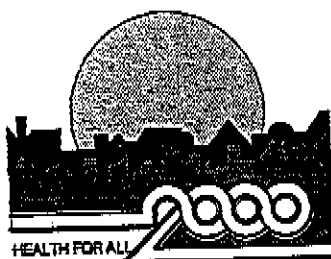




WHO

REGIONAL OFFICE FOR EUROPE



SCHERFIGSVEJ 8
DK-2100 COPENHAGEN Ø
DENMARK
TEL.: (45) 39 17 17 17
TELEFAX: (45) 39 17 18 18
TELEX: 15348

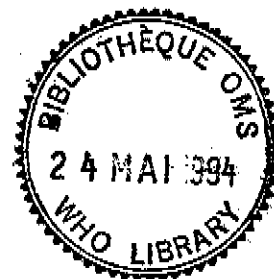
50388

EUR/ICP/HSC 640(III)
04234
ENGLISH ONLY
UNEDITED

HEALTHY CITIES PROJECT

Multi-City Action Plan Coordination
Meeting

Copenhagen
3 December 1993



1994

EUR/HFA target 14

TARGET 14

SETTINGS FOR HEALTH PROMOTION

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

Keywords

URBAN HEALTH
HEALTH PROMOTION
CONSUMER PARTICIPATION
WOMEN'S HEALTH
SMOKING – prevent/control
ALCOHOLISM – prevent/control
NUTRITION
HOSPITALS
EUROPE

All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language, but not for sale or for use in conjunction with commercial purposes. Any views expressed by named authors are solely the responsibility of those authors. The Regional Office would appreciate receiving three copies of any translation.

Multi-City Action Plan
Coordination Meeting
Copenhagen, 3 December 1993

ICP/HSC/ 640.111
April 1994
ENGLISH ONLY

Coordinators of all nine Multi-City Action Plans of the WHO Healthy Cities project met with WHO focal points for MCAPs and other interested WHO staff members for a business meeting in the European regional office in Copenhagen. EURO (see participants list Appendix VIII). The main purpose of the meeting was to review proposed work plans for the coming two years and to discuss proposed changes to the strategies and guidelines for MCAP cities.

Dr Ilona Kickbusch, Director of Lifestyles and Health, opened the meeting. She drew the participants' attention to the conjunction of a new phase of the WHO Healthy Cities project with a new planning cycle for WHO/EURO. The importance of the Multi-City Action Plan mechanism was recognized in the new programme budget for EURO. As a result, WHO will offer more expertise to MCAPs. At the same time there are increased expectations that MCAPs will produce outputs which are relevant to cities throughout Europe. It is hoped that there will be new MCAPs in future.

Dr Agis Tsouros, Healthy Cities project Coordinator reviewed some of the central features of Multi-City Action Plans. MCAPs were unique in that they involve WHO Healthy Cities project cities, national network cities, other institutions and occasionally cities which are not part of the project. The main focus was on generating action firstly within participating cities but ultimately in cities outside of the healthy cities project.. All the current MCAPs have been successful in generating action in their own cities and few have had notable advances in promoting similar activities outside. MCAPs have a huge potential particularly if they can obtain strong political commitment from the participating cities. The California smoke-free cities are an example to follow in this respect. Among the instruments which are available and which have not so far been used are joint charters, joint resolutions and other joint statements from groups of cities.

Summary of presentations: including reviews of proposed workplans for MCAPs, 1994-1995

Women and Health

This MCAP began in 1991. The first step was to identify the issues which were relevant in each of the participating cities. Most of the representatives from cities were volunteers and were working in non-governmental organizations. A copy of the report and proposed work plan is included in Appendix I. Nine cities agreed a set of work plan proposals in May 1993. The key objective is for all the participating cities to develop appropriate structures to address medicalization of women and to disseminate information on women's health issues by June 1995. All the city representatives have agreed to try to gain support and commitment from their cities and local Healthy Cities projects during the coming year.

The MCAP will disseminate information through a women and health newsletter and also by holding a joint women's health day on 1 June 1994. Other activities include: strengthening the links with cities from central and eastern Europe; developing women's health profiles of MCAP cities; using the guidelines for investing in women's health; and contributing case studies to the Women's health forum conference in Vienna in 1994. Finally, the MCAP will develop an evaluation strategy for the work plan.

Alcohol

Following a preliminary meeting, the MCAP alcohol began work in a meeting in Dublin in October 1993. There are 15 members. The workplan requires each city to prepare an alcohol action plan, to contribute to a data base on the city action, to produce a written report for other cities and to put in resources to the MCAP. The main themes are from the European alcohol action plan and will focus on early intervention in primary health care and young people. The next meeting will be held in May. For notes from the presentation and report the first business meeting for the Multi-City Action Plan see Appendix II.

Tobacco-free Healthy Cities

A workplan for the next two years is currently being developed.. There are currently 14 cities taking part in the MCAP. The main commitments required from cities are to the principles of HFA and the WHO Action plan on tobacco. Cities are encouraged to take similar actions in each city and to attend business meetings.

Joint action in cities has focused on three areas - smoking in the workplace, where four cities have developed joint action (Dublin, Belfast, Warsaw and Frankfurt) - a 'QUIT AND WIN' project using the mass media (Stockholm, Gothenburg, Warsaw and Kaunas) - smoke busters - a peer led project for children under 13. The MCAP is planning to publish soon an updated version of the tobacco-free cities booklet which will contain case studies from cities.

The main problems are lack of structure and solid follow through from cities and city representatives which do not have sufficient capacity to influence the overall policy-making of the city. For notes from the presentation (see Appendix III).

Health Promoting Hospitals

The structure is similar to that of the Healthy Cities project as a whole, except that the members are hospitals rather than cities. There is a core group of 20 pilot project hospitals and a wider group of associate hospitals.

There is a work plan with clear terms of reference and requirements for participating hospitals and other partners (see Appendix IV). In essence each hospital commits itself to develop a local health promoting project with at least five such projects related to the hospital or people who work within it and the population served. Each hospital also agrees to conduct an annual evaluation, to share this information with WHO and the rest of the group and to support the MCAP by sending delegates to the meetings, writing contributions for presentations and newsletters and assisting in fundraising and hosting meetings. The basic work plan runs until 1996 when a publication, 'First phase of the project' will be produced.

Indicators

The coordinator suggested that it would be more appropriate if this group became a working group with its own terms of reference rather than continuing as an MCAP. The main reason for this was that indicators did not involve policy-making in the city. Future challenges were to develop a broad set of indicators covering all aspects of interest to the Healthy Cities project. Notable absences in the present set of indicators, include women tobacco and alcohol. There were good opportunities for collaborating with other MCAPs who could suggest indicators. It would be a good idea to involve a collaborating centre in assisting the MCAP group.

Baltic Cities: Environmental Health

The MCAP is in the process of agreeing a workplan for 1994 and 1995. Activities will include the continuation of a number of ongoing projects such as waste management (Tallinn, Stockholm, Turku) and environmental monitoring (Kaunas and Copenhagen). Industry and environment (Copenhagen and Vilnius), mothers and babies project (St Petersburg, Turku) and unaccounted waters (St Petersburg, Kaunas and Turku). As a whole the MCAP will work on training materials for managing wastes. Certain handbooks will be written on the basis of these training materials which will be translated into Baltic languages. The key issue for the MCAP is to collaborate with other Baltic networks, such as the union of Baltic cities (see paper and Appendix IV).

Super Project (Nutrition MCAP)

This is an action research project involving six cities (Horsens, Valencia, Amadora, Eindhoven, Liverpool and Rennes) and coordinated through the department of communication and innovation studies at the Agricultural University in the Netherlands with funding from the Dutch prevention fund. The original idea was to change food buying habits and knowledge about healthy diets, by working firstly with supermarkets and then expanding into other areas.

The 1994/95 proposed workplan includes:

- (i) cities maintaining and extending their existing super projects to make a description of food patterns and additional problems on food policy issues in the six cities.
- (ii) production of a resource pack containing guidelines for planning implementation and evaluation of community-based health promotion activities used in other cities.
- (iii) expanding the project within cities by getting more support within local networks and involving new cities
- (iv) getting each participating city to involve a local research institute.

Commitment is needed from city administrations, city representatives and Healthy Cities projects within cities. WHO technical support is needed and the support of the WHO Healthy Cities Project Office. The next business meeting will be in April 1994 (see Appendix V).

Sports Formula Project (Active Living)

The project had its first meeting in Mechelen in August 1993. It aims to promote active living and healthy lifestyles for children in primary schools in cities. The participants will use the framework for "sports formula " developed by the city of Eindhoven and adapted to their own situation. There are nine participating cities (Preston, Dublin, Düsseldorf, Eindhoven, Mechelen, Patras, Pecs, Rotterdam and Seixal) (see Appendix VII).

Criteria for participation are:

- commitment to Health For All and Healthy Cities principles
- to introduce a programme for sport for children, based on sports for all (sports activities which are non-competitive)
- to undertake baseline research according to a protocol being developed within the MCAP.

AIDS MCAP

The AIDS MCAP has a proposed strategic framework and a proposed workplan for 1994-95. The main aim for the next two years is to develop some basic quality standards for city action in the area of HIV prevention, support and care which are based on the global AIDS strategy and the subsequent Prague and Riga statements (see Appendix VI).

Basic commitments from MCAP cities are:

- (1) They need to allocate resources to allow intersectoral collaboration within the city, including non governmental organizations, research, media, people representing people with HIV.
- (2) Each city should designate a focal point to coordinate activity within the city. A mechanism is needed to allow the focal point to speak with authority on behalf of the city and city authorities.
- (3) Each city would work on adapting the international guidelines and proposing some basic standards for the MCAP.

Issues and Discussion

MCAP Structure

Although all MCAPs are working within the current strategies and guidelines for MCAP cities, in practice there are quite wide differences in structure. Health promoting hospitals is probably the most highly structured with its feature of core and associate membership. Coordinating arrangements vary between having a coordinating institution (Health Promoting Hospitals and Nutrition, coordination from within a Healthy Cities project (alcohol, Baltic cities , sports formula) coordination in a project city but not closely linked to a Healthy Cities project (AIDS, tobacco, women) and coordination by a national network coordinator (indicators). All MCAPs have some form of core structure and the number have also an open forum (AIDS, hospitals).

Workplan

All MCAPs have some form of plan of work for the next two years. Health Promoting Hospitals, Alcohol and AIDS all have written proposals which are being developed jointly with WHO technical units. Baltic cities, tobacco free cities and women's health all have a number of issues which they have agreed upon for action during the next two years.. The Sports Formula project and Super project have a highly focused activities and clear expectations from cities.

Commitments on requirements from cities

Several MCAPs are either using or considering a process for participating cities to commit themselves to their work. Health Promoting Hospitals has for some time had a mechanism for hospitals to give written agreement to participate in the workplan. A number of MCAPs have highlighted the desirability of getting explicit commitments from cities in support of their work (Women, Baltic, Tobacco, AIDS) and the alcohol MCAP is actively exploring how best to achieve this.

Cross Linkages Between MCAPs

It was clear that there is great potential for collaboration between MCAPs, e.g. Tobacco with Alcohol, Women's health and Indicators, Sports Formula with Tobacco, Alcohol and Indicators, Women's Health with Health Promoting Hospitals, Nutrition, Tobacco, AIDS, etc. Improving these links will require better distribution of information on MCAPs and also occasional joint meetings.

Revised Guidelines for MCAPs

The WHO Healthy Cities project had updated the original strategies and guidelines for MCAP cities, based on comments received from coordinators and from focal points during the last 3 months. The intention was to sharpen up the guidelines so that it was clear for all partners in an MCAP what their roles and expectations would be. The intention was also to encourage cities to give their full support to MCAPs and commit themselves to carrying out action both within the city and internationally. One of the barriers to this was some representatives to MCAPs did not have a way of linking with the political process in the city nor effectively with the local Healthy Cities project. This meant that they were not able to get endorsement for MCAP work which made it difficult sometimes to persuade the city to carry out the action required. This issue was particularly apparent for cities which were not WHO project cities.

The main changes to the strategies guidelines documents were as follows:

1. Modifications of the terms of reference to make a clear requirement for the MCAP participants and WHO to agree strategic objectives and a workplan.
2. A proposed procedure for endorsing the workplan and becoming members of an MCAP
3. A new section on the responsibilities of the city representative
4. Some modifications of the responsibilities of the WHO Healthy Cities project office and WHO focal point.

Discussion

Discussion took place on the definition, terms of reference and participation sections of the guidelines. Some modifications to the first two sections were agreed. There was a detailed discussion about mechanisms for cities to join MCAPs and to endorse workplans.

It was agreed that the opportunity of the next business meeting in Glasgow 20-22 January 1994 would be taken to discuss the paper again. Those MCAP coordinators who are not otherwise going to Glasgow would be invited to come to this meeting.

LIST OF APPENDICES

- Appendix I** Women and Health Multi-City Action Plan
- Appendix II** The First Business Meeting for Multi-City Action Plan on Alcohol, Dublin, 26-27 October 1993
- Appendix III** Working for Tobacco-Free Cities - A Multi-City Action Plan
- Appendix IV** Baltic Cities: Environment and Health
- Appendix V** Nutrition MCAP, Presentation for WHO-meeting, 3 December 1993
- Appendix VI** Multi-City Action Plan on AIDS
- Appendix VII** Agreements of the First Business Meeting of the Sports Formula MCAP
- Appendix VIII** List of Participants

Addendum

**MCAP COORDINATION MEETING
Glasgow, 19 January 1994**

Present: Ray Bateson, Jacques Berthou, Janine Cosijn, Laurence Gruer, Mari Hakkala, Ib Haurum, Charles Price.

This meeting arose because of the need for further discussion of the revised version of the MCAP guidelines identified at the Copenhagen MCAP coordination meeting 3 December 1993.

1. MCAP guidelines

A new revision of the MCAP guidelines was considered. Several coordinators had sent in written comments following the Copenhagen coordination meeting. Following discussion of the guidelines the following was agreed.

- to present the new version of the guidelines to the Healthy Cities Business Meeting
- that the guidelines were primarily for MCAPs which had a close collaboration with a WHO technical unit - currently AIDS, Alcohol, Baltic cities, Tobacco free cities. It was hoped however that they would also be useful to other MCAP groups
- that the guidelines should be interpreted in a flexible way
- that the introduction of the new guidelines was in no way intended to discourage other types of working arrangements for cities to be set up.

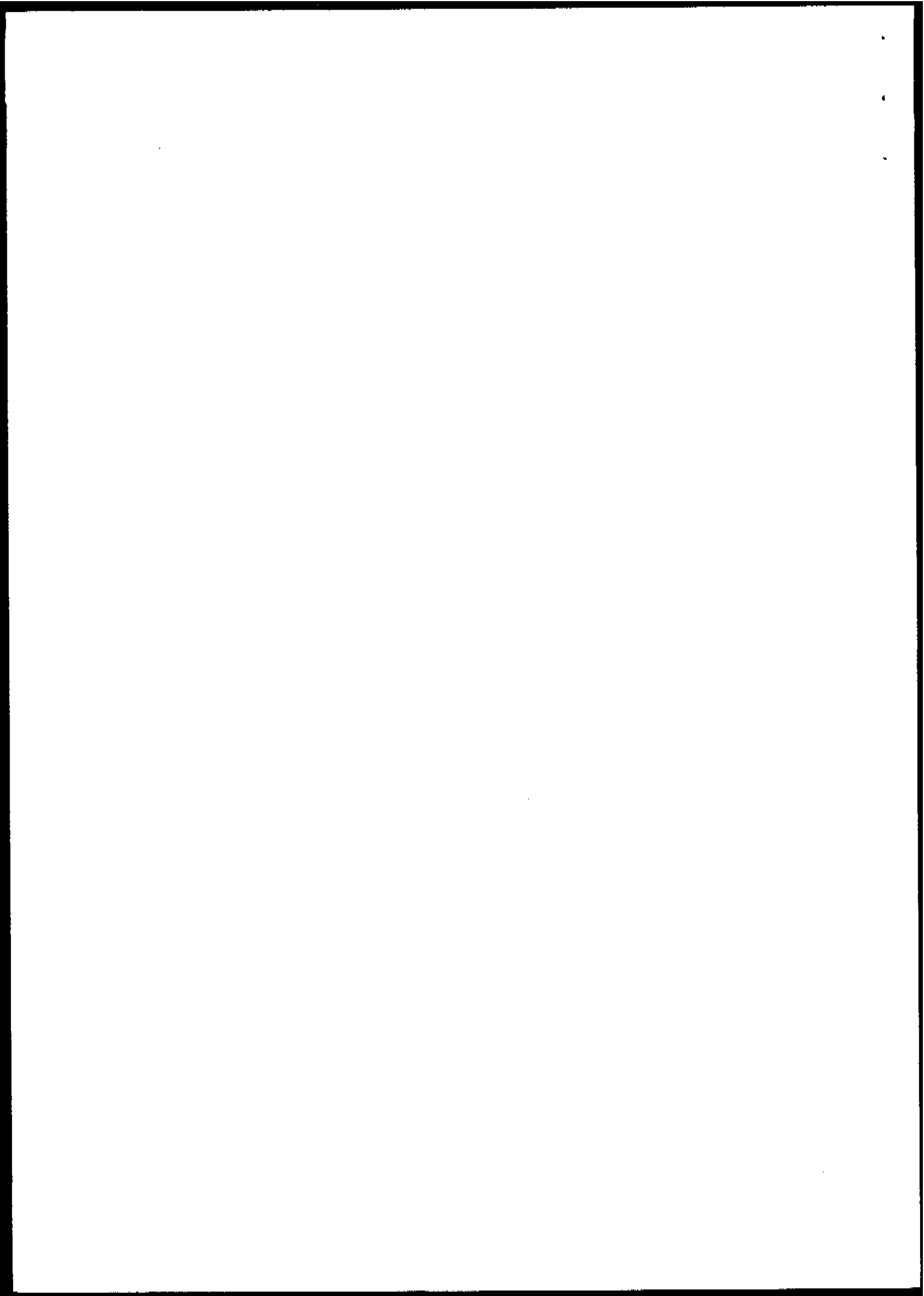
2. New cities joining and confirmation of membership

With the addition of several new cities to the project there was a need for MCAPs to introduce themselves and to make known the possibilities for joining. It was proposed that WHO should send out a document containing a briefing on all the MCAPs and that coordinators would contribute to this.

The introduction of the new guidelines was also an opportunity which should be used to ask cities which are currently members of MCAPs to confirm their membership and renew their commitment for the next two years.

3. Next meeting

WHO will organize another MCAP coordination meeting bringing together coordinators and WHO focal points in 1995. The opportunity of the next Healthy Cities business meeting could be used to have another MCAP coordination meeting if there was a need.



HEALTHY CITIES PROJECT BUSINESS MEETING

GLASGOW, 19-22 January 1994

REVISED GUIDELINES FOR MCAPs

Guidelines for Multi City Action Plans

Definition

A Multi-City Action Plan or MCAP is a mechanism in which a group of cities with common concerns works together with WHO within the framework of the healthy cities project, to develop action to implement parts of the Health For All strategy in Europe.

1. Terms of reference

The objectives of MCAPs are:

joint action (development and implementation of innovative programmes, policies, charters and declarations.

to develop know how for other cities.

to involve other partners in cities, beyond the healthy cities project offices.

Every MCAP should:

- 1.1 Agree specific strategic objectives together with WHO.
- 1.2 Agree a workplan together with WHO.
- 1.3 Establish forums for joint working and for the exchange of information (this includes business meetings, technical seminars and workshops, but other methods should also be explored and agreed).
- 1.4 Agree together with WHO and participating cities the arrangements for a city or institution to undertake the administrative responsibilities of the multi-city action plan.
- 1.5 Stimulate action within each participating city to contribute to the MCAP workplan.
- 1.6 Document the action taken by cities and the MCAP as a whole.
- 1.7 Disseminate the results of the MCAP widely in a form which will be useful to other cities.
- 1.8 Take other forms of joint action in support of its objectives such as joint resolutions on policies, common programmes, representations to appropriate international organisations.
- 1.9 Seek resources to enable the MCAP to fulfil its objectives.

2. Participation

- 2.1 Participation in an MCAP is open to any city in the WHO project network and to members of national networks of healthy cities and exceptionally to other cities. Participation is subject to agreement by WHO, in consultation with the coordinating city, taking into account the size of MCAPs and their needs.
- 2.2 Participation is also open to other institutions and organizations at the invitation of WHO in consultation with the participating cities.

- 2.3 Participating cities are expected to carry out action within their city which contributes to the MCAP. ~~Participating cities are also expected to work jointly with other cities in the MCAP on the basis of an agreed workplan.~~
- 2.4 Each participating city must be willing to review the situation in the city with regard to the topic of the MCAP and to share this information with other cities.
- 2.5 Each participating city must be willing in principle to host a meeting of the MCAP.
- 2.6 Procedure for joining MCAPs

WHO project cities

An application to join the MCAP should be made on behalf of the city by the chair person of the steering committee responsible for the project. It should be made in the form of a letter to the MCAP coordinator or where there is no coordinator to the healthy cities project office. The application should endorse the strategic objectives of the MCAP and agree in principle to participate in the workplan. It should name a city representative. The MCAP coordinator should pass on the application to WHO for decision.

2.7 National Network Cities

- (a) National network cities applying to join an MCAP should have a healthy city project in place with the political and organisational support to take part in the MCAP.
- (b) Each participating city should have a mechanism (through a steering committee or other means) by which its representative can seek the necessary support for the requirements and the work of the MCAP through the political and administrative structures of the city and/or other relevant authorities.
- (c) An application from a national network city to join the MCAP should include the following: a description of the healthy city project in the city; a letter from a city politician (or other authorised person) who will be responsible for the city's participation, where possible written support should also be given by the head(s) of the sector(s) most likely to be involved in carrying out MCAP work. The letters should endorse the strategic objectives of the MCAP and agree in principle to the city's participation in the workplan.
- (d) The application should be sent to the coordinator for the MCAP or where there is no coordinator, to the WHO Healthy Cities project. The coordinator is responsible for liaising with the cities involved so that they provide the required information and for passing on the application to WHO for decision.

2.8 Other cities and institutions

Institutions and other cities wishing to join an MCAP should liaise directly with WHO.

- 2.9 Interested cities and institutions may attend MCAPs as observers with the agreement of participants.

3. Coordination

3.1 Each MCAP must have a coordinating city or institution agreed by the other cities and WHO.

3.2 The coordinating city must give an undertaking to carry out the role outlined in 3.3. The coordinating city should also ensure that it has sufficient administrative capacity to carry out these tasks.

3.3 The coordinating city should:

- a. undertake all the administrative responsibilities for the MCAP including handling correspondence;
- b. link to the WHO healthy cities project office and to the WHO unit with special responsibility for technical input into the MCAP.
- c. ensure the preparation of papers and proposals for MCAP work;
- d. keep participating cities and WHO regularly informed about the MCAP and stimulate and maintain a flow of communication between cities;
- e. maintain an accurate address list of all participants and contact persons for the MCAP;
- f. prepare proposals for a workplan for the MCAP in conjunction with the participating cities and WHO;
- g. assist the MCAP to carry out its workplan.
- h. be a focal point for queries about the MCAP from enquirers;
- i. compile a progress report on the MCAP for each business meeting to be made available to all MCAP groups and to WHO;
- j. ensure that arrangements for MCAP meetings are satisfactory;
- k. advocate and inspire action among participants and the MCAP;
- l. take a leading role in fundraising for the MCAP;
- m. organize business meetings at which frameworks for action are developed and followed up.
- n. help to organize technical meetings open to both participating and other cities as well, at which models of good practice, expertise and experience can be shared.

4. The MCAP representative from a city

Is the focal point for the MCAP in the city and is also responsible for initiating action in the city in support of the MCAP.

Responsibilities include:

- a. linking the work of the MCAP to the relevant sectors in the city;
- b. advocating (together with the healthy cities project) for action in the city relevant to the MCAP;

- c. ensuring that the city fulfils its commitments to the MCAP. Where appropriate by seeking the political and other forms of support necessary to do this;
- d. supporting the coordinator of the MCAP, providing information as required and facilitating communication between the city and the coordinator.
- e. briefing the local healthy cities project after each meeting and keeping the coordinator of the project informed;
- f. being willing to act as a focal point for organising an MCAP meeting in the city;

5. Role of local Healthy Cities projects in MCAP cities

Each local Healthy Cities project office should:

- (a) mediate with the city and with relevant sectors in order to encourage the city to carry out its MCAP responsibilities to the full
- (b) establish clear and open lines of communication with each MCAP representative in the city
- (c) assist in securing political commitment from the city for MCAP work
- (d) where appropriate to assist in carrying out MCAP action
- (e) inform the national network coordinator of the progress of each MCAP in which it participates
- (f) be actively involved in securing funding for each MCAP in which it participates.

6. The WHO focal point

The role of the WHO focal point is to provide technical input and to assist the MCAP to maximise its impact on public health in Europe.

responsibilities include:

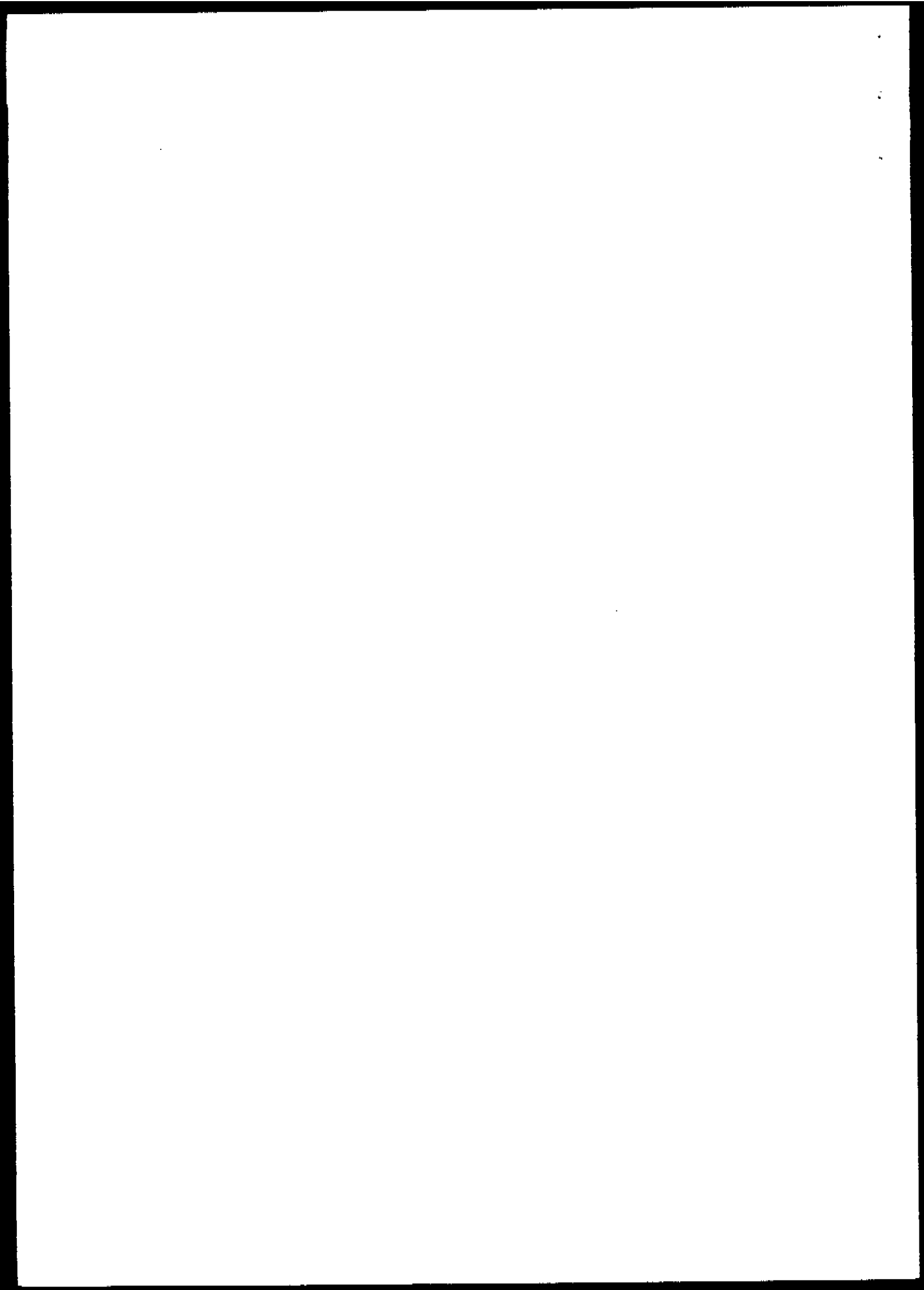
- (a) informing the MCAP coordinating city about relevant developments within WHO and other international bodies or agencies.
- (b) working with cities to develop the objectives and workplan of the MCAP
- (c) providing ongoing support and encouragement to the MCAP to assist it to implement its objectives
- (d) working with the coordinator of the MCAP to organise MCAP activities
- (e) agreeing a joint approach to the MCAP with the WHO healthy cities project
- (f) assisting in the dissemination of the products of the MCAP
- (g) evaluation.

7. WHO Healthy Cities project office

The role of the WHO healthy cities project office is to:

- (a) establish, maintain and develop the MCAP mechanism
- (b) provide strategic coordination
- (c) exchange information between MCAPs
- (d) provide relevant support to MCAP groups in developing strategies
- (e) negotiate and establish the involvement of WHO technical units
- (f) explore links between MCAPs and European organizations or programmes outside the Healthy Cities network
- (g) negotiate funding for the work of the MCAPs from relevant programmes of the Regional Office
- (h) provide technical support (such as the preparation of agendas, and other organizational help) for an MCAP coordinators and focal points meeting
- (i) be responsible for the terms of reference of MCAPs and their duration.
- (j) where possible to link new MCAP coordinators with an existing coordinator willing to provide support.

WHO Healthy Cities Project Office January 1994.



APPENDIX I

**WOMEN AND HEALTH
MULTI CITY ACTION PLAN**

REPORT

and

**PROPOSED
WORK PLAN**

for

**MULTI CITY
ACTION PLAN
COORDINATION
MEETING**

**3 DECEMBER 1993
COPENHAGEN**

Joan Devlin
Community Health Project
c/o Crumlin Prison
Visitors Centre
132/138 Crumlin Road
Belfast BT14 6AP
Tel. 0232 744647
Fax 0232 744647

Save the Children 

BACKGROUND

The Women & Health MCAP was first introduced at the International Symposium, "Womens Health and Urban Policies" in Vienna, May 1991. Thirty-two women from many countries including those from central and eastern Europe attended. Eight cities agreed to participate, all from western Europe. It was agreed that Belfast would act as focal point for two years.

FIRST BUSINESS MEETING - FEBRUARY 1992

The first Women and Health MCAP Business Meeting was held in February 1992 in Liverpool. Eight cities participated and a WHO temporary adviser attended. Cities here identified key women's health issues that needed to be addressed in their own city and agreed to develop action plans and forward them to Eindhoven and Frankfurt to identify where joint action plans were possible.

Frankfurt and Eindhoven agreed to secure information around European Funding for joint action plans for the next Business Meeting.

SECOND BUSINESS MEETING - OCTOBER 1992

The Second Women and Health MCAP business Meeting was held in October 1992 in Padova. Eight cities participated in this meeting, unfortunately WHO were unable to send a representative to this meeting.

Cities prioritised two key issues where they could develop joint ways of working together. These were:

- 1 Medicalisation of women
and
- 2 Women's Health Information

Terms of reference for each issue group were developed in such a way that would support other cities, particularly those from central and eastern Europe. Strategies for action for each issue were also agreed.

The issue of European Funding for Joint Action Plans was more difficult to address and this highlighted the need for direct support, information and input from WHO.

This meeting was also very successful in integrating and raising, the profile of women's health in the Healthy City Project of Padova - a role that had not previously been identified by the group.

THIRD BUSINESS MEETING - MAY 1993

The Third Business Meeting was held in Belfast in May 1993. Nine cities participated, including Lodz, Poland and a WHO representative also attended. An Inventory of Practical Experiences of each city was drawn up based on the strategies for action on Womens Health Information, as defined at the Padova Business Meeting.

The group -

- 1 developed a list of recommendations that were forwarded to WHO Euro HCP Office;
- 2 made decisions around financial, technical and practical issues affecting them and;
- 3 agreed a set of targets about their future work plan.

PROPOSED WORKPLAN 1993 - 1995

The following set of workplan proposals were agreed in May 1993.

- 1 The Women and Health MCAP cities will hold a joint Women's Health Day 1 June 1994.
- 2 Eindhoven and Camden will produce a Women and Health MCAP Newsletter to include city reports and WHO development in Central and Eastern Europe.
- 3 Women and Health MCAP cities will have developed appropriate ways of disseminating information on women's health issues by June 1995.
- 4 By 1995 Women and Health MCAP cities will have developed appropriate strategies to address medicalisation of women.
- 5 Organisations participating and thus representing their city in the Women and Health MCAP, need to gain support and commitment from their local Healthy Cities project by 1994.

FUTURE PLANS

The Women and Health MCAP will aim to:

- 1 Strengthen links with cities from central and Eastern Europe and look at the possibility of twinning cities.
- 2 Examine the possibility of developing a Womens's Health Profile of MCAP cities using the guidelines for "Investing in Women's Health", produced by Mirvet Shabanal WHO Euro Office.
- 3 Contribute case studies to the planned conference in Vienna 1994 and develop closer networks as an outcome.
- 4 Fourth Women and Health MCAP Business Meeting to be held in Dublin on March 24/25 1994.
- 5 The Women and Health MCAP will develop evaluation strategies for their workplan.

COMMITMENTS NEEDED FOR SUCCESS OF MCAP
OVER THE NEXT TWO YEARS

- 1 Commitment from another Healthy City Project to act as co-ordinator. Belfast will still participate and be willing to support co-ordinator.
- 2 Healthy Cities projects represented need to be committed to the issue of women and health and be prepared to support and liaise closely with city representative, especially those from outside agencies - some representatives need support on inter-sectoral working.
- 3
 - a City representatives need to keep Healthy Cities' projects informed re strategic developments in MCAP. (It is difficult for the co-ordinator to measure progress in each city).
 - b The Healthy City Project represented needs to communicate more closely with the main co-ordinator.
- 4 Healthy Cities Projects need to gain support from city administrations for the issue of women and health.
- 5 WHO HCP office need to appoint a permanent MCAP Focal Person in Euro office to support Women and Health MCAP
- 6 WHO HCP office need to integrate the issue of women and health in all Healthy City activities and in all other Multi City Action Plans.
- 7 WHO HCP need to keep the Women and Health MCAP informed of all relevant information and international networks.
- 8 WHO HCP office need to develop an Evaluative Framework for MCAP work in consultation with MCAP Focal Points and Co-ordinators.
- 9 WHO HCP office need to examine ways of increasing communication with all MCAP co-ordinators.

APPENDIX II

THE FIRST BUSINESS MEETING FOR MULTICITY ACTION PLAN ON ALCOHOL, DUBLIN, 26.-27. OCTOBER 1993.

PRESENTATION OF GROUP WORK AND PLANS FOR ACTION.

Four questions were presented to the groups for discussion:

1. What should the criteria be for membership of MCAP?
2. What should each city be expected to achieve by end of 1995?
3. What should be expected of 60 core cities of Healthy Cities Project network in implementation of European Alcohol Action Plan?
4. How do we work together?

Answers to these questions - from discussions in groups.

Criteria for membership in a MCAP on alcohol:

1. Commitment by policymakers to undertake new action on alcohol prevention.
2. Each city should prepare an alcohol action plan at city level.
3. Obligation to put resources into the common work of the MCAP.
4. Share experiences with the other cities.
5. Focus point.

There should be a maximum of 15 cities as members of the MCAP.

Themes:

1. Young people.
2. Early intervention and primary health care.
3. Community participation.
4. Women.
5. Media awareness.

How to work together?

1. One business meeting a year for 3 days.
2. The main focus of the annual meeting should be on a preselected theme.
3. Each theme should be prepared by interested and responsible cities - in collaboration with WHO.
4. Results should be reported in writing to the other Healthy Cities.
5. Each city should report in detail on their ongoing and planned activities within the theme in connection with the meeting.
6. Themes of the year
1994: Early intervention
1995: Youth
1996: Women
1997: Local alcohol policies.
7. Database-report.
8. Next meeting in 1994 - maybe early summer.

MULTICITY ACTION PLAN ON ALCOHOL - PROPOSALS FOR A KNOWLEDGE BASE BY THORKIL THORSEN, COPENHAGEN HEALTH SERVICES.

Thorkil Thorsen had made proposals for a knowledge base on alcohol.

PURPOSE OF A KNOWLEDGE BASE: TO ENHANCE UNDERSTANDING AND INTERPRETATION OF THE ACTIVITIES. ACCORDING TO SOME PRIORITY!

1. City action

- * DESCRIPTION OF THE CITY (demography, labour market, beverage industry, tourism)
- * MUNICIPAL OBLIGATIONS FOR PREVENTION AND TREATMENT (the structure and organization of treatment)
- * POLITICALLY APPROVED PLANS (prevention and treatment)
- * INTERSECTORIAL COOPERATION
- * COOPERATION WITH NATIONAL AGENCIES
- * PERMANENT ACTIONS
- * PLANNED ACTIONS
- * SPECIAL ACTIONS DURING THE LAST 5 YEARS
- * EVALUATION OF THESE ACTIONS

2. Alcohol political framework

LAWS AND REGULATIONS

- * TRAFFIC (BAC-limits, penalties)
- * ALCOHOL ADVERTISING (prohibition, voluntary codex)
- * TAXATION
- * AGE LIMITS
- * PUBLIC INTOXICATION
- * LICENSING SYSTEM
- * OTHER REGULATIONS

LAWS AND REGULATIONS ENACTED AT MUNICIPAL LEVEL

NUMBER OF LICENSES (rates per 10,000 inhabitants)

PUBLIC OPINION POLLS (about attitudes to control policies, education etc.)

3. Problem discription

- * ALCOHOL CONSUMPTION (liters per capita, % beer, % wine, % spirits)
- * MORBIDITY
- * TREATMENT - admission rates at in-patient and out-patient clinics
- * ALCOHOL-RELATED TRAFFIC ACCIDENTS (percentage of all)
- * ARRESTS FOR DRUNKENESS (rates).

Apparently all the cities will be able to give data on all or nearly all the proposed items. The proposal was accepted as the basis of collecting data. The cities will be asked to fill out a questionnaire, which will be used to document alcohol problems in the different cities.

CONCLUSIONS FROM THE FIRST BUSINESS MEETING FOR MULTICITY
ACTION PLAN ON ALCOHOL:

- * Cities in the MCAP should be involved in activities concerning early intervention or young people or both items.
- * On an informal level a city should also be willing to host a meeting in 1995.
- * A provisional plan for activities in the MCAP is that WHO will send a package with information about primary health care to the cities.
- * The different cities are responsible for planning and effecting activities in 1994 concerning early intervention.
- * At the MCAP meeting in 1994 the cities shall bring a concrete program for their planned activities with them.
- * Rotterdam and Gothenburg were willing to make a proposal to all the cities how to start planning activities concerning young people.
- * Copenhagen is responsible for collecting data to the knowledge base. The cities will then have to answer the different questions, listed on the questionnaire, and send their answers to Copenhagen. Afterwards Copenhagen is responsible for making a report.
- * Copenhagen is also responsible for stating the principles for the future cooperation in this MCAP.
- * Up to this first business meeting on alcohol WHO has taken the coordinating role. This will shift to a role as a technical adviser in the future.

Bente Skov
Copenhagen Health Services

./. Enclosed is a list of reports of the participating cities.

THE FIRST BUSINESS MEETING FOR MULTICITY ACTION PLAN ON
ALCOHOL, DUBLIN, 26.-27. OCTOBER 1993.

LIST OF REPORTS OF THE PARTICIPATING CITIES

Report of Copenhagen
Report of Dresden
Report of Gothenburg
Report of Kaunas
Report of Lahti
Report of Liverpool
Report of Milan
Report of Nancy
Report of Oporto
Report of Rotterdam
Report of Sandnes
Report of St. Petersburg

APPENDIX III

**WORKING FOR TOBACCO-FREE
CITIES**

A MUTI CITY ACTION PLAN

PRESENTATIONS

H.C.P. SYMPOSIUM JUNE 1992

**M.C.A.P CO-ORDINATORS MEETING
COPENHAGEN JUNE 1992**

**WORLD HEALTHY CITIES MEETING
DECEMBER 1992**

**AN OVERVIEW OF THE WORLD HEALTH
ORGANISATION'S MULTI-CITY ACTION
PLAN ON TOBACCO**

TOBACCO FREE HEALTHY CITIES

Co-ordinating City **Dublin**

Co-ordinators **P. Doorley,
Dublin H.C.P.**

Participating Cities 1/93 **14 Cities**

Belfast	Milan
Barcelona	Padua
Dublin	Pecs
Frankfurt	Rennes
Glasgow	Stockholm
Gottenburg	Sacramento
Kaunas	Warsaw

W.H.O. Focal Point **Tapani Piha, Tobacco or
Health Programme**

Preliminary Meeting, Stockholm 1990

Seven interested cities met:

**6 key areas
identified**

**children
economic issues
local government
public places
health services
adults - stop smoking**

**Belfast was nominated
co-ordinating city**

CRITERIA FOR SMOKEFREE CITIES

COMMITTMENT TO H.F.A.

**W.H.O. ACTION PLAN ON TOBACCO,
JOINT ACTION.**

ATTEND BUSINESS MEETINGS.

FUTURE

**IMPROVE COMMITMENT TO JOINT
ACTION**

**INFLUENCE WIDER H.C.P.
MOVEMENT**

MEETINGS

EXCHANGE INFORMATION

REVIEW PROGRESS

PLAN FOR FUTURE

SITE VISITS

SMOKING IN THE WORKPLACE:

**BELFAST
DUBLIN
WARSAW
FRANKFURT**

QUIT & WIN

**STOCKHOLM
GOTHENBURG
WARSAW
KAUNAS**

SMOKEBUSTERS

CLUB FOR NON SMOKING CHILDREN <13

**SCHOOL BASED ACTIVITIES DETERMINED
BY CHILDREN**

NEWSLETTER

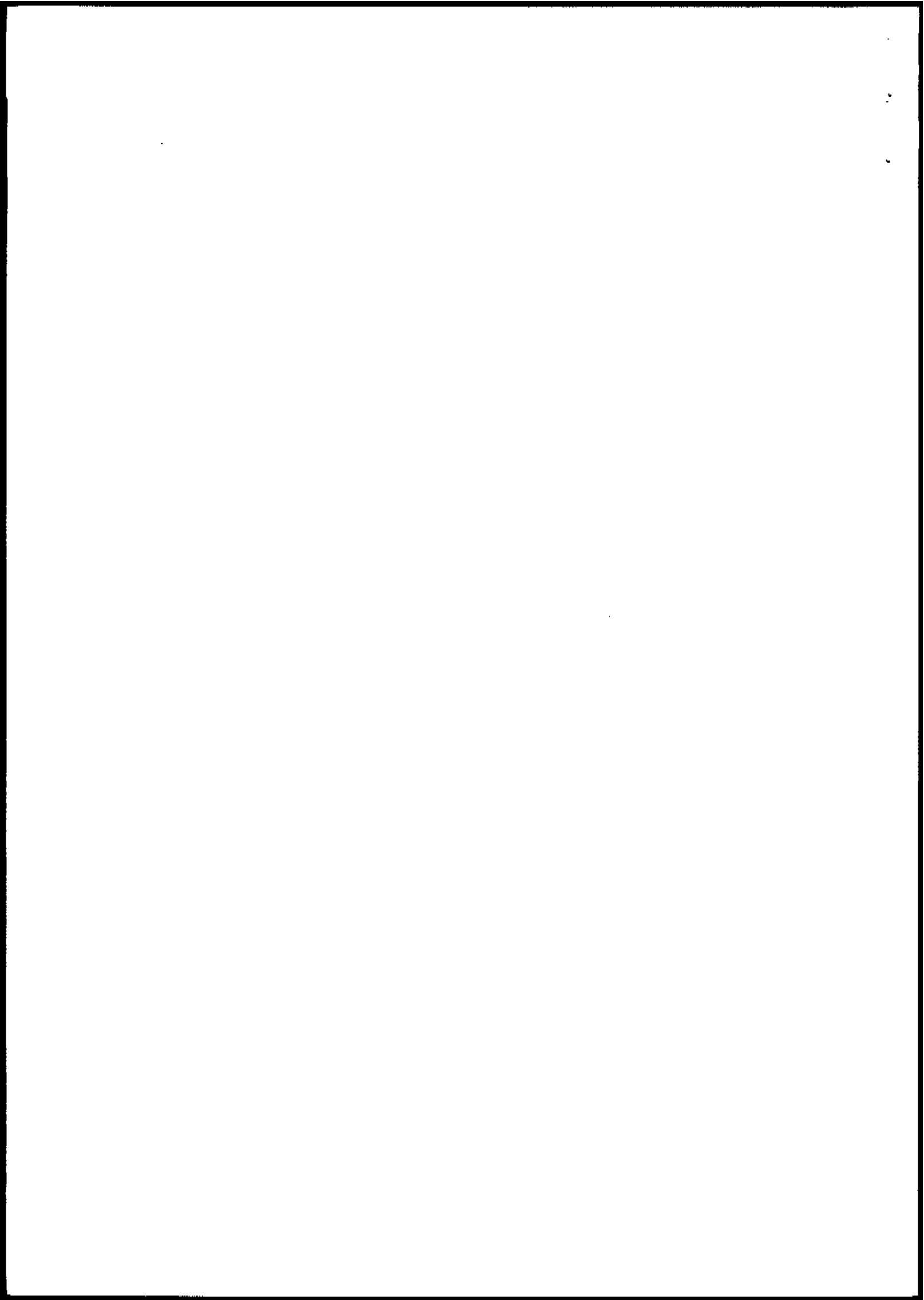
EVALUATION - CHANGE OF ATTITUDES

QUIT AND WIN

INDUCEMENTS TO QUIT

MASS MEDIA CAMPAIGN

**RECRUITMENT THROUGH HEALTH,
OTHER ORGANISATIONS**



APPENDIX IV

Multi-City Action Plan
Coordination Meeting

3 December 1993

Baltic cities; Environment And Health

Background

The Finnish city of Turku took the initiative to form a Baltic cities MCAP in the beginning of 1991. Political changes together with the prevailing concern about the ecological state of the sea within the region of the Baltic Sea aroused interest in and discussion of the need of the new states to be involved in the development of sustainable methods of promoting health the health of environment in the region. It was felt that these questions would be a very fertile field for collaboration within the region.

Participants

Turku invited the cities of the Healthy Cities project and cities of the newly formed states to attend a meeting early in 1991. The participating cities were Aarhus, Copenhagen and Horsens (Denmark); Gdansk and Sopot (Poland), Kaunas (Lithuania), Riga (Latvia), Rostock (Germany), St. Petersburg (Russia), Stockholm (Sweden), and Tallinn (Estonia).

Business idea

The main goal of the first meeting was to establish a network to promote health and environmental health by keeping up continuous interaction between the cities in the Baltic region. The meeting was to result in the exchange of experts, training programmes, resource packs, and efforts to examine problems and find common solutions. Local decision-makers were meant to participate from the beginning.

Methods

Two or three cities, depending on the theme, would work together on a mutually agreed workplan. The coordinating city (Turku) would collect the reports and report on the activities in the Healthy Cities project meetings and to the Healthy Cities project office. The project office would link the cities to other relevant programmes in the WHO Regional Office and to national or international programmes that could provide additional consultation, advice and resources.

Kellokoski meeting 1991

The next meeting on environmental health for the cities of the Baltic cities MCAP was held in Kellokoski, jointly with the National Agency for Welfare and Health in Finland and the WHO/Euro. Greifswald (Germany) attended for the first time, other participants were Copenhagen, Kaunas, Riga Rostock, Stockholm, St Petersburg, Tallinn and Turku. (Gdansk and Aarhus became involved in a new network, the Union of Baltic cities)

To ensure meaningful exchange of information a question sheet was sent with the invitation. The participants were asked to prepare papers describing mainly problems linked with the ecological and hygienic conditions in the cities.

Joint work

The participants agreed to work jointly to strengthen the Healthy Cities Project in the cities and implement projects through the partnership of cities. The WHO focal point for the MCAP drafted a work plan on the proposed projects.

The workplan, which is still valid, includes following objectives:

Reduction of air pollution Copenhagen, Kaunas, Riga, Stockholm, Tallinn

Reduction of the level of counted water St.Petersburg, Stockholm, Tallinn

Control of blue-green algae blooms St.Petersburg, Tallinn, Turku

Evaluation of the programme for pure water St. Petersburg, WHO/Euro and the European centre for Environmental Health

Improvement of solid waste management All member cities of the MCAP

Assessment of the quality of surface water used for drinking All member cities of the MCAP

Elaboration of a geographical information system (GIS) at city level Kaunas, Riga, WHO/Euro, the European Centre for Environment and Health

Kaunas meeting 1992

The cities of Copenhagen, Greifswald, Kaunas, Sandnes (Norway), Stockholm, Turku, Tallinn and St. Petersburg attended Kaunas in December, 1992 to hold a third meeting of the Baltic Cities MCAP.

The questions pertaining to the Kellokoski work plan were elaborated on in Kaunas and it was agreed that

1. Stockholm and Turku send out material to Tallinn and Kaunas about waste composition studies. Tallinn then draws out the plan to study the composition of solid waste in the city.

2. The cities of Stockholm, Copenhagen and Turku send out the names and addresses of appropriate hazardous waste management plant constructors to St. Petersburg. St.Petersburg sends one specialist to either Copenhagen or Stockholm afterwards.

3. Kaunas sends material on the proposed waste master plan to Stockholm, Turku and Copenhagen. Cities' response by the end of Feb 1993.

Sandnes 1993

Sandnes 1993

The MCAP group (Copenhagen, Greifswald, Kaunas, Riga, Sandnes, St. Petersburg, Tallinn, Turku) assembled in Sandnes in August 1993. Also participating was a representative from the Union of Baltic Cities, Gdansk.

To improve the flow of information between the cities it was decided that each city will give a presentation on the projects and partners, stating in particular what has been happening in training, exchanges, reports, research, follow-up, who have been the partners, where the money has come from and, an essential piece of information, the name and address, complete with telephone, telefax, eventual e-mail numbers, of the coordinator, or contact person for each activity and for the city as well.

Key issues in the Sandnes discussions were the commitment from the cities to the joint work and the need to have regular contacts within the network. It was decided that Turku will act as general coordinator, and the cities will select a coordinator for each activity they are involved in. These coordinators all report to the general coordinator who will then report back to the whole group and WHO Healthy Cities and Regional Office for Europe.

The structure of the MCAP would then be a MCAP Baltic Cities Main Group, or General Group, and the MCAP Baltic Cities Sub-groups according to the theme and the partners, for e.g. waste management, or unaccounted water (see the Kellokoski work plan).

WORK PLAN FOR 1994-1995

Structure of the Baltic cities MCAP

The Baltic Cities MCAP needs to improve its communications during the next two years. The agreement of the Sandnes meeting was that Turku coordinates the overall functions of the MCAP, the task including organization of meetings, following up the sub-groups, reporting activities to the main group and distributing general material to the cities.

The cities also wished to have a newsletter reporting the activities 2-3 times per year. It must be stressed that, even if "a newsletter without news is better than no letter", Turku is very much depending on the cities to provide the news.

The sub-groups should each decide on a coordinator who is responsible for coordinating the work and the contacts, arranging technical meetings on the theme for the group, reporting to the main group, preparing reports, or models of good practice and looking out ways to finance the activities.

The Baltic Cities MCAP will also use the next two years' period to explore ways of combining effort and expertise with the other relevant networks, especially the Union of Baltic Cities. A promising area of shared work might be training.

Ongoing projects to be continued

Waste management

Tallinn, Stockholm and Turku are working together with waste management in Tallinn. A technical meeting will be held in Tallinn, in January 1994. The Tallinn waste management plan will be evaluated by specialists from Turku, Stockholm, Copenhagen and Aarhus.

Air monitoring

Kaunas and Copenhagen are starting a project on How to get the most information on air quality with the given resources.

Handling industrial environmental matters

Copenhagen and Vilnius (Lithuania) are working on an education project, Clean technology.

Health education for children

Kaunas has an awareness raising project for children on health and environment questions. Greifswald has offered to consult on environmental education, noise reduction, waste minimization and neighbourhood plans.

Mothers and babies

St Petersburg and Turku will continue working together on the mothers and children's health issues. Other cities are welcome to join, too.

Unaccounted water

St Petersburg and Kaunas and Turku are interested in unaccounted water.

The next two years' period will entail a training course on solid wastes arranged by WHO/Euro with the cities of Stockholm, Sundsvall and Turku, together with the Union of Baltic Cities.

Training material will be produced on:

- What are solid wastes (domestic, chemical, industrial)
- Reduction of the production of solid wastes
- Landfills
- Composting
- Incineration
- Industrial wastes
- Clinical wastes

Seven handbooks will be written on the basis of this training material for the local authorities both at the political and the technical level. If enough money is available and if local resources can be identified in Poland, Germany and Russia, the documents will be translated into Polish, German and Russian.

Besides the first course on waste, similar courses on air pollution, water resources, housing, accidents and specific health questions, can be arranged according to the need and wishes of the cities.

The cities will all receive the Healthy Cities set of indicators and it is most important that the cities will fill up the list. A more specific analysis could take place among the Baltic Cities MCAP and the cities could thus be provided with highly relevant information

to build there health and environment policies on.

Greifswald has offered to arrange the next general meeting.

Key words for the 1994-1995 phase
Combined undertakings of the cities
Commitment of the cities (political, administrative support)
Communication
Indicators
Information exchange
Involvement of the local authorities
Newsletter
Sub-groups
Training course



Nutrition MCAP, Presentation for WIIO-meeting 3 December 1993

Background:

Coordination:

Department of Communication and Innovation Studies, Agricultural University, The Netherlands.

Technical support:

Department of Human Nutrition, Agricultural University, The Netherlands.

Participants:

Horsens, Denmark

Liverpool, UK

Rennes, France

Amadora, Portugal

Eindhoven, Netherlands

Valencia, Spain

Business meetings:

1991: Valencia

1992: Wageningen

1993: Liverpool

1994: Horsens

Activities:

Overview picture MCAP-brochure

Achievements:

1. Most activities which have taken place show that everybody has been very creative and that sometimes with small budgets nutritional promotion activities have been built into existing structures. This has the advantage of being more sustainable.
2. Activities have been focused on an increase of awareness and increase of knowledge. People have much knowledge but some know more than others. The idea is to find the right framework to transform the knowledge to the people. Furthermore activities have been focused on skills, such as preparation skills and tours in supermarkets.
3. The activities have been multi-disciplinary and inter-sectoral since many institutions and volunteers are involved.

Spin-Off for other places, areas and subjects:

1. The original idea within the Nutrition MCAP was to start with supermarkets as the place of action. As a result of the inter-sectoral way of working much more places and groups are involved, such as community and health centres, libraries, fairs, etc.
2. In addition, similar activities originally started on a small scale (within wards of cities) but are now expanding to the whole city or the region (Valencia).
3. In most of the cities not only healthy food is being emphasized, but also environmental issues such as in Horsens where slogans were also placed on non-food stuffs.

Research methodology:

1. Cohesion (Liverpool) and networking studies (Horsens, Valencia) give us insight in the structure of the communities and existing networks which can be build upon.
2. Studying food change tendencies by using existing sales figures of supermarket chains (Valencia) for different areas of the city provide us with a good indicator for nutritional habits of citizens. Traditional food consumption studies are expensive and time-consuming and therefore, new indicators which are cheap and practical are welcome.
3. The exercise of a participation measurement to carry out in each of the cities was showed to be a useful discussion tool and made clear for the different participants what they are aiming at in the future.

Challenges

1. A main challenge of this MCAP is how to involve people and organizations;
2. Continuation of the project and sustainability are important issues for each city;
3. To find funding for people carrying out the project-activities is not always easy and sometimes participants have to organise activities on top their normal tasks;
4. Funding still seems to be a problem for all the cities. Achievements must be presented to local councils to convince them of the necessity;
5. What level is a good level for a starting point for discussion: community level or city-level?

Funding:

Praeventiefonds, (Prevention Fund) for coordination
BIOMED, starting april 1994
Ministry of Health (Valencia)
Healthy Cities Projects
Northern Foods (UK)
Supermarkets

Proposed Workplan 1994-1995

Long term objectives or mission for the MCAP:

There are three general objectives in the project; equity, participation and multi-sectoral collaboration. The targets are:

- . 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 (cardio-vascular disease, cancer, etc.).
- . a decrease in the differences in nutritional status between higher and lower socio-economic classes of the population
- . a description of food patterns, nutritional problems and food policy issues in six European settings, which gives insight in the food consumption trends
- . a resource pack which contains guidelines for planning, implementation and evaluation of community based health promotion activities, with special reference to cooperation, communication, management and research techniques, to be used in other cities

Goals for the next two years:

1. to secure continuity of the activities on the field of nutrition in the participating cities;
2. to get support for the city networks from the politicians;
3. to extend the activities to other areas of the cities or regions;
4. to describe common methodology and development of easy-to-use action research based on the experiences up till now;
5. to keep looking for necessary resources (local and international);
6. connecting each city to a research institute;
7. to involve other cities (Italy, Belgium, Eastern Europe).

Publications planned/possible:

- * Resource pack;
- * Reports of the business meetings;
- * Publications in national and international journals;
- * WHO-publication?
- * Phd Thesis.

Schedule of meetings:

April 1994: Business meeting in Horsens, Denmark
Autumn 1994 or Spring 1995: International Conference

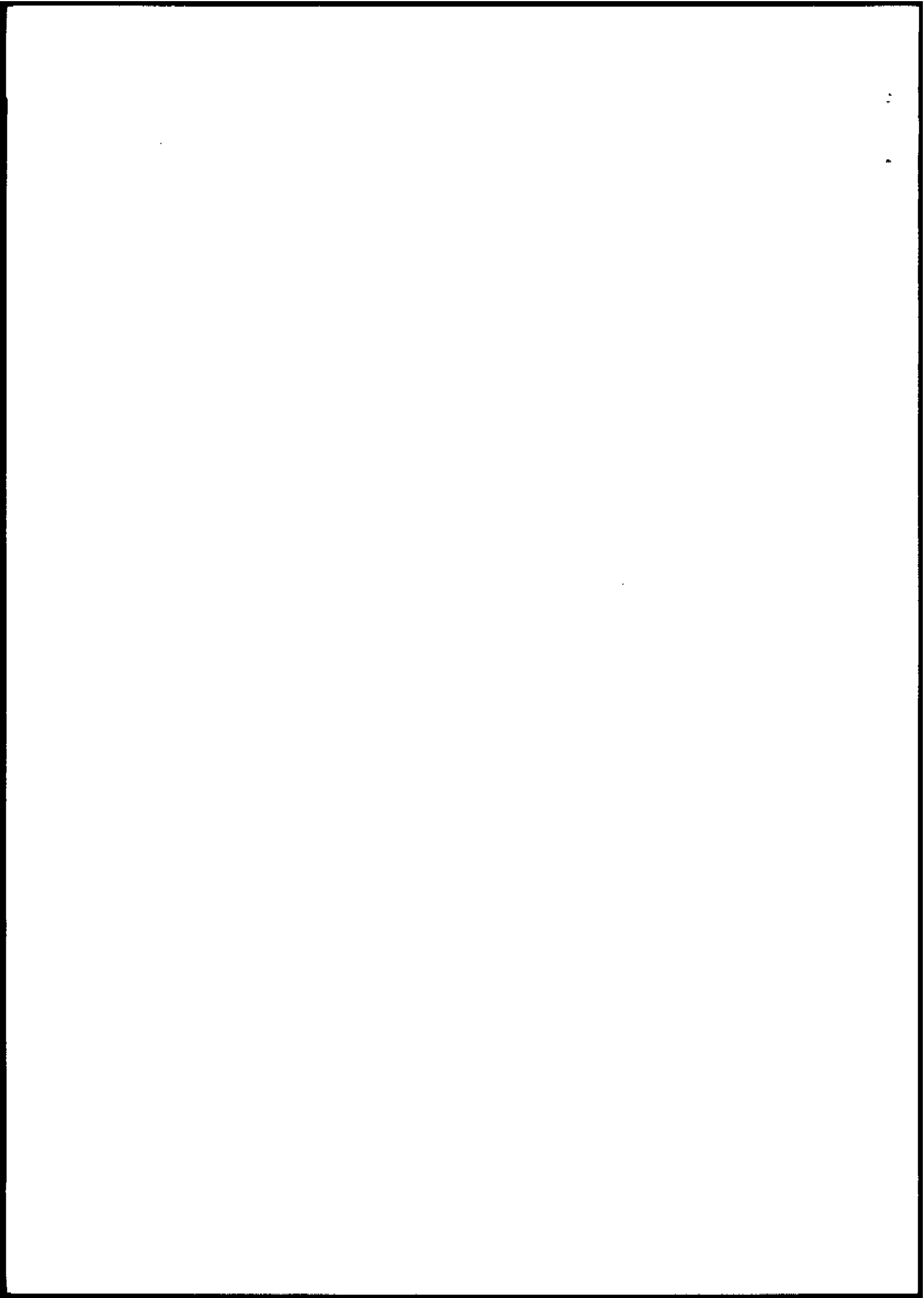
Commitments which are needed for the success of the MCAP over the next 2 years:

1. City administration, City Representatives, Healthy Cities Projects in Cities:
 - representation in local steering groups
2. WHO focal point
 - technical support
3. WHO Healthy Cities Project Office
 - contact between the other MCAP's (Newsletter?)
 - attending the business meetings
 - setting up necessary links

December 1993

Lenneke Vaandrager

Nutrition MCAP coordinator



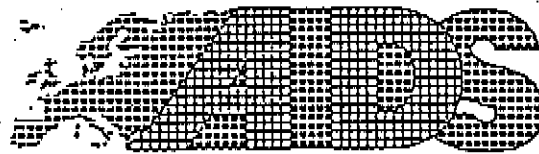
APPENDIX VI

MULTI CITY ACTION PLAN ON AIDS

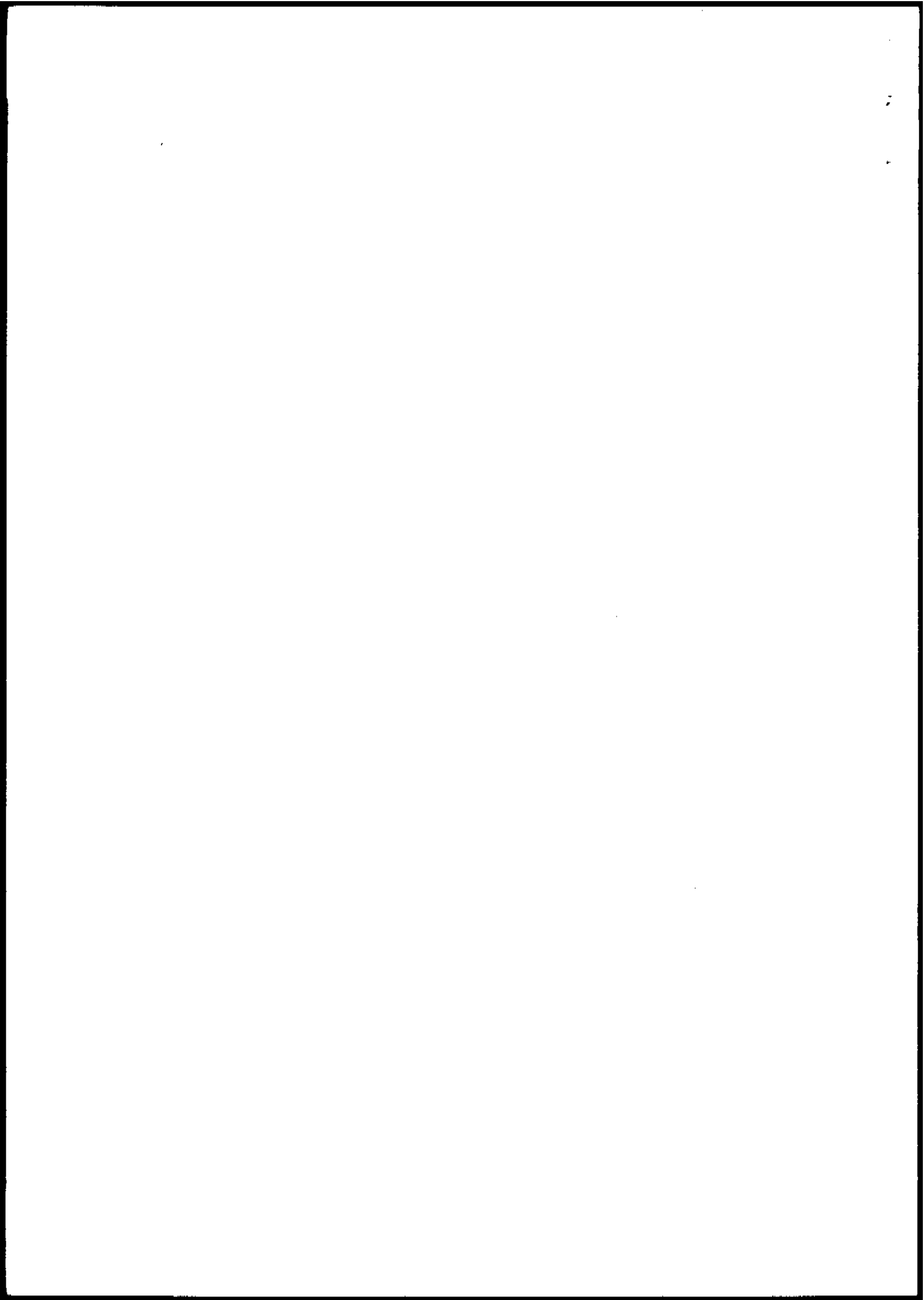
"Working Together"

*Proposed Workplan
1994-95*

WHO REGIONAL OFFICE FOR EUROPE



GLOBAL PROGRAMME ON AIDS



Rationale/strategic framework

The proposed framework for MCAP AIDS activities in 1994-95 is the development of basic, cost-efficient standards for city action in the area of HIV prevention, support and care. The baseline for defining such standards should be the Global AIDS Strategy and its implications at the city level.

The starting point for defining the standards should be at the community level, involving NGOs representing and meeting the needs of the communities. Priority should be given to vulnerable population groups and communities such as women, people living with HIV/AIDS, the gay community, the drug-user community, migrants/ethnic minorities, etc.

The focus of MCAP AIDS should be on the process of collaboration and the creation of supportive environments for HIV prevention, support and care at the city level. Consequently, basic standards for city action should include:

- at the structural level: development of structures for collaboration, coordination and communication, and allocation of resources (should be established as MCAP AIDS membership criteria);
- at the policy level: action required to create supportive environments for HIV prevention, support and care;
- at the community level: action to meet community-specific needs in the field of prevention, support and care (specifying the different needs of the various priority communities/population groups).

The rationale behind broadening the scope of MCAP AIDS to include prevention activities is the greater participation expected from CCEE, which has relatively low HIV prevalence and thus a large potential for prevention. The rationale behind promoting standards at structural and policy levels is that such standards are considered prerequisites for making MCAP AIDS membership efficient and meaningful for the city. Further, defining such standards is in-line with the increasing recognition that changing policy and promoting structural changes are essential to the success of action at the community level in terms of outreach programmes, peer education, and equal access to care and services, which is of particular relevance to CCEE.

Finally, the emphasis placed on the community level summarizes the core lesson learned in AIDS. Success can only be achieved by working with the people, not on the people.

Working arrangements

Leaflet: The proposed framework and workplan of MCAP AIDS 1994-95 is included in the agenda of the next business meeting in Rotterdam, 26-30 October 1993. After these discussions, a small leaflet presenting the workplan, specifying city input and expected output should be prepared for distribution to attract interest and inform other cities.

Meetings: It is expected that there will be two MCAP AIDS meetings per year, to be held alternately in CCEE/western Europe, southern Europe/northern Europe. The tentative schedule for 1994 is: Budapest, May 1994; Nancy, October 1994 (alternatively Dublin). The meetings include technical public activities such as "thematic" one-day seminars involving a larger number of participants from cities in the host country, and site visits. Further, closed business meetings for MCAP AIDS focal points are organized to promote the collaboration and development of MCAP at-large, to coordinate activities in between meetings, and to plan for future meetings. Preferably MCAP AIDS technical activities and visibility should be given high priority in meetings held in CCEE, while meetings held in western Europe should give more time and space to the process of the MCAP AIDS group. The technical thematic sessions should be linked to the business meeting discussions, highlighting particular aspects (e.g., barriers to collaboration and how to overcome them or the needs of the drug-user community), and should involve participants from all sectors and levels.

Contingent on availability of human and financial resources, the organization of a bigger meeting during the biennium will be considered, e.g., on drug-use harm reduction strategies in cities. This meeting should bring together MCAP AIDS and the HCP working group on drug users, representatives of European Drug User Interest Group and other relevant parties.

Coordinating City: The present MCAP AIDS coordinating city, Glasgow, has made a commitment to this function for one year, to end in 1993. The city of Rotterdam has indicated interest in assuming this responsibility. The matter is on the Rotterdam business meeting agenda.

Other activities

Users and carers surveys: Currently Glasgow, Rotterdam and Liverpool are collaborating on users and carers surveys, which are research studies to assess the psychosocial care needs of people living with HIV/AIDS. This work will continue and gradually may involve other cities during the biennium, developing studies based on the experiences gained.

Collaboration of Gay NGOs: In accordance with the proposed strategic framework described above, NGOs representing gay communities in MCAP AIDS cities have established links of collaboration with one another and will function as a special working group. Similar working groups encompassing two, more or all MCAP AIDS cities may be formed to develop proposals on community-specific standards regarding drug users, migrants, women, sexworkers, etc. Ideally, each city should establish city working groups involving NGO representatives, relevant city authorities and representatives of other relevant sectors, who would then be linked together with similar groups in other MCAP AIDS cities.

Twinning: Twinning links already exist between some of the cities, for example, Rotterdam-St Petersburg, Göteborg-Warsaw. Based on these experiences and lessons learned from the EuroCASO Twinning Project, MCAP AIDS cities should be encouraged to further develop and strengthen such bilateral links.

Funding: Currently, the GPA budget 1994-95 includes a budget line for MCAP AIDS of US\$10 000 per year, totaling US\$20 000. More resources are required to support activities in between meetings (twinning, NGO networking, etc.), publications, and eventually, the bigger, thematic meeting described above. Western cities are encouraged to mobilize resources to support CCEE participation in MCAP AIDS and other projects. Aside from increasing resources, this also strengthens links between cities and increases awareness of AIDS and CCEE in western European countries. So far, experiences have been good.

It is expected that all costs for CCEE participation in the forthcoming MCAP AIDS meeting in Rotterdam may be covered by donations from the Dutch AIDS Foundation and the Dutch Wellcome Foundation. The city of Glasgow has supported gay NGO networking and publications in Russian (proceedings of the St. Petersburg seminar on supportive environments).

Expected outcomes

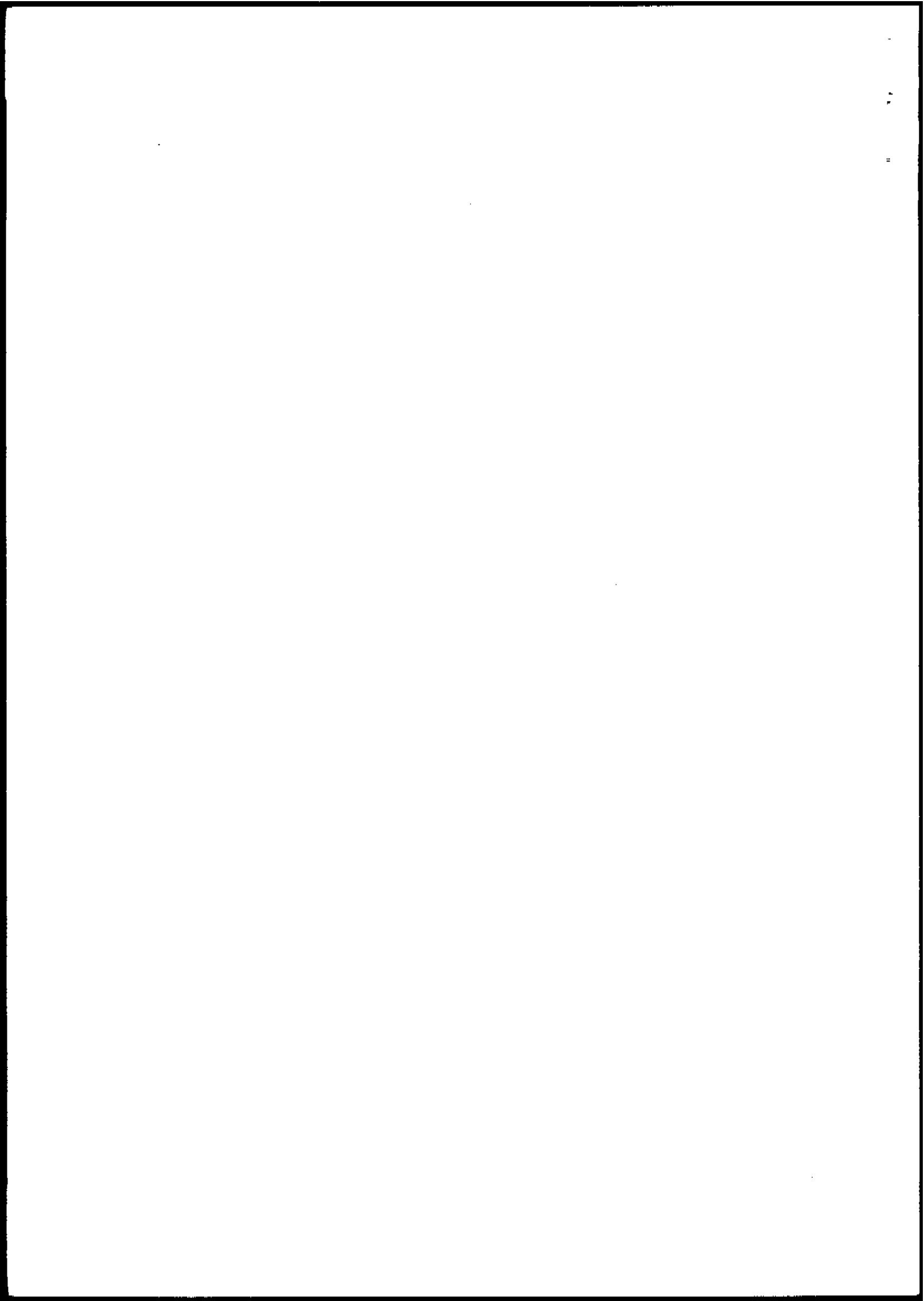
at city level: The member cities will benefit from participating in a structured process of defining cost-efficient standards and action plans for implementation, sharing experiences and establishing links with counterparts in other cities. The discussions in MCAP AIDS should be an incentive, stimulating and catalyzing discussions at the city level, and vice versa, discussions at the city level should provide input to the MCAP AIDS discussions. The "peer city education" component (if they can do this in that city, we probably could, too) or the legitimizing element, "if they dare to do this in that city, we may consider...", remain essential outputs.

at MCAP AIDS level: The task of defining standards for city action can only be made through the collaborative effort of more cities. The cost-efficient, synergistic benefits of the work should be obvious. Defining standards would help and guide cities in appropriately assessing and adjusting their levels of action and, hopefully, for the better.

cities in other parts of the region: Results of the work should be continuously published in a series of booklets. For the long-term, a summary of the work, to be endorsed by RC/WHA, should be considered, e.g., a resolution on "The Role of Cities in the Global AIDS Strategy". Some elements may be attractive to the media, and the wide dissemination of the results in this way should be considered.

Suggestions for guidelines for MCAP AIDS member cities:

1. MCAP AIDS cities should commit themselves to developing and allocating resources for structures of collaboration, communication and coordination at the city level. Multisectoral involvement of all relevant partners (e.g., police, church, media) and involvement of NGOs, especially those representing people living with HIV or people at particular risk, is considered essential.
2. MCAP AIDS cities should designate focal points who are in a position to coordinate and communicate action at the city level, and resources should be allocated for this. In this capacity, based on a good understanding and knowledge of the different parties, the focal point should be able to speak with authority on behalf of the city and city authorities, as well as the private sector and NGOs. This is considered more important than a formal political authority.
3. Non-CCEE cities are expected to cover travel costs to business meetings for the MCAP AIDS focal point and one NGO representative.



APPENDIX VII

2. AGREEMENTS OF THE FIRST BUSINESS MEETING OF THE SPORTS FORMULA MCAP

For setting up the Sports Formula MCAP and to enable the discussion on the different aspects of this MCAP, a discussion paper was prepared. In this paper, every topic was introduced with set of questions which had to be discussed by the participants. The discussion took place in small groups. Each group had to report back in plenary on the results of their group discussion as a starter for the discussion in plenary. This method was very effective and joint agreements on the following topics were reached quickly.

2.1 Strategic framework for action

The Sports Formula MCAP adopts the principles of Health for All. Target 16 of the 38 European Targets for Health for All states that: "By the year 2000, there should be continuous effort in all member states to actively promote and support healthy patterns of living through balanced nutrition, appropriate physical activity, healthy sexuality, good stress management and other aspects of positive health behaviour". The Sports Formula MCAP provides a method to stimulate physical activity.

Research states that even modest levels of physical activity can have a positive effect on health: "the greatest good to the public's health is likely to come from encouraging sedentary people to enjoy moderate activities such as walking, gardening and dancing on a daily basis" (Focus on Active Living '92, Canada). Active living is an idea that fits naturally with the goals of a healthy city. It is a democratic concept that is concerned with equity, personal choice and the creation of environments that support healthy, active, sustainable living. Active living is a way of life that recognizes and values physical activity as an essential part of everyday life. The Sports Formula project is aimed at promoting active living and healthy active lifestyles for children at primary schools.

The participants of Sports Formula MCAP are going to use the framework for Sports Formula as it was developed in Eindhoven. They will adapt this framework for the situation in their own city.

All cities will use the Sports Formula framework for more than one primary school. The majority mentioned that they probably will introduce the programme in three or more schools.

The age groups for which a Sports Formula programme will be developed, are going to be different in each city. However, every city mentioned that they will use the framework for 8 to 9 year old children. This improves the comparability of the program in the participating cities.

All cities will start with Sports Formula this year (1993). Some cities will start immediately with activities, others will start with preparations for the activities.

2.2 Participants

Nine cities showed interest in participating in the Sports Formula MCAP: Dresden (Germany), Dublin (Ireland), Düsseldorf (Germany), Eindhoven (the Netherlands), Mechelen (Belgium), Patras (Greece), Pécs (Hungary), Rotterdam (the Netherlands) and Seixal (Portugal). This group will start the Sports Formula MCAP. The MCAP is open for very enthusiastic cities who are very keen to join the MCAP and who have experience with activities similar to Sports Formula. The participants decided not to promote this Sports Formula MCAP actively and advertise for new members among the WHO project cities and National Network cities.

The following criteria for participation to the Sports Formula MCAP were established:

- * commitment to the Health for All and Healthy Cities principles;
- * to work on a programme for sports for children,
- * based on Sports for All (that is sports activities in a non-competitive way),
- * aimed at health promotion (the relationship with health must be clear);
- * commitment to do some baseline research (a protocol will be developed within this MCAP).

2.5 Evaluation

Each city will make a short description of the "state of the art" in their city when they start with Sports Formula. The discussion paper on "Using the Sports Formula framework in your own city" can be used as guideline for this paper.

Each city will try to measure the physical condition of the participating children. A protocol for collecting these baseline data will be prepared by Düsseldorf, Rotterdam and Eindhoven. A first meeting of this working group is planned for 22 September 1993. "Eurofit", a programme developed by the European Commission could be useful in developing this protocol. Eindhoven will provide Dresden, Düsseldorf and Pécs with German information on Eurofit.

It is recommended to involve local universities for the evaluation of the MCAP work.

Proposals for more scientific research will be developed later.

2.6 Funding

All participants agreed that each city should try to get funding for carrying out Sports Formula in their own city.

The participants agreed to pay for their own expenses for the business meetings, however the "Mechelen system" (that is paying for board and lodging) is still very welcome.

Eindhoven will try to find external funds (for example within the EC Sports for All-programme).

2.7 Sports Formula MCAP developments

All cities agreed to stick to Sports Formula first. However, every city is free to start other initiatives on the field of active living and report on it.

2.3 Coordinating city

Janine Cosijn from the Healthy Cities project in Eindhoven will be coordinator of this Sports Formula MCAP.

Eindhoven will ensure the communication between the participating cities through a Sports Formula MCAP newsletter which will be issued twice a year. The participating cities have committed themselves to provide Eindhoven with information for this newsletter.

2.4 Time frame including business meetings

The participants agreed to work with Sports Formula for at least one year.

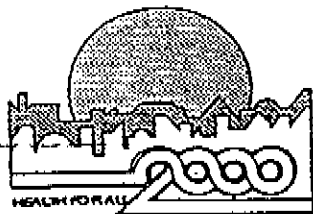
The City of Seixal offered to host next business meeting. However, it was agreed that in principle the participants should cover their own travel, board and lodging as this also expressed the cities' commitment to participate in the MCAP. If this creates difficulties in some cities, flexibility may be allowed. But generous offers to host meetings will be accepted.

It was also decided to organize a sports activity for all participants at the next business meeting. Düsseldorf will prepare a programme for this activity.

This Sports Formula MCAP is not going to organize a symposium on the outcomes of the programme.

The City of Seixal offered to organize a sports event for children simultaneously with the business meeting. This event will be based on their experiences with the "Seixalíades" (the Seixal version of the Olympics). Seixal will make a proposal for the amount of children expected to participate. It is aimed to organize this meeting during the Eastern Holidays. Eindhoven will make an overview of all the different periods of the Eastern Holidays in the participating cities.

Some cities mentioned that they would like to watch Sports Formula in practice. Eindhoven will find out if they can organize a visit for the interested cities.



HEALTHY CITIES PROJECT

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE



Multi-City Action Plan Coordination Meeting

WHO Regional Office for Europe, Copenhagen, Denmark
3 December 1993

ICP/HSC 640
3418h/43

25 November 1993
ORIGINAL: ENGLISH

LIST OF PARTICIPANTS

DENMARK

Mr Ib Haurum
Sunhedsdirektoratet
Sjællandsgade 40
2200 Copenhagen N

Tel: 35 30 35 30
Fax: 35 30 39 39

FINLAND

Ms Mari Hakkala
Kunnallissairaalaantie 20
SF-20700 Turku

Tel: 358 21 514 909
Fax: 358 21 515 226

IRELAND

Dr Patrick Doorley
Tobacco-free HC MCAF
c/o Eastern Health Board
Community Care Area 7
Aras Daimhin, Croke Park
Jones' Road
Dublin 3

Tel: 353 1 872 1777
Fax: 353 1 872 2278

ITALY

Mr N. Gianotti
Comune di Milano
Associazione Citta Sane
Ufficio Progetto "Città Sane"
Via Silvio Pellico 1/
I-20121 Milan

Tel: 39 2 805 6622
Fax: 39 2 864 61276

THE NETHERLANDS

Ms Janine Cosijn
Healthy Cities Project
P.O. Box 2357
NL-5600 CJ Eindhoven

Tel: 31 40 38 4083
Fax: 31 40 11 6647

Ms Lenneke Vaandrager
Agricultural University
Hollandseweg 1
NL-6706 KN Wageningen

Tel: 31 83 708 4694
Fax: 31 83 708 4791

UNITED KINGDOM

Ms Joan Devlin
Save the Children Fund
Community Health Project
Crumlin Road Visitors Centre
139-142 Crumlin Road
Belfast L3

Tel: 44 232 744 647
Fax: 44 232 744 647

Dr Laurence Gruer
HIV and Addictions Resource Centre
Ruchill Hospital
Glasgow G20 9NB

Tel: 44 41 946 7120
Fax: 44 41 945 5730

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Dr Peter Anderson
Mr Xavier Bonnefoy
Dr Ann Marie Connolly
Dr Mila Garcia-Barbero
Dr Josep Goicoechea
Dr Ilona Kickbusch
Dr Tapani Piha
Dr Charles Price
Mr Justin Smallwood
Dr Agis Tsouros