



INHERIT

MAKING A HEALTHY CITY

Takeaways from
WHO Healthy Cities Conference 2018

1-4 October 2018
Belfast, UK

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The [World Health Organization's \(WHO\) Healthy Cities Conference](#) last October marked the 30th anniversary of the network in a favourable context of a continued commitment for health and wellbeing.

INHERIT was well represented at the conference by four consortium partners, including EuroHealthNet. The INHERIT project was presented during a workshop on capacity and skills to reduce inequalities and a [poster](#) was featured at the conference exhibition on how to improve cross-sectoral collaboration to address common societal challenges.

In total, over 500 participants from 60 countries and 200 cities, including key government and health officials, attended the four-day comprehensive program featuring 6 plenary sessions, 49 parallel sessions, 8 side events and 21 site visits. A programme overview and presentations are available [here](#).

More information is provided below on the Healthy Cities network, as well as key takeaways from the event fostering a reflection on how the Healthy Cities framework informs INHERIT work and expected results.

Healthy Cities Framework

The Healthy Cities approach recognises the determinants of health and the need to work collaboratively across public, private, voluntary and community sector organisations.

A healthy city network [member](#) must demonstrate a commitment to health, and a process and structure to continually improve physical and social environments, expanding community resources enabling people to mutually support each other in performing all functions of life and reaching their maximum potential.

The concept of Healthy Cities was inspired and supported by the **WHO European Health for All strategy** and the **Health21 targets**. It is aligned with the European policy framework **Health2020** and the **2030 Agenda** for Sustainable Development.

Conference Takeaways

A Political Agenda

“Health remains a political choice” (Emmet McDonough-Brown, Deputy Lord Mayor of Belfast). A community provision of services led locally and supported nationally, with agreement across political parties, is key to supporting a “healthy city” agenda (Dr Catherine Calderwood, Chief Medical Officer, Scotland, UK).

In this context, **healthy cities were promoted as a vehicle of action for Sustainable Development Goal (SDG) 3** - to implement action to prevent and manage Non-Communicable Diseases and injuries over the life-course. Health is a bridge across SDG 3 “Good health and wellbeing”, SDG 11 “Sustainable cities and communities”, and SDG 16 “Peace, justice and strong institutions” (Prof. Ilona Kickbusch, Graduate Institute, Geneva).

Cities are fit for local action to address NCDs, mental health injuries and health through the life-course, with governance structures and platforms that facilitate multisectoral actions and engagement (Dr Bente Mikkelsen, WHO Regional Office for Europe).

A **circular economy** should be seen as part of the societal and cultural shift of paradigm for the current urbanisation trend, and **the best way forward to mitigate trade-offs** among various SDGs (Janez Potocnik, UN Environment, Co-chair UNEP International Resource Panel - IRP).

What makes a healthy city?

“A healthy city has a place for everybody - in order to create equity, we (sometimes) need to act unequal” (Miriam Weber, City of Utrecht). For example, spatial equity will be a key priority for Utrecht in the coming years. It does not necessarily cost more but **showcasing what works for better health is a challenge**, together with demonstrating effective resources mobilization/allocation.

“A healthy city is an inclusive city through participation” (Professor Ilona Kickbusch, Graduate Institute, Geneva). There is a key role for inclusive cities, in which citizens take an active part in the decision-making process, and community participation, in a context in which cities are influenced by globalisation, a dangerous decline in social capital and increased needs for urban resilience.

Examples of intersectoral leadership

Ensuring health is central in all policies requires an **alignment of objectives and resources, influential intersectoral leadership** of those working in health, and identified opportunities for budget savings and cost-efficiencies (Irish Ministry of Health and wellbeing). It may take a **lot of work to reach out across the breath of sectors and policies**, but “once people buy it, there is no stopping them”. The political leadership and (statutory) mandate of the London mayor on health equity is key (Emily Humphreys and Dr Fiona Wright on Developing London’s Health Inequalities Strategy).

A capacity building program on health inequalities was developed in Belfast, with the Flagship Programme “Reducing Inequalities: Getting Results Capacity Building”. The training focuses on the impact and indicators on inequalities within city-level. It was delivered to elected representatives, health professionals, policy-makers and planners from the community, voluntary and statutory sectors. (for more information please see the [“inequality screening tool for policy and other types of proposal”](#), Anne McCusker, Belfast Healthy Cities, Northern Ireland, United Kingdom).

“Wellbeing starts at home” - Sevenoaks district council leads a **health strategy linked with a housing strategy**, including priorities such as providing a good mix of decent and affordable housing across tenures, and proactive homelessness prevention at its roots. A hub model for integrated health (preventative services), partnership with GPs, and use of open space and active travel, are also crucial (Councillor Michelle Lowe, Deputy Leader & Portfolio Holder for Housing & Health, Sevenoaks district council’s approach to public health, Kent, UK).

Evidence-based advocacy and practices

Researchers and health advocates are best-placed to bridge expertise and accountabilities at the local level. At community level, a healthy city network coordinator supports intersectoral health leadership and change. For example, the Israel Healthy city network coordinator has facilitated consultations on community needs and evidence-based discussions with all stakeholders influential on health outcomes.

*Further reading: [Cities & Health](#) (new review of good practices launched by the WHO), *Health & Place*, *Journal of Urban Health*, *Journal of Transport and Health*; *The Lancet Planetary Health*, the *BMJ*, the *Journal of Health and Environmental Research*, *Health Promotion International*.*