

WHO Awards for Healthy Cities 2006

INTRODUCTION

More than a decade ago, Healthy Cities were introduced as an approach for improving the health of urban populations in the Western Pacific Region. Since then a number of cities have actively adopted the approach and have engaged communities, stakeholders and partners in multi-sectoral activities to address health problems and the determinants of health in urban settings.

In 2004 and 2005, a number of cities received WHO awards for good practices and proposals, and outstanding achievements in Healthy Cities.









In support of the work of the Alliance for Healthy Cities, WHO will provide recognition and support to good practices and innovative projects again in 2006 for the following areas:

Good Practice Awards:

- Financing of Health Promotion Activities
- Gender-based violence
- Breastfeeding promotion and protection at the work site
- Health emergency preparedness and response planning
- Mother friendly hospital initiative

Best Proposal Awards:

- Local Action for Social Determinants of Health in Urban Settings
 - Economics of urban settings and slums
 - Building Social Capital
 - Shelter and Housing
 - Healthy Urban Governance
- Emergency Preparedness Planning
- Mother friendly hospital initiative



Financing of Health Promotion Activities

1. Background

Most countries in Asia and the Pacific face the double burden of diseases due to epidemiological transition. Health promotion is one of the important areas of interventions that can reduce the disease burden by focusing on prevention factors causing many diseases and injuries. There is broad acceptance that the cost of health promotion and prevention interventions is relatively low and their effects on population health are far greater. Likewise, health promotion is advocated as an effective method for improving and maintaining population health. However, evidence shows that in reality, a very little share of health financing resources is devoted to health promotion programmes. It means that limited financial resources available for health are disproportionably spent mainly on hospital based curative services rather than low cost and effective interventions such as health prevention, promotion and primary health care services. As a result, health promotion programmes are often under-funded in many countries. In general, health promotion policy is well defined and reflected in national health policies. But securing necessary financial resources in implementing health promotion policy and programmes needs improvements. The practice in financial planning, budgeting and management of financial resources for health promotion programmes differs from one country to another, and from one city to another. Therefore, through the Alliance for Healthy Cities, WHO would like to recognize cities that have solid experiences and best practices in stable financing for health promotion programmes and activities.

2. Good Practice Awards

The World Health Organization Regional Office for the Western Pacific calls for applications for good practice awards in Healthy Cities.

Eligible awardees.

Any members of the Alliance for Healthy Cities

Materials to be submitted

Detailed description of the best practices and experiences in health promotion financing at city level with supporting data and information.



Criteria for selection

Recipients of the Best Practices Award for Healthy Cities will be selected on the basis of the following criteria, which will have equal weight:

- (1) Relevance to health promotion financing, planning and budgeting
- (2) Experience and best practice evidence in securing appropriate financial resources to implement health promotion policy and programmes at a city level.
- (3) Stable funding data on health promotion programme in recent years because of the good practices.

Award

A plague of recognition will be awarded

Deadline for submission:

31 August 2006

Contact Information

Applications and any queries should be sent to:

D. Bayarsaikhan
Regional Adviser, Health Care Financing
Division of Health Sector Development
World Health Organization
Western Pacific Regional Office
P.O.Box 2832 United Nations Avenue
1000 Manila, Philippines

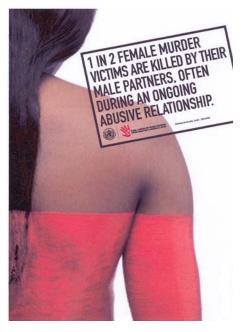
Tel: (632) 528 9808

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Gender-based violence

1. <u>Background</u>



Gender-based violence has long remained a feature of family and social life, about which society has preferred to remain silent. It takes many forms and affects a large number of women from all parts of the world at different points in their life cycle, from infancy and childhood to adulthood and old age. The World Development Report 1993 identified violence against women as a major contributor to the burden of ill-health internationally in terms of "female morbidity and mortality, leading to psychological trauma and depression, injuries, sexually transmitted diseases, suicide and murder."

Although gender-based violence is widespread, its precise extent remains unknown. However, very conservative estimates suggest that lifetime prevalence rates for domestic physical violence against women in the countries and areas of the Western Pacific Region are between 5.8%

and 61%, and for sexual abuse between 4% and 50%. In most cases, those figures represent serious underreporting and in many cases de facto indicators of abuse were used (such as suicide rates and divorce rates) given the reluctance of survivors, perpetrators and authorities to provide reliable direct data.

In recent decades, much has been done to gather evidence on the dimensions of the problem and promote awareness on its seriousness. National and international organizations have dedicated resources not only for research and advocacy but also for the development of strategies and policies to prevent and address gender-based violence at the local, national and international level.

Health professionals are in a unique position to identify gender-based violence, contribute to its prevention and assist victims. This is because health facilities are probably one of the few public institutions that most women interact with at some point in their lives – for pregnancy and delivery-care, for contraception, for health-care for their children or for their general health needs. However, health professionals generally have insufficient knowledge and skills to recognize and manage the consequences of gender-based violence.

2. <u>Good Practice Awards</u>

The World Health Organization Regional Office for the Western Pacific calls for applications for good practice awards in Healthy Cities as follows:



Award given:

Two awards for good practices in the area of gender-based violence

Eligible applicants:

All members of the Alliance for Healthy Cities

Materials to be submitted:

A written report and other supporting materials, describing the approach taken to address gender-based violence, the measurable outcomes of implementing the approach, and other information considered useful for evaluating the submission.

Criteria for selection:

Recipients of the Good Practice Awards will be selected on the basis at least two of the following criteria:

- (1) had sufficient implementation scale, coverage or effectiveness in addressing gender-based violence;
- (2) had an impact on the policy environment to address gender-based violence, through, for example, legislation, the regulatory environment, or resource allocation;
- (3) demonstrated an innovative and replicable approach. In the context of this set of good practices, this implies the capacity to demonstrate what is new or unique about the initiative -- either its product or process -- and offer opportunities for the initiative to be replicated in other countries and contexts;
- (4) demonstrated sustainability, such as through commitment of institutional sponsors or participants in the initiative and institutionalization of the identified good practice; and
- (5) emerged from a participatory process, involving a range of actors (women victims or survivors of gender-based violence, poor or marginalized households or communities, civil society, private sector, government, etc.).

The following is an illustrative list of possible good practices. Applications describing similar or other types of successful efforts are welcome:

- Various sectors of the municipal government and other stakeholders have understood the situation regarding gender-based violence
- Awareness about gender-based violence has increased in communities and families



- Mechanisms (such as a multi-sectoral working group) have been established to address gender-based violence, and made functional
- Health workers, municipal workers or other stakeholders have been trained on how to address and manage the consequences of gender-based violence
- Interventions for preventing gender-based violence have been put into place
- Services for responding to gender-based violence have been put into place

Deadline for submission:

31 August 2006

Contact Information

Applications and any queries should be sent to:

Dr Pang Ruyan
Regional Adviser (Reproductive Health)
Division for Building Healthy Populations and Communities
WHO Regional Office for the Western Pacific
P.O. Box 2932 (UN Avenue)
1000 Manila, Philippines
Fax: ±63(2)521-1036

Fax: +63(2)521-1036 Email: <u>rph@wpro.who.int</u>



Recognition of best practices in breastfeeding promotion and protection at the work site

1. Background

About 3000 babies die every day in the Western Pacific Region usually due to conditions that are preventable or treatable using evidence-based interventions. Exclusive breastfeeding for the first six months of life has demonstrated effect in reduction of child mortality, contributes to reduce child morbidity and improve growth and development of children, with protective effects that extend beyond infancy and childhood.

The Convention of the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women recognize breastfeeding as a way of improving survival and affecting the quality of life of children and recognize the right of the



child to be breastfed and the mother to make an informed decision on and have support for feeding her child. There is recognition of the impact that support has on breastfeeding rates, examples which are the Baby Friendly Hospital Initiatives as well as other baby friendly initiatives.

The International Labour Organization, recognizing the need of support of breastfeeding working women revised maternity protection in 2000 (Convention C183 on Maternity Protection) and issued the R191 Maternity Protection Recommendation. These documents include maternity leave of not less than 14 weeks, the right of the woman to one or more daily breaks or daily reduction of hours of work and the usefulness of the working place taking provisions for the establishment of facilities for nursing under adequate hygienic conditions at or near the workplace.

In almost all countries there are data showing that the main difficulty mothers report for not exclusively breastfeeding their infants for the first critical months is their working situation. Women working or planning to work in the formal sector will either not breastfeed at all, stop breastfeeding early or mix feed their babies with formula.

Studies in developed countries report association between early return to work and reductions in breastfeeding and immunizations. The decrease of infant mortality rates by lengthening the job-protected paid leave has also been reported. Various researchers have found that one of the most important elements affecting the feeding



behaviour of working mothers is the support received in the working place, including access to information and facilities for either breastfeeding or breast milk expression/storage.

Through the Alliance for Healthy Cities, WHO would like to recognize cities that have policies on breastfeeding promotion, protection and support at the working place and enforce such policies.

2. Good Practice Awards

Eligible awardees:

Any member of the Alliance for Healthy Cities

Materials to be submitted:

Documentation of the policies enacted and monitored to protect and promote breastfeeding for women working in the formal sector. Documents demonstrating the implementation of breastfeeding protection/promotion in working places. Testimonies of working women.

Criteria for selection:

Recipients of the Best Practices Award for Healthy Cities will be selected on the basis of the following criteria, which will have equal weight:

- (1) Written policy to protect and promote breastfeeding for women working in the formal sector, including maternity leave, breastfeeding breaks and facilities to support breastfeeding mothers in the working place.
- (2) Documentation of protection, promotion and support of breastfeeding in working places (photos, written instructions, newsletters) including facilities for breastfeeding mothers (area and equipment/supplies for breast milk expression and storage; crèche for babies of breastfeeding mothers), information to employees on the benefits of breastfeeding and on how to sustain breast milk production.
- (3) Testimonies by women working in different areas in the formal sector (public servants, industrial sector, etc).

Award:

A plaque of recognition will be awarded.

Deadline for submission:

31 August 2006



Contact information:

Applications and any queries should be sent to:

Child and Adolescent Health Unit World Health Organization, Western Pacific Regional Office P.O. Box 2832 United Nations Avenue 1000 Manila, Philippines Tel: (632) 528 9869

Fax: (632) 521 1036 Email: chd@wpro.who.int



Making our Cities Safer through Health Emergency Preparedness and Response Planning

1. Background

Disasters and emergencies do not only take a toll in lives, but they can have even more serious economic consequences. Whatever development projects have been started out, these can easily be wiped out by an emergency hitting a city that has not been adequately prepared for it or if the city has not taken measures to prevent or mitigate disasters.

Approaches towards disaster prevention, risk reduction and emergency preparedness have been successful especially if they have been community based, inter-sectoral and participatory in approach. A key component to such is the development of practical and technically sound emergency preparedness and response plans. This would not stop in just having a paper plan, but should be able to integrate



a participatory approach in developing the actual plan, with the community involved in conducting a risk analysis, actual drafting of the plan, development of a workable assessment/evaluation tool and creating mechanisms for sustainable planning/reviewing processes.

2. Good Practice Award

The World Health Organization Regional Office for the Western Pacific calls for applications for the Good Practice Award in Health Emergency Preparedness and Response.

This award shall give recognition to the city that exemplifies good practices in health emergency management through planning, conduct of exercises and actual response activities to emergencies.



Materials to be presented:

Detailed description of good practices in health emergency management for the past one to two years. Supporting documents could include photos, news/media articles, and video documentation.

Award:

Plaque of recognition

Eligible applicants:

All members of the Alliance for Healthy Cities

Deadline for submission:

31 August 2006

3. <u>Innovative Project Proposal on Emergency Preparedness Planning</u>

Incentive Award:

USD5,000

Eligible applicants:

All members of the Alliance for Healthy Cities

Format of proposal:

- Background (vulnerability to natural and human-generated hazards; history of disasters/emergencies in the community, etc)
- Objectives
- Strategies/activities
- Methodology for evaluation
- Sustainability of activity
- Budget

Deadline for submission:

31 August 2006



Contact information:

Applications and queries should be sent to:

Dr Arturo M Pesigan
Emergency and Humanitarian Action
Regional Office for the Western Pacific
World Health Organization
PO Box 2932
UN Avenue
1000 Manila, Philippines
Phone: (632) 528 9810

Fax: (632) 528 9072 Email: pesigana@wpro.who.int



Improving the quality of care Mother Friendly Hospital Initiative

1. <u>Background</u>

In developing countries, pregnancy and childbirth are one of the leading causes of death for women of reproductive age. Each year more than half a million women die during pregnancy and childbirth globally. In the Western Pacific Region, 30 000 to 50 000 women die due to pregnancy and childbirth.



Many of these deaths could be prevented by using the existing knowledge and affordable tools. Strengthening political commitment, increasing access to skilled birth attendants, providing equitable and accessible service, improving the quality of maternal and newborn care and promoting partnerships and improving health systems response will definitely reduce the maternal and newborn mortality.

As mentioned, improving the quality of care is expected to improve maternal and newborn health with a reduction in maternal mortality. Mother friendly hospital initiative is one of the strategies of improving quality of care to reduce maternal mortality. It was highly considered that health facility factors such as essential equipments, medicines and supplies and standards of care, especially in the remote areas play a very important role in the reduction of maternal mortality.

In order to have mother friendly hospital initiative, one needs to have a strong political commitment for the reduction of maternal mortality by the Ministry of Health, and a national strategic plan to be disseminated to pilot test a mother friendly programme to upgrade the quality of maternal and newborn care provided in the health facilities.

The criterion of becoming a mother friendly health facility needs to be developed by health providers at different levels of care. For example, the staff needs to be given in-hospital orientation on the concept of mother friendly programme and provision of equipments for emergency obstetrics and neonatal care. The guidelines for standard of care for antenatal and normal obstetrical care have to be developed according to Managing Complications in Pregnancy and Childbirth (MCPC).



These policy measures often require strong political leadership, long-term commitment, and strategic collaboration with diverse sectors within governments, and non-governmental organizations (NGOs).

2. <u>Good Practice Award</u>

The World Health Organization Regional Office for the Western Pacific calls for applications for good practice award in mother friendly hospital for the following four outstanding practices in improving maternal and newborn health:

- Government makes commitment and gives priority on improving maternal and newborn's health;
- Community and family are promoted to involve in the activities of mother friendly hospital;
- The clear standard or criterion of mother friendly hospital are developed and implemented; and
- Gender equity and right issues are emphasized and the indicators of the gender equity are developed.

Subject area:

Improving the quality of maternal and newborn care: An outstanding practice in innovative, successful approach to implementing a *Mother Friendly Hospital Initiative*.

Award:

Plaque of recognition

Eligible applicants:

All members of the Alliance for Healthy Cities

3. Innovative Project Proposal on Mother Friendly Hospital Initiative

Seed money awarded:

US\$ 5 000 (for full documentation of the good practice awarded)

Eligible applicants:

All members of the Alliance for Healthy Cities



Materials to be submitted:

A written report and other supporting materials, describing the approach taken to improve the quality of maternal and newborn health care services, measurable outcomes of implementing the approach, government comments, budget, including government or agency's financial support and other information considered useful for evaluating the submission.

Format of proposal:

- Background information: give the rationale for mother friendly hospital initiative, including some experiences on the initiative and lessons learnt if available
- Objective of the projects/activities: should be specific to the local situation, related to improve maternal and newborn's health service and practical
- Expected results of the projects/activities, including the development of reasonable criterion for mother friendly hospital
- Activities: government's comments, communication involvement and gender equity should be included
- Budget, including government or agency's financial support

Deadline for submission:

31 August 2005

Contact Information

Applications and any queries should be sent to:

Regional Adviser, Reproductive Health, WHO Regional Office for the Western Pacific P.O. Box 2932 (U.N. Avenue) 1000 Manila Philippines

Fax: +63(2)521-1036 Email: RPH@wpro.who.int



SPECIAL THEME:

Local Action for Social Determinants of Health in Urban Settings

Urbanization is not a new phenomenon, it has been going on for millennia – the very word "civilization" speaks to this. What is new is the scale and rapidity of urbanization today, fuelled by two processes. The first is a two-century old process of industrialization that is accelerating and has gone global, and that draws people to the city in search of work. The second is rapid population growth that undermines the ability of rural agricultural communities to meet the needs of their people. This in turn drives people from the land into the cities. In a significant number of situations, marginalized and socially disadvantaged people end up moving into urban slums.

People living in urban settings are subject to a range of environmental, social and economic factors that influence their health. Those who are disadvantaged by virtue of their ethnicity, caste, gender, lack of education or other social factors are likely to experience a constellation of adverse conditions – among them poor quality housing, vulnerable land tenure, inadequate water and sanitation, poor or non-existent health, education, social and other services, environmental pollution, unemployment or dangerous work, poor public transport – that result in poor health.

The one billion people living in informal settlements and slums in the developing world experience the worst conditions of all, and their health is the most adversely affected. Therefore it is necessary to focus most of our attention on these one billion people, while also paying attention to the social conditions of those who are also disadvantaged by various aspects of urbanization (e.g. suburbanization) throughout the developed and the developing world.

Health-focused urban governance strives to manage the forces of industrialization and urbanization so as to create the conditions for health for all and to thus improve overall levels of health, well-being and human development, while in particular reducing inequity in these dimensions. Governance here is understood to include but extend beyond local government, involving as partners all the sectors – public, private and civil society – whose choices and decisions influence the health of the population.

One way to understand this is to recognize that the health, well-being and human development level of an urban population is the product of the combination of social, economic, physical (built) and natural "capital" that the community fosters. The role of healthy urban governance is thus to manage the simultaneous creation and maintenance of all four forms of capital, in a balanced manner, and in a way that reduces inequity.

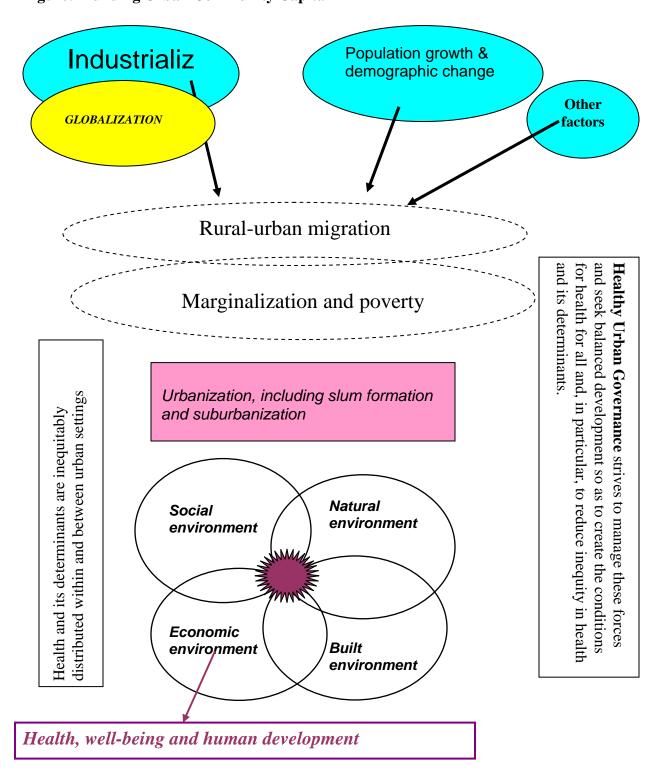


Four areas are selected for the best proposal awards under this special theme of local action for social determinants of health in urban settings:

- (1) Economics of urban settings and slums
- (2) Social capital
- (3) Shelter and housing
- (4) Healthy urban governance



Figure: Building Urban Community Capital¹



¹ Trevor Hancock, 2006. (For the Knowledge Network on Urban Settings)



Economics of urban settings and slums



1. <u>Background</u>

People move from the rural areas to cities for various reasons. One of the common reasons is to look for work; another is that they believe that they will have a better quality of life in the city. Most of the migrants find themselves living in slums or informal settlements. Often they may not find work or obtain jobs that do not pay enough to support their daily life. So a significant number may need to take up home-based or informal sector work in order to survive and to make ends meet.

Some home-based businesses may cause pollution (water, soil, air, noise), cause environmental hazards (e.g. lead poisoning from wet battery recycling, or fire hazards from cooking food for sale), or pose threats to occupational safety and health. Other forms of employment outside the formal sector may influence other dimensions of health, including exposure to health risks, scope for health promotion and prevention of ill-health, access to health services, or reducing equitable health outcomes.

2. Best Proposal Award

The World Health Organization Regional Office for the Western Pacific calls for proposals for innovative projects in Healthy Cities as follows:

Subject area:

Economic of urban settings and slums

Seed money awarded:

US\$10,000



Eligible applicants:

All members of the Alliance for Healthy Cities with preference given to those members in developing countries

Format of proposal:

The following sections should be included:

- Background (project area, baseline information of the area, etc.)
- Objectives
- Proposed approach and activities to address the economics of urban settings and slums
- Evaluation methodology
- Other pertinent information

When formulating the proposal, it may be helpful to ask yourself the following questions:

- What are the challenges which your city faces in trying to balance the need for employment and making sure that various forms of work do not pose hazards to the slum and general communities?
- How can your city promote the desirable influences of employment and work conditions on health and reduce the undesirable ones?
- Are there opportunities to improve the employment opportunities and conditions of work for those working outside the formal sector?
- What sectors need to work together in order to resolve some of these issues?
 What is the role of integrated and holistic approaches in addressing employment as a social determinant of health?
- What is the role of the local government, communities, and civil society groups? Which of these groups can act as a catalyst for change?

Deadline for submission:

31 August 2006



3. <u>Contact Information</u>

Applications to the best proposal award and any queries should be sent to:

Technical Officer (Poverty and Gender)
Health Care Financing Focus, Division of Health Sector Development
WHO Regional Office for the Western Pacific
P.O. Box 2932 (U.N. Avenue)
1000 Manila, Philippines

Fax: +63(2)521-1036 Email: hcf@wpro.who.int



Building Social Capital

1. Background

People move from the rural areas to cities for various reasons. Some of them, especially men (but, increasingly, women also) move alone, leaving their families behind in the rural areas. Even those who come along with their families often find themselves in slums and informal settlements where they live among strangers, devoid of the sense of community and social support or social capital² which exists in the villages.

It is well-known that those who live without social support find it difficult to cope with daily life, more so in times of extra stress during illness, for example. (The word anomie is applied to societies or groups of people within a society who suffer from chaos due to lack of commonly recognized explicit or implicit rules of good conduct, or worse, due to the reign of rules promoting isolation or even predation rather than cooperation.) Social capital positively influences health, while its absence has negative implications for various dimensions of health, such as risk of ill-health, access to health services and health outcomes.



Nan Lin's concept of social capital has a more individualistic approach: "Investment in social relations with expected returns in the marketplace". It may subsume the concepts of some others such as Bourdieu, Coleman, Flap, Putnam and Eriksson as noted in Nan Lin book "Social Capital" (2001; Cambridge University Press).



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In *The Forms of Capital* (1986) Pierre Bourdieu distinguishes between three forms of capital: economic capital, cultural capital and social capital. He defines social capital as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition." Social capital "refers to the collective value of all 'social networks' and the inclinations that arise from these networks to do things for each other," according to Robert Putnam, author of *Bowling Alone* and the concept's leading exponent (though not its originator). According to Putnam and his followers, social capital is a key component to building and maintaining democracy.

2. Best Proposal Award

The World Health Organization Regional Office for the Western Pacific calls for proposals for innovative projects in Healthy Cities as follows:

Subject area:

Building social capital

Seed money awarded:

US\$8,000

Eligible applicants:

All members of the Alliance for Healthy Cities with preference given to those members in developing countries

Format of proposal:

The following sections should be included:

- Background (project area, baseline information of the area, etc.)
- Objectives
- Proposed approach and activities to build the social capital in cities and communities
- Evaluation methodology
- Other pertinent information

When formulating the proposal, it may be helpful to ask yourself the following questions:

- What are the challenges which your city faces in trying to improve social support and the sense of community among excluded groups such as migrants, slum dwellers and informal settlers?
- Do you know of any successful interventions in tackling the issue, and how they can be applied to your city?
- What sectors need to work together in order to resolve some of these issues? What is the role of integrated and holistic approaches involving different sectors in building social capital? What are the felt needs of these different stakeholders?
- What is the role of the local government, communities and civil society groups? Which of these groups can act as a catalyst for change?



Deadline for submission:

31 August 2006

Contact Information

Applications to the best proposal award and any queries should be sent to:

Regional Adviser in Health Promotion
Division of Building Healthy Communities and Populations
WHO Regional Office for the Western Pacific
P.O. Box 2932 (U.N. Avenue)
1000 Manila, Philippines

Fax: +63(2)521-1036 Email: hpr@wpro.who.int



Shelter and Housing



1. Background

People move from the rural areas to cities for various reasons. Once they are in the cities, they find that they cannot afford proper housing and more often than not, they end up staying in slums or informal settlements. Usually these slums are themselves located in the worst of locations, with no proper housing, facilities or services. In the past, people moved out of the slums as they gained better employment, but now more and more slum-dwellers stay more or less permanently in the slums.

2. Best Proposal Award

The World Health Organization Regional Office for the Western Pacific calls for proposals for innovative projects in Healthy Cities as follows:

Subject area:

Shelter and housing

Seed money awarded:

US\$10,000



Eligible applicants:

All members of the Alliance for Healthy Cities with preference given to those members in developing countries

Format of proposal:

The following sections should be included:

- Background (project area, baseline information of the area, etc.)
- Objectives
- Proposed approach and activities to address the economics of urban settings and slums
- Evaluation methodology
- Other pertinent information

When formulating the proposal, it may be helpful to ask yourself the following questions:

- What are the challenges which your city faces in trying to prevent the formation of slums?
- What are the challenges that your city faces in trying to improve the conditions of shelter and housing in slums and other informal settlements?
- Are there ways to improve the employment opportunities and conditions of work for those working outside the formal sector?
- What sectors need to work together in order to resolve some of these issues?
 What is the role of integrated and holistic approaches involving different sectors in addressing housing as a social determinant of health? What are the felt needs of the different sectors?
- What is the role of the local government, communities and civil society groups? Which of these groups can act as a catalyst for change?

Deadline for submission:

31 August 2006



Contact Information

Applications to the best proposal award and any queries should be sent to:

Technical Officer (Poverty and Gender)
Health Care Financing Focus, Division of Health Sector Development
WHO Regional Office for the Western Pacific
P.O. Box 2932 (U.N. Avenue)
1000 Manila, Philippines
Fax: +63(2)521-1036

Email: hcf@wpro.who.int



Healthy Urban Governance

1. Background

It has been asserted that the formation of slums and other informal settlements in a city is the result of poor governance. Scott Burris (2004) gave one definition of governance as "the management of the course of events in a system ... Governance consists largely in the policing of social relations, environmental conditions, and the allocation of resources essential to well-being."



Governance here is understood to include but extend beyond local government, involving as partners all the sectors – public, private and civil society – whose choices and decisions influence the health of the population (see the Annex for an explanation of *governance*). What every city needs is healthy urban governance, that is, good urban governance (see the Annex for an explanation of *good governance*) which puts HEALTH at the centre of all decision-making.

Healthy urban governance – health-focused urban governance strives to manage the forces of industrialization and urbanization so as to create the conditions for health for all and to thus improve overall levels of health, well-being and human development, while in particular reducing inequity in these dimensions.

2. <u>Best Proposal Award</u>

The World Health Organization Regional Office for the Western Pacific calls for proposals for innovative projects in Healthy Cities as follows:

Subject area:

Healthy urban governance

Seed money awarded:

US\$10,000



Eligible applicants:

All members of the Alliance for Healthy Cities with preference given to those members in developing countries

Format of proposal:

The following sections should be included:

- Background (project area, baseline information of the area, etc.)
- Objectives
- Proposed approach and activities to promote healthy urban governance
- Evaluation methodology
- Other pertinent information

When formulating the proposal, it may be helpful to ask yourself the following questions:

- What are the challenges that your city faces in trying to govern based on the principles of healthy urban governance?
- Do you know of any successful interventions to promote healthy urban governance, and how can you apply them to your city? Who are the stakeholders of healthy urban governance? What is the role of the local government? What about non-government actors such as the private sector and civil society groups? What are the felt needs of these stakeholders?
- What is the role of integrated and holistic approaches involving different sectors in addressing governance as a social determinant of health?
- What do you think you need in order to practice healthy urban governance?

Deadline for submission:

31 August 2006

Contact Information

Applications to the best proposal award and any queries should be sent to:

Technical Officer (Poverty and Gender)
Health Care Financing Focus, Division of Health Sector Development
WHO Regional Office for the Western Pacific
P.O. Box 2932 (U.N. Avenue)
1000 Manila, Philippines

Fax: +63(2)521-1036 Email: <u>hcf@wpro.who.int</u>



Good governance

The terms governance and good governance are being increasingly used in development literature. Governance describes the process of decision-making and the process by which decisions are implemented (or not implemented). Hereby, public institutions conduct public affairs, manage public resources, and guarantee the realization of human rights. Good governance accomplishes this in a manner essentially free of abuse and corruption, and with due regard for the rule of law.

Good governance defines an ideal which is difficult to achieve in its totality. However, to ensure sustainable human development, actions must be taken to work towards this ideal. Major donors and international financial institutions, like the IMF or World Bank, are increasingly basing their aid and loans on the condition that reforms ensuring good governance are undertaken.

Good governance can be understood as a set of eight major characteristics: (1) participation, (2) rule of law, (3) transparency, (4) responsiveness, (5) consensus orientation, (6) equity and inclusiveness, (7) effectiveness and efficiency, and (8) accountability.

These characteristics assure that: (1) corruption is minimized, (2) the views of minorities are taken into account and (3) that the voices of the most vulnerable in society are heard in decision-making.

Participation

- Participation by both men and women.
- Participation could be either direct or through legitimate intermediate institutions or representatives.
- Participation also means freedom of association and expression on the one hand and an organized civil society on the other hand.

Rule of law

- Good governance requires fair legal frameworks that are enforced impartially.
- Full protection of human rights, particularly those of minorities.
- It also means independent judiciary and an impartial and incorruptible police force.

Transparency

- Decisions taken and their enforcement are done in a manner that follows rules and regulations.
- Information is freely available and directly accessible to those who will be affected by such decisions and their enforcement.



Responsiveness

• Institutions and processes try to serve all stakeholders within a reasonable timeframe.

Consensus orientation

- Need of mediation of the different interests in society to reach a broad consensus in society on what is in the best interest of the whole community and how this can be achieved.
- It also requires a long-term perspective for sustainable human development and how to achieve the goals of such development.

Equity and inclusiveness

- Ensuring that all members of society feel that they have a stake in it and do not feel excluded from the mainstream.
- This requires all groups, and especially the most vulnerable, to have opportunities to maintain or improve their well-being.

Effectiveness and efficiency

- Processes and institutions produce results that meet the needs of society while making the best use of resources at their disposal.
- It also means sustainable use of natural resources and the protection of the environment.

Accountability

- Governmental institutions as well as the private sector and civil society organizations must be accountable to the public and to their institutional stakeholders.
- In general organizations and institutions are accountable to those who will be affected by decisions or actions.

http://en.wikipedia.org/wiki/Good_governance

