at least one detailed evaluation per year on topics related to areas of common interest listed above;
   - set up a city based working group to examine general issues of evaluation in the drugs field and to contribute to producing an evaluation framework;

- be willing in principle to contribute to the running costs of the MCAP e.g. by hosting a meeting;
- participate in raising funds for these activities, for example by making a joint application to possible donors;

3. Cities are expected to develop and abide by some "ground rules" for interacting with each other in the MCAP in order to keep the focus of the MCAP on public health issues and away from unproductive debate on legal issues which can be carried out in other networks.

Proposed Products

- international framework for standards of evaluation
- joint evaluations
- book of examples of good practice from cities.

Business Meeting

The MCAP had its first meeting in October 1995 in Glasgow and will have a second meeting in May 1996.

MCAP on Sports Formula

Introduction

The Sports Formula MCAP aims to promote health by means of active living programmes for children at primary schools by introducing them to various sports with the help of the local sports clubs.

Workplan

1993 - 1994

A first workplan for the Sports Formula MCAP was developed at the first Business Meeting in Mechelen. All cities agreed to use the general framework of Sports Formula developed by Eindhoven and adapted to their local situation to stimulate or introduce sports activities in at least three primary schools. In order to be able to monitor the process of working with Sports Formula and to be able to evaluate the effect, a working group developed an evaluation protocol. At the second Business Meeting cities agreed to use this protocol to evaluate the process and progress.

1995 - 1997

At the last Business Meeting in Argostoli in 1995. the key features of the Sports Formula MCAP and its workplan for the coming years were redefined.

The Sports Formula MCAP will follow the time frame of the WHO Healthy Cities project. The first phase of the work of the Sports Formula MCAP will end in 1997. In 1997 the Sports Formula MCAP will organise an "event" to present their achievements. This means that the MCAP has approximately two years left to work on a joint product which will be more than just exchanging information. Several small working groups will develop plans for the different elements of this joint product.

Products of the Sports Formula MCAP

The main product will consist of a publication of the experience of each participating city and the evaluation of progress and process of each city.

Other products being considered are:

* a practical booklet (in the WHO/HCPO series of publications on Healthy Cities and Multi-City Action Plans) with examples and stories from the cities
* an academic publication
* an international symposium
* an international exchange of schoolchildren, teachers
* a video
* a CD-I
* a combination of various of the above mentioned possibilities.

It was agreed to organise an "event" in 1997. This could for example be the presentation of the CD-I (or a booklet) at an international conference with an exchange for children and their teachers. The participants will have almost two years to work together to develop this joint Sports Formula product. This product should be more that just the exchange of information. In order to be able to organise such an event, financial support is needed. Possibilities for EC-funding and for sponsoring will be investigated.

Working groups will develop proposals for the different elements of this joint product:

* *Health promotion\health education*
  To decide on the main elements on health education (e.g. healthy nutrition, non smoking, prevention sports injuries, teamwork), including fit checks to be carried out in the participating schools to make international comparison between the cities and the participating children possible.

* *Marketing and funding*
  To seek possibilities for funding.

* *Evaluation framework*
  To adapt the existing evaluation framework

* *Presentation of the Sports Formula product*
  To find a way to present the Sports Formula product (booklet, video, etc, depending on the possibilities for funding).

Current membership

Membership of the Sports Formula MCAP is limited to the present group of participating cities: Argostoli (Greece), Dresden (Germany), Dublin (Ireland), Düsseldorf (Germany), Eindhoven (the Netherlands), Liverpool (United Kingdom), Mechelen (Belgium), Pécs (Hungary), Rotterdam (the Netherlands), Seixal (Portugal) and Sintra (Portugal).

Participation criteria were:

- commitment to the Health for All and Healthy Cities principles
- to work on a programme for sports and physical exercise for children,
- based on Sports for All (that is sports activities in a non-competitive way),
- aimed at health promotion;
- with a commitment to do evaluation research.

Communication

A Sports Formula Multi-City Action Plan newsletter is distributed on a regular basis to all participating cities, all Healthy Cities project coordinators, all MCAP coordinators and all National Healthy Cities Network coordinators.

Date and place of Business Meetings

Last Business Meeting:	8 - 9 June 1995, Argostoli, Greece
Next Business Meetings:	June/July 1996, Pécs, Hungary
	1997, Sintra, Portugal

MCAP on Urban Primary Health Care Systems

Introduction

The number of people living in towns and cities throughout the Region is continuously growing. Some of the problems observed in cities today are the same found more than a century ago. However, we have now some effective tools, like immunisation, which can prevent unnecessary human suffering, disease and death. Effective planning and management of health services is another of these tools.

In many European countries, changes affecting delivery of health care services pose new problems that require innovative approaches to tackle them. With the increase of decentralisation and the competition trend, the availability of and access to basic health services are deteriorating. The importance of local health care services is, however, growing as their role also require the delivery of functions, like health promotion and disease prevention, besides the basic ones of cure and care. This is especially the situation in large cities where the population finds it increasingly difficult to access basic health care. This is a trend which is going to increase and will affect the people most in need of health care: urban newcomers from rural areas, migrants from other countries and cultures, elderly people, the poor and socially disinherited. In the circumstances, primary health care becomes not only an appropriate level for delivery of a wide range of functions (promotive, preventive, curative, rehabilitative and supportive) but also - and mainly - an approach to organize health care delivery following some basic principles: equitable distribution, good access related to needs, comprehensive and integral care within a coordinated service environment. We should not miss the opportunity for the urban sub-communities to become actively involved in decisions on their health care needs. This is not just wishful thinking but imperative to preserve and increase the social cohesion and stability, and to avoid the spread of disease and violence as well as the reduction of quality of life in cities.

Strategic objectives

The main strategic objective is to strengthen the primary health care (PHC) approach in urban health systems

Expectation from cities

General
Each MCAP city should seek to provide services to the entire population including at least service delivery in relation to the eight essential elements of PHC as defined in the Declaration of Alma-Ata: health education, food supply and proper nutrition, safe water and basic sanitation, maternal and child health care, immunisation, prevention and

control of endemic disease, treatment of basic health problems and provision of essential drugs. They should have a high level of political commitment to engage in sustained effective action in order to:
- Develop and maintain an environment supportive of PHC as a means of social development, ensuring a greater involvement of the urban communities, seeking to increase self confidence and autonomy in relation to their health;
- Develop and maintain mechanisms to assess the health needs of the different population subgroups, ensure the provision of effective services to meet these needs, and assess the impact of those services on the health of the population subgroups.

Specific
- Perform an analysis of the health care functions delivered by their PHC systems, in relation to the policies underlying service Organization and provision, the providers, the settings, and the outcomes of care.

Products and outputs

Each participating city should perform a health needs assessment either for one or more vulnerable groups or for a deprived geographical area of the city. This analysis should then be related to the function delivered by their PHC systems and the policies underlying service Organization and provision.

During the second stage, the MCAP cities should be willing to build on this analysis to develop strategies for PHC development with pilot projects illustrating new strategies. All cities should be willing to prepare written reports for the MCAP on the PHC development within their city.

Working methods

- Development of information and networking at local level
- Exchange of information and expertise among cities and with other partners
- Mobilisation of resources from different origins to support the MCAP activities
- Contact and coordination with other organisations and networks at European level

Milestones

1994	First business meeting (3-4 December 1994, Copenhagen) Agreement on operational programme of work
April 1995	Needs assessment of selected population (subgroups)
August 1995	Identification and formulation of strategies for action
September 1995-May 1997	Implementation of strategies in practical terms
Second half 1997	Assessment of impact: updated overviews and analysis of changes achieved Business meeting

Table 1. **Work plan for an MCAP on urban primary health care systems**

Category	Field of action	Activities
A	Inventory of resources (WHO provides information and data support)	Funding People Services available Institutions to be involved
B	Needs assessment (WHO provides models of questionnaires)	Design questionnaire Localise population Suggestions from each city to project coordinator Final questionnaire Pilot test Distribution
C	Collect/analyse information	Administer questionnaire and collect information Analyse results and draw conclusions (list needs/problems identified)
D	Prioritise needs for action on selected problems	Define prioritisation techniques Draw up analysis framework for strategic: - policies - functions - providers - settings - objectives/targets
E	Action activities	Implement strategy and carry out
F	Measure progress	Analyse impact of action Evaluate results and progress achieved
G	Draw conclusions	Draw conclusions Disseminate results Share new information with other cities of the network

Table 2. **Main focuses of the multi-city action plan on urban PHC systems**

City	Focus of activities
Padua	Elderly people, Disabled people, Mentally ill people, Terminally ill people
Tartu	Young families with low income; Elderly people; Promotion of regular physical activities, District work
Maribor	New-born babies and infants, Schoolchildren, Elderly people
Stoke-on-Trent	Mainly district work in Chell-Bentilee neighbourhood
Poznan	Schools, Health promotion, Health prevention, Health education, Prenatal education, Elderly people, Disabled people

MCAP on Tobacco-free Healthy Cities"

Giovanni Pilati, Director Centre for Health Education. Padova, Italy.
Elizabeth Tamang, WHO Regional Office for Europe.

The Tobacco-Free Healthy Cities MCAP is based on six key areas for action: children, public places, economics of tobacco, health services, local government and the adult community.

The cities participating in the MCAP have established the following scheme for planning action in a city:

- gathering information;
- deciding what can be done;
- recognising what cannot be done at present;
- choosing first steps;
- setting up a tobacco or health action team;
- seeking opportunities for cooperation;
- drawing up the plan;
- evaluating the planning;
- maintaining success.

Workplan 1994-1995.

The MCAP cities agreed on the following practical agenda for the last two years:

- to progress along the themes identified by the MCAP: children, public places, economics of tobacco, health services, local government and the adult community;
- actively take part in the annual WHO World No-Tobacco Day celebration on 31st May;
- to establish or continue peer-led youth clubs to promote non-smoking;
- to focus on non smoking cessation by organising a "Quit and Win" competition, training health professionals or undertaking other smoking cessation program;
- to put tobacco issues on their agenda to reduce the health damage caused by tobacco: they will compile information on city legislation related to tobacco;
- to prepare a questionnaire on tobacco, produce further implementation packages and give support for other cities.

1994 marked the end of the first phase of the MCAP, dedicated to the identification of effective actions and models of good practice against tobacco. The work done in this field is collected in the publication "Working for Tobacco-Free Healthy Cities" , published by the World Health Organization, Regional Office for Europe.

WORK PLAN FOR NEXT TWO YEARS:

Cigarette smoking kills more people than road traffic accidents, alcohol, fires, murders, suicides, drug and AIDS combined in most cities of Europe. It continues to be one of the most important public health issues.

The challenge presented by tobacco falls into three categories:

- the burden of illness related to tobacco

- the shift of responsibility from central government towards the locality and municipality in relation to public health
- the challenge of implementation and in particular the challenge of making actions effective at local level

There are many areas which can be addressed in facing the tobacco problem:
- advertising and sponsorship
- subsidies
- taxation
- smoking in public places
- smoking in work place
- sales to young persons
- education
- litigation
- effective services

The Tobacco MCAP has now entered its second phase and it is envisaged that this will continue to the end of 1997. We also recognise it as a crucial stage of consolidation of the project.

During the last business meeting in Bologna the following was discussed and agreed upon as future action:
- all cities agreed to complete the survey instrument updated by Padua. The coordinating city will then analyse the data and produce a report;
- it was also agreed than future action should have young people as target group in order to promote non smoking generations.

Young people can be reached in a variety of settings. Although schools and family setting are very important we should also consider others like bars, discos, sport activities, get togethers, youth clubs, hospitals, work places and public places. The role of advertising in reaching young people must not be forgotten either.

It was agreed that a broad framework is necessary in addressing the needs of young people. It was therefore proposed that we work on developing a charter for young people not only on tobacco but including alcohol and drugs as well. A small working group was created consisting of Frankfurt, Kaunas, Padua, Dublin and WHO. The working group is coordinated by Frankfurt and will::
- draft a charter for young people
- develop a framework for action
- put forward concrete proposals for all cities

The working group will also include some young people while working on the charter.

What the MCAP cities should try to do is move towards creating a healthy city environment. A city which makes it easy for young people to remain a non-smoker, where they have the possibility to make healthy choices. A city which also provides interesting activities for their leisure time. Cities should therefore tend towards adopting a city health policy and have municipal health plans that also incorporate tobacco issues into it.

Further it was decided the coordinating city will produce a newsletter will be a vehicle for exchanging news and keeping cities updated on the programmes. All member cities

are to supply the coordinating city with new items and articles which can be used for the newsletter.

The next business meeting will be hosted by Kaunas in spring 1996.

Finding resources for the MCAP

In addition to the resources collected by each participating city it appears necessary to find alternative funds for the MCAP activities. The EU has now dedicated 1% of the resources allocated to tobacco subsidies for actions against tobacco and this is a possible source of funding. An application will be made during the next year.

Central and Eastern European Countries

Countries in Central and Eastern Europe are in transition and there has been an increase in preventable deaths related to tobacco, especially among young adult men. A different approach is needed compared with Western Europe. It was agreed to facilitate Central and Eastern European cities to host meetings and to participate to the business meeting by financial support from the other participating cities.

Communicating results

The following points has been identified as good ways to promote the exchange of information among participating cities, the WHO Regional Office and other subjects interested in the tobacco issues:

- hold annual MCAP business meeting and provide the report proceedings;
- promote and translate into different languages the booklet "Working for tobacco Free Healthy Cities";
- present the work of the MCAP in as many form as possible such as Healthy Cities project and other meetings;
- organize exhibitions of tobacco material (as in Padua and in Poznan) produced by the participating cities;
- prepare a newsletter twice a year.

Coordination among MCAP's

In order to stimulate the coordination and links among different MCAP's it will be possible to invite to the business meetings the coordinators of related MCAP's (Health Promoting Hospital, Alcohol, etc.,).

Europe Against Cancer has established a network of cities that call themselves "Smoke free cities". The action agenda of this group is very similar to the WHO MCAP. The following possibilities for joint actions has been identified:

- sharing the mailing lists;
- regular attendance at each others meetings;
- mailing the EURO booklet;
- application to EAC for funding of some joint action.

MCAP on ACCIDENT PREVENTION

Introduction

Accidents constitute the third leading cause of death in the European region with a mortality rate of around 50 per 100,000. About 50% of accidental deaths occur in the age group 15-64 years and they account for 50% of all deaths in men aged 15-24 years.

At the preliminary meeting for the establishment of an MCAP on accident prevention, held in Dublin, it was agreed that cities would concentrate on three main areas of accident prevention: road traffic, home, and leisure.

Proposed work for member cities

Road Traffic Accidents

1. Prepare a Statement of Problem within each city.

2. Identify Agencies dealing with problem (organogram).

3. Establish a best practice model/structure of the above agencies and other appropriate bodies (within a Healthy City context if possible) to deal with problem at strategic level within city.

4. Include workings of above group within health profiles and health plans for city. Encourage the identification within City health Plans of European links on road accident prevention issues and their relevance.

5. Survey and exchange information on exiting road traffic accident information systems. What information is collected and how, what strategies or plans around road traffic accidents exist?

6- Exchange case studies (one or two), city statements (as per 1. above) and any other information on road traffic accident intervention strategies/programmes, in the form of examples of good/bad practice, including the effectiveness of legislation around road traffic accident issues and/or any available information or publicity associated with strategies/programmes.

Leisure accidents

1. Definition of leisure accidents.

2. Prepare a Statement of Problem.
3. Identify Agencies dealing with problem (organogram).
4. Establish a best practice model/structure from above agencies and other appropriate bodies (within a Healthy City if possible) to deal with problem at strategic level within city.

Home accidents

1. Prepare a statement of problem.
2. Identify Agencies dealing with problem (organogram). 3. Establish a best practice model/structure from above agencies and other appropriate bodies (within a Healthy City if possible) to deal with problem at strategic level within city.
4. Exchange of relevant information and models of good practice and other data among cities.
5. Develop a Home Safety check list for each city.

Include workings of above groups within health profiles and health plans for city.

Current membership

Camden, Derry, Dublin, Geneva, Gyor, Kaunas, Kosice, Liverpool, Lodz, Maribor, Pecs, Volos, Trebon.

Funding

An application for funding under the Recité programme (DG XVI) is currently being prepared in relation to road traffic accident prevention. This is a two year programme with possible funding of 3m ECU's and would involve up to 6 cities.

Theme of next conference

It was agreed that the theme of the next conference should be road traffic accident prevention. The following conference will be held on home accidents and a decision will be taken in Volos on whether leisure will be an additional day on the second conference or will be a conference in its own right. The third/fourth conference will then be an update of the other ones. However this may change as the work of each group progresses.

Next meeting

Volos, Greece, 12-14 October 1995
Business Meeting. Road Traffic Accident Prevention.
April 1996: leisure/Home Accidents - venue unconfirmed.

MCAP on Women's Health

The MCAP on women's health brings together a number of cities to work on, and promote women's health within their locality and throughout the European region. it aims to develop a shared vision of a women's health process which will be useful for cities everywhere. The MCAP will be relaunched in 1996.

The share vision includes a recognition of the importance of prioritising women's health; a broad and social definition of women's health; and a commitment to multi-agency working and a community development process. The MCAP seeks to involve and empower women from a range of backgrounds, abilities, cultures and work settings to improve the health and well-being of women and thereby the community at large.

Process needs analysis, women's health profiles, information provision on women's health issues and specific women's health policies which may be linked to city health plans. The need to de-medicalise and demystify women's health is of on-going concern.

Future Work

The MCAP wishes to invite cities within Europe to participate in a two year programme during which they will create a model of women's health within their own localities and share their experience and outcomes with their partners.

Representatives from interested countries and/or cities will be invited to a meeting in March 1996.

THE GLASGOW MODEL FOR WOMEN'S HEALTH IN A CITY

1. Investing in women's health

The Glasgow model recognises the need to make women's health a priority because of the effects of disadvantage that women experience. Investing in women will not only have a positive effect for women but for the population as a whole, because of women's relationship to family and community.

2. Social model of health

The Glasgow model highlights the social, economic and environmental determinants of health as they apply to women and seeks to emphasise the significance of women's poverty, women's relationship to the labour market and lack of safety to health.

There is still a widely held view of women's health which is solely linked to women's biology and reproductive function. The Glasgow model acknowledges the importance of this view but seeks to place it in a broader context.

The Glasgow model further recognises the heterogeneity of the female population and that the health of the general female population will be enhanced by addressing the needs of women further disadvantaged by race, disability or sexuality.

3. Consultation and Participation

The Glasgow model recognises the sovereignty of women's views but also the limited access that women have to decision-making and the limited opportunities that they may have to define their health needs. There is a need therefore to develop a process which allows women to actively determine the agenda for promoting their health. The Glasgow experience indicates that women consistently identify the promotion of emotional and mental health as their main priority.

4. Interagency and organisational development

The Glasgow model recognises the need for an integrate approach to women's health which requires organisational recognition of gender sensitivity and gender specificity as prerequisites for the effective planning and delivery of all services which have an impact health.

5. Strategic framework

It follows from the above that a strategic framework with the following elements is required:-

- Women's community development to help articulate health concerns;

- intersectoral forum for women's health which brings together statutory organisations, voluntary organisations and community groups to identify priorities;
- women's health policy development and implementation;
- organisational structures and systems to raise awareness, facilitate data collection by gender, gender monitoring and gender sensitive planning;
- a model project such as a Centre for Women's Health to test and evaluate new methods for responding effectively to women's unmet health needs;
- research and development of indicators of women's well-being.

ACTION IN GLASGOW WHICH HAS SUPPORTED THE MODEL

Women's community development to help articulate health concerns:

- Organisation of women's health events in local communities over a number of years.
- Community development strategy of local Council.
- Community health needs assessment.

Intersectoral forum for women's health which brings together statutory organisations, voluntary organisations and community groups to identify priorities:

- establishment of Healthy Cities Women's Health Working Group with representation of the two local councils, health authority, universities and 52 voluntary organisations.

Women's health policy development and implementation:

- production of the Women's Health Policy for Glasgow (see appendix 1);
- achievements for each objective within the policy (see appendix 2).

Organisational structure and systems to raise awareness, facilitate data collection by gender, gender monitoring and gender sensitive planning:

- establishment of women's health policy development groups within Health Authority and Local Councils;
- equalities structures within both councils which are both corporate and departmental;
- provision of gender awareness and women's health training for politicians, staff and lay people;
- health information systems producing all data by gender;
- working group for assessing implications of a new policy development (community care) for women;
- purchasing criteria for women's health within Health Authority.

A model project such as a Centre for Women's health to test and evaluate new methods for responding effectively to women's unmet health needs:

- provision of a health promotion service run by women which responds to the unmet needs of all women;

- provision of a training centre for statutory and lay workers in order to increase their understanding and practice of women's health;
- support to interagency practice in the provision of women health services;
- piloting of innovative health care services e.g. well-women clinics for disabled women and lesbians.

Research and development of indicators of women's well-being:
- interagency project on domestic violence;
- women's health counts-women's health profile.

MCAP on Nutrition (The SUPER Project)

Report on work during the last two years:

The MCAP on Nutrition (the SUPER project) focuses on improving diets and is based on the principles of health promotion. It is being accompanied by action research that can guide and support the planning and collaboration process.

Eight cities participate: Liverpool (United Kingdom), Valencia (Spain), Horsens (Denmark), Rennes (France), Amadora (Portugal) and Eindhoven (the Netherlands), Cagliari (Italy), Charleroi (Belgium). The coordinator is based at the Agricultural University of the Netherlands.

There are three general objectives: equity, participation and multisectoral collaboration.

The specific objectives are:

- to create a positive change in knowledge and attitudes regarding healthy diets and a change in dietary behaviour, to improve public nutrition as a contributing factor to the long-term reduction of nutrition related diseases (cardiovascular disease, cancer, etc.).
- to promote a decrease in the differences in nutritional status between higher and lower socioeconomic classes of the population; and
- to generate a description of food patterns, nutritional problems and food policy issues in eight European settings, which gives insight into food consumption trends.

In each of the participating cities, several nutrition promotion activities have been set up based on the results of baseline studies. These involve various sectors and community groups such as schools, neighbourhood centres, supermarkets, restaurants and health centres.

City activities:

- Activities are focused on making 'healthy choices easy choices'; better access to Healthy food in supermarkets, restaurants, schools etc.
- Most activities that have taken place show that a little creativity can make small budgets go a long way; for example nutrition promotion can be built into existing structures which has the advantage of being more sustainable.

- Activities have focused on increasing awareness and knowledge and helping people transfer knowledge into change in their food consumption. Activities have also focused on skills, such as food preparation and purchasing.
- Activities are been focused on showing the intermediaries or professionals (community workers, shopkeepers, teachers) they can play an important role in nutrition promotion.
- Activities have involved many institutions and volunteers within cities.

Results up to date:

The SUPER project has been successful in meeting the preconditions for change. Networks and the activities initiated in the project cities have been incorporated into the local structures so that the health promotion approach in the field of nutrition has become a structural approach. Intersectoral collaboration resulted in complementary strategies including creating supportive environments, organizational change and social and individual development. The interactive character and the importance of linking to local possibilities in the approach have resulted in independency of the projects, i.e. projects do not only rely on outside funding and outside human resources. In the long term, projects can probably run on local resources. However, external funds remain desirable. Furthermore, practical tools for health promotion programmes have been developed and at the moment, based on the experiences in the five cities, a resource pack to be used in other cities and communities, is being developed which contains guidelines for planning, implementation and evaluation of health promotion activities, with special reference to cooperation, communication, management and research techniques. There has also been a positive change in environmental factors (both physical and social) which influence public nutrition. Examples of these changes are the willingness of supermarket managers to continue with activities, repetition of successful nutrition promotion activities in different community settings and schools paying more regular attention to nutrition education. But most important, actors within the local nutrition and health systems are communicating with each other. Interest, curiosity and awareness has been created and those involved have experienced ways of working together effectively. By means of encounters and discussions, mutual dependencies have become clear, creating possibilities for negotiation.

Success factors:

- Reflection and flexibility
- Cultural change
- Visibility and transparency
- Community organizer

Plans for work for the next two years:

- The original idea within the MCAP on Nutrition was to start with supermarkets as the place of action. As a result of the intersectoral way of working, many more places and

groups are involved, such as community and health centres, libraries, restaurants and fairs.

- In addition, activities originally started on a small scale (within neighbourhoods of cities) are now expanding to other areas (Rennes, Eindhoven, Liverpool, Amadora) to the whole city (Horsens, Eindhoven) or the region (Valencia, Cagliari, Charleroi).
- In most of the cities, not only healthy food is being emphasized but also environmental issues or sports; for example in Horsens, slogans were also placed on non-foodstuffs, in Eindhoven healthy eating activities were combined with sport events.

A special meeting was organized in Eindhoven (November 1994) to discuss the content of the pack. A first version of this resource pack is nearly finished. This version will be piloted in practice.

Finding Resources for the MCAP:

Praeventiefonds (Dutch Prevention Fund) for coordination
BIOMED (EU), starting April 1994
Ministry of Health (Valencia)
Healthy Cities Projects
Northern Foods (United Kingdom)
Supermarkets
Human Capital and Mobility (EU), starting December 1994

Challenges:

- to continue activities in the field of nutrition in the participating cities;
- to increase support from politicians;
- to extend activities to other areas of the cities or regions;
- to describe common methods and to develop easy-to-use action research based on experiences;
- to raise additional resources (local and international);
- to link each city to a research institute;
- to involve other cities; and
- to make significant progress towards the creation of a resource pack

Conference

On 25 and 26 January 1996 the Nutrition MCAP will celebrate its fifth anniversary and the project group therefore decided to organize an international conference. The conference will take place in the Wageningen International Conference Centre (WICC-IAC), Wageningen, The Netherlands. The theme for the conference is health promotion in practice in the field of nutrition. The two-day conference will consist of presentations by invited speakers (amongst others Nancy Milio, Professor of Health Policy and Administration, USA and Cecily Kelleher, Professor of Health Promotion, Ireland and

probably Prof. Neil Bracht, University of Minnesota, School of Public Health, USA), followed by parallel workshops and closed by a plenary session. The workshops will be chaired by members of the SUPER project. Examples of themes of these workshops are community participation, intersectoral collaboration, monitoring and evaluation and management of health promotion programmes.

The target audience of the conference are health promotion professionals, public health researchers, nutritionists, community dietitians, community workers/associations.

The resource pack will be launched during this meeting.

Business meetings

Last meeting:	7-8 April 1995, Cagliari, Italy
Next meeting:	April 1996, Amadora, Portugal

Participants

The coordinators and focal points of the following MCAP's were present:

MCAP	COORDINATOR	FOCAL POINT
AIDS	Nicoline Tamsma (Rotterdam)	Henning Mikkelsen (GPA)
Drugs	Mary Hayes (Glasgow)	Marc Morival (ADT)
Primary health care	Igor Krampac (Maribor)	Josep Goicoechea (PHC)
Baltic cities	Mari Hakkala (Turku)	Xavier Bonnefoy (EHP)
Accidents	Ray Bateson (Dublin)	
Women's health	Ann Hamilton (Glasgow)	Assia Brandrup-Lukanow (SFP)
Sports formula	Janine Cosijn (Eindhoven)	Charles Price(HCP)
Nutrition	Lenneke Vaandrager (Wageningen)	Charles Price (HCP)
Tobacco	Giovanni Pilati (Padua)	Elizabeth Tamang (ADT)
Alcohol	Ib Haurum (Friday) (Copenhagen)	Peter Anderson (ADT)

Acknowledgement

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