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## *WHO HEALTHY CITIES PROJECT*

Report on a meeting

Maribor, Slovenia  
28–30 April 1996

1996

EUR/HFA target 14

## TARGET 14

### SETTINGS FOR HEALTH PROMOTION

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

### ABSTRACT

Three national network coordinators and coordinators and politically responsible people from 25 cities attended this business meeting. The main items on the agenda were review and assessment of progress of the project cities, preparations for the Dublin technical symposium on evaluation, and Health and Agenda 21/Urban Sustainable Development. The main agreements are listed in Annex 1 and the Statement on Health and Agenda 21 is in Annex 2.

### Keywords

URBAN HEALTH  
PROGRAM EVALUATION  
SUSTAINABILITY  
HEALTH PROMOTION  
CONSUMER PARTICIPATION  
EUROPE

## 1. Introduction

The Maribor business meeting was held three years into the second phase of the WHO Regional Office for Europe Healthy Cities project. Earlier in the month, World Health Day had been celebrated by Healthy Cities around the world, showing the global importance of the project. The main purpose of the Maribor meeting was to develop work on the evaluation of the healthy cities project and to discuss action on health aspects of local Agenda 21.

The WHO Healthy Cities Office prepared the agenda, in consultation with project cities. The Business Meeting was attended by 65 participants including representatives of 25 cities.

## 2. Opening speeches

The opening meeting, held in the magnificent Knights' Hall, started with Slovenian music. The Minister of Health for Slovenia, Dr Bozidar Voljc addressed the delegates and commended the work of the Maribor Healthy Cities project in leading the Slovenian National Network of Healthy Cities. Mr Alojz Krizman, Mayor of Maribor, and Dr Igor Krampac, Coordinator of Maribor Healthy City, welcomed participants.

In response, Dr Agis Tsouros, WHO Healthy Cities Project Coordinator, thanked the Minister of Health, the Mayor and the Maribor Healthy Cities project for their support for the WHO Healthy Cities project. Maribor was developing as a major focus for Healthy Cities work, with important links to Austria, Croatia, Hungary and Italy.

## 3. Report of the work of the WHO Healthy Cities Project Office, October 1995–April 1996<sup>1</sup>

Dr Tsouros thanked the Maribor Meeting organizing committee on behalf of the participants for arranging the conference at very short notice. Dr Tsouros drew attention to several aspects of the half-yearly report.

- 1) There was progress in the organization of the Healthy Cities project in the Regional Office. Healthy Cities now has a good and strong base within the policy mega-unit. It was of note, also, that the Standing Committee of the Regional Committee had reviewed the Healthy Cities project as one technical programme within its annual review of the Regional Office's work. The Healthy Cities project had been given full marks, a very positive outcome.
- 2) The Healthy Cities project had received financial assistance from DGXI of the European Commission to develop work on Agenda 21 and health. This development strengthens the place of Healthy Cities in relation to the European Commission, following the initial discussions at the Madrid conference in April 1995. Dr Tsouros said that it was in the interest of all project cities to sign the Aalborg Agreement on Local Agenda 21.

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<sup>1</sup> Background Paper POLC 06 01 01 MT1/7.

- 3) Evaluation. There has been continued discussion with the European Commission for funding of the second phase of the project review. The first phase is in progress and will be discussed at this meeting in preparation for the Dublin meeting in October 1996.
- 4) Four publications (*Measuring health: a step in the development of city health profiles; Documenting the urban health situation: tools for Healthy Cities; Healthy Cities indicators*, and *Our cities our future*) produced by the Regional Office during the past six months have been sent to project cities. The book *Our cities, our future*, based on the Madrid Healthy and Ecological Cities Congress in March 1995, will be presented at the United Nations Habitat II conference in Istanbul in June 1996.
- 5) The Project Office has created a 'home page' on the World Wide Web. Advice on using the facility was available during the Meeting.
- 6) Negotiations were in progress between WHO and the Slovenian Government to establish a WHO subregional office for Healthy Cities in Maribor.
- 7) Many cities had given support and action to World Health Day. Dr Tsouros had been at the launch of Liverpool's city health plan on the Day. The city had been through wide consultation in the past months, and the plan they presented had been very radically changed by this process. The Liverpool plan had been signed by chief politicians of the city and partner agencies. It was evidence of the 'added value' of the Healthy Cities project.

#### 4. Healthy Cities second phase review – first session

(N.B. The term 'review' is used here rather than evaluation on the advice of Professor Humphreys, who drew the distinction that participating cities would expect to 'review' their work, whereas 'evaluation' tended to be associated with a hierarchy or an external agency.)

The meeting was organized in three workshops, with cities distributed to provide a balance of experience and geographical spread. Each group had a facilitator and rapporteur (Alistair Lipp, WHO/HCPO; Mark McCarthy, Camden; Premila Webster, WHO/HCPO). Further support was provided by the co-leaders of the research team, Professor Patrick Humphreys, London School of Economics, and Professor Evelyn de Leeuw, Rijksuniversiteit Limburg, Maastricht.

The workshops had three purposes:

- 1) to discuss the perceived impact and added value of the project in cities and their expectations for the second phase review;
- 2) to consider proposals for the Dublin October 1996 Symposium reviewing the second five-year period of the Healthy Cities project;
- 3) to discuss the questionnaire prepared for cities to provide information for the review.

The main points arising from the group discussions were:

- The value of Healthy Cities is to put health clearly on the political agenda at local level. Projects had difficulties where individual politicians and political parties change: there is a need to develop strategies for handling this. There could perhaps be a declaration at the Dublin conference that all political parties in project cities would be invited to support.

- At the same time, Healthy Cities affects national policies, provides important training for municipal staff in international contacts, creates links between different areas of municipal policies and budgets, encourages new ideas and initiatives, and develops the orientation and concerns of health professionals (seen in the last five years at local level).
- Healthy Cities is 'agenda catching' – achieving health improvements through a wide range of mechanisms rather than directly (as health services do). However, the public may not need to recognize this explicitly, even though their participation assists and leads to health.
- The review should be focused on process rather than (long-term) outcomes. It was too early to measure direct effects on health.
- The review should address three levels: the project and local people; the city's decision-makers; and the Regional Office.
- Several cities had themselves done internal reviews, which could be made available to the main review team.
- Examples of positive achievements giving evidence of effectiveness included:
  - involvement of the business sector in health policies (Sandnes)
  - legal action to limit sale of cigarettes to children (Dublin)
  - changing agendas of politicians through community feedback (Croatia)
  - empowering minorities (Mechelen)
  - integration with overall city plan (Horsens).

Participants emphasized that the review should not be harmful to project cities. Problems should not be attributable, whereas successes could be. It was important for all cities to receive feedback in confidence, and to include evidence of failure where this assisted understanding and knowledge.

Dr Tsouros welcomed the extent and depth of debate, and identified from the presentations three particular benefits of Healthy Cities projects:

- 1) they facilitate intersectoral action
- 2) they bring in new actors who were not previously contributors to public health
- 3) they develop a common vision for the city.

He recalled earlier Healthy Cities project work, describing the 11 qualities of a healthy city. He asked whether these might be returned to within the framework of the review. Baseline data from cities may be compared. Data on pollution, traffic, etc are available from many sources. But cities must agree on what can be compared and agree that a full picture is presented, not just a sanitized version.

One proposal to meet concerns about changing personnel was that, when a new mayor or chief of health is elected/appointed in a city, the Project Office should send a letter about the healthy city. Perhaps there could be a 'club' to which city mayors can receive each other.

## 5. Healthy Cities second phase review – second session

The second session of group work discussed the review questionnaire (a draft was provided to participants) and paper POLC 06.01.01.MT1/6, draft programme for the Dublin conference.

Rapporteurs were: Group 1: Alistair Lipp (WHO/HCPO); Group 2: Premila Webster (WHO/HCPO); Group 3: Jean Simos (Geneva).

The questionnaire sought to describe five aspects of Healthy City projects:

- the extent of working within Healthy City principles
- commitment to specific goals and outcomes
- the development of project infrastructures
- extent of networking
- added value and innovations due to the project.

Groups made the following comments on the questionnaire.

- The three separate questionnaires could be reduced to one.
- It was rather wordy and needed to be made more user-friendly.
- It would be helpful to have informal signposts in the questionnaire explaining the purpose of the sections in relation to Healthy City objectives.
- Questions should be included as to what aspects of cities contribute to success (it could be useful to include cities that had left the project, and perhaps also ask national network cities).
- The questionnaire should define carefully the words 'programme', 'project' and 'initiative'. (In the academic literature on organizations, there is normally a hierarchy: programme covering all activities, projects within these and initiatives as parts of a project. For WHO this applied – Healthy Cities is a project within WHO's health for all programmes. However, the review is focusing on the city level, where the project is the organizing framework within which there will be programmes and initiatives.)
- Ownership (copyright) of the questionnaire is with WHO and the researchers. The data provided by cities would be owned by them. The copyright of the analysis and products will rest with WHO.
- These points need to be included in the introductory letter accompanying the questionnaire.

The Dublin conference programme was also considered. There was broad agreement with the proposal, with the following comments:

- it is important to recognize and describe local programmes and initiatives within the city projects;
- not too much emphasis should be placed on environment/local Agenda 21 issues as few cities had addressed these so far;
- the purpose of the review and what the expected product will be should be made clear;
- a full range of people involved with the project at city level should be included in evaluation;
- the WHO Healthy City Project Office should consider the possibility of counselling for project cities at the end of the second phase;

- while the review will record specific products (plans, profiles, etc) at local level, its scope also allows a much wider frame of reference;
- guidelines on good practice and case studies will be useful.

Dr Tsouros made a number of further points about the discussions. He confirmed that the Dublin meeting would be held on 23–26 October 1996, with the first two days the business meeting and the last two days the symposium. Three participants per city are proposed – the coordinator, a politician and (for the technical symposium) a local partner in evaluation. Some places should be kept for national network coordinating cities as observers, and also cities that have left the network, e.g. Belfast, Munich and Stockholm. Cities need to agree by the end of June 1996 on their representatives as there is a limit of 150 available places. The 1998 major international Healthy Cities conference will provide the opportunity for wider participation. EURONET is also proposing to organize a conference in 1997.

The product of the meeting will be to provide a mid-term review publication with case studies, indicators (as in 1987–1990) and guidance to cities for their own internal reviews.

A personalized mid-term confidential report had been provided to each project city in the project's first phase: the review is proposing professional visits by two to three people, which should provide useful feedback.

## 6. Healthy Cities project on the World Wide Web

Alistair Lipp gave a live interactive demonstration of the World Wide Web, showing the Healthy City project's web pages. The information on the set of pages includes:

- background information about the Healthy City movement;
- contact details of project coordinators, national network coordinators, WHO project office staff, EURONET and WHO collaborating centres;
- key Healthy Cities books and documents, including *Twenty steps*, *City health profiles*, *Action for health* and *Our cities our future*, which are available for downloading;
- links to Healthy City web pages around the world.

He pointed out that 28 of the 35 project cities had Web pages about themselves, but these did not necessarily mention the Healthy City project. He encouraged project coordinators to approach the owners of these pages in order to add a Healthy City information page.

He requested project coordinators to update their project profile and send it back so that it could be added to the WHO Healthy City web pages.

## 7. Support to Bosnian cities

Professor Slobodan Lang, Croatian Healthy Cities network, presented a review of the present situation in Bosnia and Herzegovina following the 1995 Dayton agreement.

Healthy Cities organized city to city solidarity with Zagreb in the earlier stages of the hostilities. Dr Tsouros proposed that there was now an opportunity to cooperate with Bosnian

cities. Sarajevo wishes to be part of the Healthy Cities network, and cooperation was already established with the Austro-Hungarian network through Innsbruck.

Bosnia and Herzegovina had a population of 4.3 million in 1991, including 43% Bosnians, 31% Serbs, 17% Croats and 9% other groups. There are five large cities of over 70 000 inhabitants and seven cities of 20 000 – three in the Federation area, three in the Serbian area and one in territory as yet undecided: Banja Luca, Mostar (with a medical school), Sarajevo (with a medical school and school of public health), Tuzla and Zenica.

Professor Lang had spent much time in Bosnia and Herzegovina in the past years, and listed a broad range of concerns relevant to Healthy Cities: information, research, tolerance, refugees, support for isolated communities, protection of prisoners of war and human rights, peace missions, war crimes, hospitals, support for handicapped people, etc.

Dr Tsouros questioned how Healthy Cities might respond through the project or national networks. 'There are opportunities to be useful', he said. The starting point would be to organize a field visit to establish contacts, then to work together to make contributions.

Professor Lang also proposed holding a conference in Sarajevo.

Cities responded by supporting the concept. Various cities already had interests or links (for example, refugee populations), but proposals need local political support: coordinators cannot work alone. It was formally proposed that WHO Project Office lead a fact-finding mission. Six cities (Athens, Dublin, Horsens, Sandnes, Vienna, Zagreb) expressed interest in participating.

## **8. Health and urban sustainable development**

Health is a key aspect of Agenda 21 – the United Nations Programme of Action from the Rio conference. At the Healthy Cities business meeting in March 1995 participants agreed a number of recommendations including to ensure that their cities considered Agenda 21 and initiated local Agenda 21 action plans. This session followed up on these discussions in order to clarify the importance of health concerns within local Agenda 21, the role and potential role of Healthy Cities projects and what guidelines and additional material are needed by cities.

All participants had been asked to prepare the answers to a series of questions on health and local Agenda 21. The session itself consisted of a plenary presentation from Pierre Dubé and Charles Price of the background paper POLC 06.0101 MT1/5 followed by group work which considered questions in the following three main areas:

- health and local Agenda 21 and its relevance for European cities.
- the roles of healthy cities projects
- future work.

### **Current situation in cities**

In about half the countries represented participants were aware of some national encouragement for cities to produce local Agenda 21 action plans. In some countries most local governments have begun this process (e.g. Finland, Sweden and the United Kingdom). The contribution of

health to those local Agenda 21 processes which were under way was not always very clear. Often Healthy Cities projects were not involved in the key multisectoral group for Agenda 21 or were involved only peripherally. There was confusion about the various types of plan which were being produced and how they were linked together, for example between local environmental action plans/Agenda 21 plans/healthy city plans. Some cities had existing sustainable actions, e.g. recycling, but these were not necessarily part of any plan. Cities' environmental health departments were usually the focal point for Agenda 21 and leadership was sometimes seen as being in competition with Healthy Cities projects. In one city where the environment department was involved in the Healthy City plan, there was a chance that they would integrate. However, in another the Healthy City project was excluded from the Agenda 21 process. Clearly there was a need for consensus-building and collaboration within cities around health and sustainable development issues.

Most cities reported having a 10–20 year municipal plan, but it did not always address sustainability and health. A plan for 'quality of life' might integrate the two. City environment decisions need to be assessed on health criteria. There can be a conflict between stimulating the economy and the effects on both environment and health. One city wanted practical guidance on specific links between local Agenda 21 actions and health benefits: if environmental issues are explained to the population in health terms there could be more take up/agreement on the environmental issues.

A WHO handbook would need to be sensitive to different approaches for different structures in small and large cities. Practical advice was needed for both sustainability and local environmental issues. Some Healthy Cities projects would wish to contribute to reading and commenting. It was felt that the handbook needed:

- good examples of local projects
- clear guidelines on projects
- support material to allow political development
- advice on media work to support local projects.

## Summary of discussions

### Health and Agenda 21

There are six main aspects of health as part of the sustainable development agenda.

The first is that health and sustainable development are inseparable globally and locally. Unsustainable development and consequent damage to the global ecosystem will have a direct and negative effect on human health throughout the world. The industrialized cities of the developed world are responsible for a large proportion of global environmental disruption. For example they are collectively responsible for around 80% of global carbon dioxide emissions.

Secondly, health is an integral aspect of all human development. Improvements in population health are necessary for development in other areas and are also a specific objective of any development strategy.

Thirdly, there are health gains from initiatives which are principally taken for environmental reasons. Examples include reduction of accidents and improved physical fitness through transport policies which shift away from cars and towards cycling and walking.

Fourthly, the health sector is one of the largest employers and users of natural resources and can take the lead in showing environmental and other benefits from better management of its activities. Examples include reductions in hospital energy use.

Fifthly, there are a number of general recommendations in Agenda 21 which are part of the health for all agenda and in connection with which those experienced with health for all may have something to offer a local Agenda 21 process. These include processes for community participation and intersectoral action.

Finally there are a number of specific recommendations in Agenda 21 which refer to some of the main aspects of Healthy Cities work. These include recommendations on carrying out city health profiles, the development of municipal health plans and the strengthening of the WHO Healthy Cities network.

### **The role of Healthy Cities projects**

There are four main roles for Healthy Cities projects.

- to ensure that their cities consider Agenda 21 and to advocate that the city undertakes a local Agenda 21 process;
- to assist the local Agenda 21 process, particularly with regard to general process of which they have experience;
- to identify and assist in areas of action for local Agenda 21 which will have important health gains;
- to document and share their experience for the benefit of other cities.

### **Future work**

Cities expressed a need for additional practical guidance on how to address the health aspects of local Agenda 21 and on city planning for health and Agenda 21. Following discussions in plenary a statement on health and Agenda 21 was agreed (Annex 1).

## **9. Accreditation**

Paper POLC 06 01 01 MT1/8 developed for the EURONET meeting which was being held simultaneously in Maribor was available for the Business Meeting to consider.

The Amadora business meeting in October 1995, agreed the following three levels of association for Healthy Cities in Europe:

- 1) designation (WHO Healthy Cities project cities)
- 2) accreditation (a new mechanism)
- 3) recognition of cities making special progress.

Accreditation is to be available for any city which meets criteria set out in the working paper. The criteria are derived from the Healthy Cities project second phase – commitment to the goals of health for all and a credible structure and process. Cities will only be accredited through national networks and EURONET, as a joint action between WHO and the EURONET association, and through their national network. The paper provides a draft application form. Accreditation is given for three years, and there will be a review process for renewal.

Antonio de Blasio described the process. EURONET will review the comments of the business meeting. The accreditation package will be sent to all network coordinators for their comments. Then the EURONET board will adopt the package and start the process later this year. It is hoped that the first applications would be received before the October conference in Dublin. Project cities are expected to be strong members of their own national networks.

## 10. EURONET

Antonio de Blasio said EURONET expects to have four products.

- 1) A leaflet about the Association, with aims, network/contact addresses and a map. Available by the Dublin meeting.
- 2) Booklet with description of networks' profiles. Two editions have already been produced by WHO, and the third, to be produced jointly by EURONET and WHO, is under way
- 3) Contract with a commercial company producing a directory on consultancies on environmental and health issues.
- 4) Accreditation.

Reports on the activities of EURONET would be welcome on the agenda of future business meetings.

## 11. Review of World Health Day (7 April 1996)

The prospect of World Health Day for Healthy Cities had been discussed at Amadora. There had been a wide range of activities around the world including events, celebrations, new logos, opening of Healthy City shops, World Health Weeks, a year-long event in Stockholm, a video from Czech Republic, national networks linking with WHO headquarters in Geneva, UN without cars, launch of the Healthy Cities World Wide Web Pages, Liverpool city health plan launch, a combined event with WHO and UNESCO, and an exhibition at La Defense, Paris. Healthy Cities events were held in Latvia, the Russian Federation, Turkey, Ukraine and many other countries which were establishing their national networks.

The WHO Healthy Cities Project Office had collected a wide range of materials from the day which could be offered for exhibition at Dresden Hygiene Museum and possibly put on display at the Dublin business meeting. World Health Day seemed to have captured people's imagination. It was asked whether there might be a set Healthy Cities day every year.

## 12. Indicators

The published version of the *Healthy cities indicators* was distributed at the meeting by the Project Office, which would welcome feedback. It was proposed that a copy of the document could be placed on the Internet to allow wide access.

The Project Office wish to set up a new Indicators Technical Group and to start a new round of collecting indicators, perhaps within the framework of the review. There was support for this proposal, but concern not to extend the range of indicators – a preference to reduce the number and keep them as similar as possible to the first set – for comparison and trends. Sufficient time will be given to cities to complete the new questionnaire.

The OECD Ecological Cities project has finished its work, but the OECD urban affairs group continues with national level representatives. They are particularly interested in distressed urban areas, and with collecting information about them. A number of cities expressed interest in possible collaboration with OECD on this work including Camden (London), Copenhagen, Gothenburg, Turku and Vienna.

## 13. Future meetings

The next business meeting and conference will be in Dublin. Gothenburg has offered to host the spring 1997 business meeting. Jerusalem has offered to host the autumn 1997 meeting, and participants expressed strong support.

Athens had made a formal offer to host the open international Healthy Cities Conference (spring 1998) which would celebrate ten years of the project network. There was unanimous support for the offer.

## 14. Reports from project cities

The Project Office currently has 12 reports. The participants agreed that all cities would send their completed report to the Office either by post or by e-mail by the end of June 1996.

## 15. Closure of the Meeting

Charles Price expressed the participants' thanks to the people in Jerusalem for the considerable preparations they had made for the meeting, and the pleasure of looking forward to meeting there in autumn 1997. Participants were doubly grateful to the city of Maribor which, at very short notice, had allowed the programme of meetings to continue, and also provided a splendid setting and excellent programme of events.

On behalf of Mayor Alojz Krizman, Mr Igor Krampac thanked the participants for coming to Maribor. He was pleased that there had been no difficulty with the organizational arrangements, and that the meeting had even come to end on time. He looked forward to the September MCAP meeting on accidents, and offered continued support for Healthy Cities meetings.

*Annex 1***AGREEMENTS AND DECISIONS REACHED DURING THE MARIBOR  
BUSINESS MEETING**

- 1) Seven cities' representatives agreed to join WHO/EURO/HCP on a fact-finding visit to cities in Bosnia.
- 2) Participants agreed to inform Dublin Healthy City by 30 June of the numbers of people attending the October Technical Symposium.
- 3) Participants agreed document POLC 06.01.01.MT1/6 describing the scope and purpose, principles and process of the 10-year review of WHO Healthy Cities project, and the provisional programme for the Dublin Technical Symposium.
- 4) Participants agreed the approach and process for the 10-year evaluation questionnaire, and would return comments to the research team (LSE Health) by the end of June.
- 5) Participants recommended that WHO should clarify opportunities and responsibilities for Healthy Cities projects in local Agenda 21 work.
- 6) Participants agreed to help WHO to produce a short handbook on health and local Agenda 21, indicating organizational issues and providing case examples.
- 7) Participants agreed to a new technical group on indicators and agreed to a second round of collection of similar but fewer indicators.
- 8) Participants accepted offers to hold a business meeting in Jerusalem in the autumn of 1997 and the closing symposium of the second phase of the Healthy City project in Athens in the Spring of 1998.
- 9) Participants agreed to send in work progress reports by the end of June 1996.
- 10) Participants were encouraged to develop World Wide Web pages about their Healthy City project, to approach the owners of municipal web pages to seek permission to add their Healthy City web pages, and to update and return their city profiles for incorporation into the Project Office web pages.
- 11) Participants recommended that a booklet should be produced giving guidance on how to evaluate their Healthy City project and activities.

*Annex 2***STATEMENT ON HEALTH AND AGENDA 21**

We, representatives of the WHO Healthy Cities project network present at the Healthy Cities Business meeting in Maribor 28–30 April 1996:

- emphasize that human health and wellbeing is central to concern for sustainable development;
- recognize Agenda 21 as providing a framework for the achievement of sustainable development;
- note that Agenda 21 includes numerous specific recommendations on health including the development of municipal health plans and other key strategies for health development;
- further note that Agenda 21 recommends the strengthening of the WHO Healthy Cities network;
- regard the development of local Agenda 21 action plans as an essential step in the creation of healthy and sustainable cities;

**and recommend that:**

- cities belonging to the WHO project cities network and national networks of healthy cities develop local Agenda 21 plans;
- cities belonging to the WHO project cities network and national networks of healthy cities join the European Sustainable Cities and Towns Campaign;
- all cities should adequately address the health components of Agenda 21 in their local Agenda 21 action plans;
- Healthy Cities projects take action to implement the health aspects of Agenda 21, including providing support to the creation of municipal health plans;
- national networks of Healthy Cities inform and support member cities to take action on health and Agenda 21;
- WHO should produce additional support material for cities and for national networks on health and urban sustainable development;
- WHO should continue to advocate the importance of the health dimension of Agenda 21 at national and international level.