WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

REPORT

CONSULTATION ON A REGIONAL NETWORK FOR HEALTHY CITIES

Manila, Philippines
15-17 October 2003

Manila, Philippines
November 2003

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Convened by:

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NOTE

The views expressed in this report are those of the participants in the Consultation On A Regional Network For Healthy Cities and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Consultation On A Regional Network For Healthy Cities, which was held in Manila, Philippines from 15 to 17 October 2003.

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Key words:

Healthy cities / Urban health

SUMMARY

The Consultation on a Regional Network for Healthy Cities was conducted at the WHO Regional Office for the Western Pacific in Manila, Philippines from 15 to 17 October 2003.

The objectives of the meeting were:

(1) to review experiences of selected recent developments on Healthy Cities and other healthy settings;

(2) to discuss and agree upon the proposed regional mechanism for Healthy Cities that includes:

- establishment of a regional alliance/network of Healthy Cities initiatives;
- organization of a regional steering group;
- awarding of regional good practice awards; and

(3) to identify common health issues that could be addressed by Healthy Cities initiatives.

A total of 70 individuals attended the consultative meeting. There were 29 temporary advisers representing various stakeholders in the Healthy Cities movement including mayors, vice mayors, senior government officers, health officers, health promotion officers, and academicians. The temporary advisers were from Australia, Cambodia, China, Hong Kong (China), Fiji, Japan, the Republic of Korea, the Lao People's Democratic Republic, Macao (China), Malaysia, Mongolia, Palau, Papua New Guinea, the Philippines, Singapore and Viet Nam. There were 36 observers from government agencies, nongovernmental organizations (NGOs), cities, academic institutions and other partners. Five WHO staff members served as the secretariat for this consultative meeting.

Country reports and updates on Healthy Cities were presented. This was followed by reports on projects on tourism in Healthy Cities/Healthy Islands. Technical presentations on new developments in Healthy Cities were made by other non-local government stakeholders from academe, national agencies and NGO partners. A proposed new regional mechanism for Healthy Cities was presented along with the Charter for the Alliance for Healthy Cities. Small group discussions were conducted on different components of the proposed Charter for the Alliance for Healthy Cities. Technical staff from the WHO Regional Office for the Western Pacific made presentations on the role of cities in various public health areas including outbreaks of infectious diseases, environmental hazards and emergencies, obesity and noncommunicable diseases, tobacco control, teenage pregnancies and abortions, mental health, health financing in cities, and quality of life of marginalized groups in cities. At the end of these presentations, the attendees were asked to rank their priority health issues.

The consultative meeting arrived at the following conclusions:

(1) The Healthy Cities approach continues to be an effective and relevant intervention to address urban health and quality of life issues in the Western Pacific Region.

(2) Six pilot areas addressing issues related to tourism and Healthy Cities illustrate how the approach may be relevant to new issues that cities face, specifically in relation to a fast-changing social and economic environments, globalization and continuing urbanization. Based on these experiences, it was recommended that guidance be provided on how tourism and health issues are addressed in cities on a wider scale.

(3) The role of different stakeholders outside of local governments such as national agencies, sub-national agencies, academic institutions, NGOs and communities in Healthy Cities has also been dynamic. As cities adopt to new challenges, their partners in the Healthy Cities approach can continue to support local action and empower urban communities to immediately address health and environment issues as they arise.

(4) The importance of political will and leadership in Healthy Cities has been underscored as a critical component for success of the approach. Multi-sectoral action has also been emphasized. The importance of support for training, research and sharing of experiences across and among cities was also underscored.

(5) The limitation of the current regional structure was discussed and the need for a new mechanism to meet the needs of a growing number of Healthy Cities was articulated. The framework, concepts and principles for developing this new regional mechanism are embodied in the Charter for the Alliance of Healthy Cities, which was unanimously endorsed at the meeting.

(6) The new regional mechanism will be an independent and autonomous group of cities that will work closely with WHO to propagate and promote the Healthy Cities approach as a means of improving quality of life in cities of the Western Pacific Region. The organizational structure includes a General Assembly composed of member cities and a Steering Committee and Secretariat to oversee its operations.

(7) Awards, recognition and incentives for Healthy Cities will be conducted on a biennium basis and will be supported by various stakeholders including international organizations and the private sector.

(8) Through the Alliance of Healthy Cities, it is envisioned that the cities will continue to pursue the Healthy Cities approach and expand its adoption at national levels. It is also envisioned that greater multi-agency collaboration will ensue to address priority health issues that were identified at the meeting. These priority issues include: unhealthy dietary habits, physical inactivity and unhealthy lifestyles; environmental hazards and emergencies; outbreaks of infectious diseases such as Severe Acute Respiratory Syndrome (SARS), dengue and tuberculosis; tobacco; safe and quality water and sanitation; and mental health among others.

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1. INTRODUCTION

1.1 Background Information

Since the international health promotion conference in Jakarta in 1997, the approach of healthy settings has become popular among those implementing the various settings initiatives (e.g. mayors of Healthy Cities, managers of healthy workplaces, etc.) in the Western Pacific Region, largely due to Member States' efforts and WHO's support. As a result, Healthy Cities, which was once merely a WHO programme, has now become a regional movement with some 100 cities implementing activities.

Other regional entities and agencies are also interested in collaborating with WHO on Healthy Cities. The Association of South-East Asian Nations (ASEAN) held their first regional meeting on Healthy Cities in June 2002, in which The Urban Governance Initiative (TUGI) of the United Nations Development Programme (UNDP) also participated. CityNet wishes to have a Healthy Cities activity among their member cities, and the United Nations University (UNU), Institute of Advanced Studies wishes to undertake urban ecosystem assessment studies in some Healthy Cities.

A number of human and institutional resources (e.g. national coordinators, external consultants, short training courses, etc.) have been developed to provide technical input to Healthy Cities initiatives in the Region. Many cities implementing Healthy Cities activities have local resources and budgets to support activities specific to Healthy Cities. Many cities wish to learn and exchange experiences with others. They have also expressed a strong desire to be recognized more formally, particularly for those aspects of the initiatives that they are implementing well.

The current regional structure has been unable to cope with the growing interest in Healthy Cities and facilitate mutual support among Healthy Cities initiatives in a sustainable manner. It also does not fully utilize human and institutional resources available in the Region in an effective and coordinated manner. In order to build on the momentum created, there is a need to develop a new regional mechanism that will develop new approaches, facilitate exchange of information, provide formal recognition to individual Healthy Cities initiatives, share innovative solutions to common health problems, and use available human and institutional resources more effectively. Such a regional mechanism should attract the involvement of other regional organizations dealing with urban management. In order to develop a new regional mechanism, a small group was convened in June 2003 to prepare a working document for regional consultation to address the abovementioned issues.

From 15 to 17 October 2003, a regional consultation on Healthy Cities was convened at the WHO Regional Office for the Western Pacific in Manila, Philippines to review experiences and agree on a new regional mechanism for implementing Healthy Cities in order to address current issues and challenges.

1.2 Objectives

The objectives of the consultation were to:

(1) review experiences of selected recent developments with Healthy Cities and other healthy settings;

(2) discuss and agree on the proposed regional mechanism for Healthy Cities that includes:

- establishment of a regional alliance/network of Healthy Cities initiatives;
- organization of a regional steering group;
- awarding of regional good practice awards; and

(3) identify common health issues that could be addressed by Healthy Cities initiatives.

1.3 Participants

A total of 70 individuals attended the consultative meeting. There were 29 temporary advisers representing various stakeholders in the Healthy Cities movement including mayors, vice mayors, senior government officers, health officers, health promotion officers, and academicians among others. The temporary advisers were from Australia, Cambodia, China, Hong Kong (China), Fiji, Japan, the Republic of Korea, the Lao People's Democratic Republic, Macao (China), Malaysia, Mongolia, Palau, Papua New Guinea, the Philippines, Singapore and Viet Nam. There were 36 observers from the following institutions, organizations and agencies: Ateneo Graduate School; CityNet Secretariat; Macao's Department of Health, China; Division of Health, the Republic of Korea; Graduate School of Tokyo Medical and Dental University; Suzhou City; Hirara City; Hue City; Ichikawa City; the Philippine Network of Healthy Cities; the Bureau of International Health Coordination Department of Health, the Philippines; the Institute for Health and Social Affaires; the National Museum, the Philippines; Office of the TKO Healthy City Project, Hong Kong (China), and Partnership in Environmental Management for Seas of East Asia (PEMSEA). Five WHO staff members served as the secretariat for this consultative meeting. A list of temporary advisers, observers and secretariat members is provided in Annex 1.

1.4 Organization

The consultative meeting was held at the Conference Hall of the WHO Regional Office for the Western Pacific from 15 to 17 October 2003. Opening ceremonies were held on the first day and were officiated by Dr Linda Milan, Officer-in-Charge, Western Pacific Regional Office.

Dr Shigeru Omi was contacted by telephone and delivered a brief message from Japan through a telephone conference patch. (A copy of the opening message is attached as Annex 2.)

In his speech, he thanked all the participants for attending the consultation especially the mayors and vice-mayors. He commended the Healthy Cities proponents for their achievements in improving health and quality of life through multisectoral action and encouraged the Healthy Cities to continue to lead the way for others cities to follow.

Dr Omi talked about some of the benefits and challenges of urbanization, and emphasized how empowerment of people to take action for health could become a potent force for revitalizing communities. He also underscored how decentralization and good urban governance could improve quality of life and the important role that mayors play in this process.

Dr Omi reiterated WHO's commitment to support the Healthy Cities initiative, expressed his keen interest in the proposed new regional mechanism and wished all a productive meeting.

After Dr Omi's telephone message, the following officers for the meeting were nominated:

Chairperson	-	Honourable Maria Lourdes Fernando Marikina City, Philippines
Vice-chairperson -	-	Dr P. Doraisingam, Malaysia

Rapporteur - Professor T. Takano
Tokyo Medical and Dental University School of Medicine, Tokyo, Japan.

After the opening ceremony, country reports and updates on Healthy Cities were presented. A list of documents used during the consultation is provided in Annex 3. This was followed by reports on projects on tourism in Healthy Cities/Healthy Islands by Fiji, Hirara City in Japan, Palau, San Fernando City in La Union and Marikina City in Philippines and the State of Sarawak, Malaysia.

In the afternoon, technical presentations were made by different stakeholders in Healthy Cities on the following topics:

- The emerging role of the national coordinator in support of Healthy Cities
- Healthy Cities in the Philippines: From Marikina to Metro Manila
- Emergencies and Healthy Cities: the Severe Acute Respiratory Syndrome (SARS) experience in Hong Kong (China)
- Developing training and research programmes for Healthy Cities
- Strengthening social capital in Healthy Cities
- Overview of the work of CityNet
- Overview of the work of the PEMSEA.

In the evening, a reception was held at the National Museum.

On the second day, the proposed new regional mechanism for Healthy Cities was presented along with the Charter for the Alliance for Healthy Cities. This was followed by discussions and small working groups on different components of the Charter for the Alliance for Healthy Cities. In the afternoon, the different groups presented the results of their group work. A summary of the outcome of the group work is provided in Annex 4.

On the third day, selected members of the technical staff of the WHO Regional Office for the Western Pacific made presentations on the role of cities in the following areas: outbreaks of infectious diseases in cities (dengue, tuberculosis, SARS), protecting the public from environmental hazards and emergencies, the epidemic of obesity and noncommunicable diseases, tobacco control, teenage pregnancies and abortions, mental health and other psychosocial problems, health financing in cities, and quality of life of marginalized groups in cities.

At the end of these presentations, the attendees were asked to rank their priority health issues. After a brief closing ceremony the meeting was formally ended.

2. PROCEEDINGS

2.1 Introduction to the Meeting

Dr Hisashi Ogawa, Regional Adviser in Environmental Health, reviewed the development of Healthy Cities in the Western Pacific Region since the late 1980s. He covered major regional events and activities of Healthy Cities, including regional meetings and workshops, training programmes and production of technical guidelines. As a result of these activities, the concept and approach of Healthy Cities are now popular, and regional resources are available for further extending the approach. However, cities need recognition. All of these factors indicate a need for a new regional mechanism for Healthy Cities that would allow wider participation of cities and other stakeholders, facilitate more effective communication and mutual support, and provide clearer recognition of cities implementing good practices.

He then introduced the objectives of the consultation. They included discussions and agreement on a new regional mechanism; review of new developments in Healthy Cities; and discussions on common urban health issues across the Region. The programme of the consultation was introduced. (The programme of activities is attached as Annex 5.)

2.2 Healthy Cities Updates

2.2.1 Vientiane, the Lao People's Democratic Republic

Mr Oudone Vatthanaxay, Director of Sanitation Department, Vientiane Capital, Vientiane, presented an update on the Healthy Cities initiatives in the Lao People's Democratic Republic. Healthy Cities initiatives started in Vientiane Municipality in 1996 and today four more provinces are actively involved in this initiatives. Healthy Cities in the Lao People's Democratic Republic focuses on a settings approach which involves school, villages, marketplace and hospitals. The overall vision is to establish well-planned, clean and beautiful cities with good hygiene standards for a high quality of life among the urban population.

The Lao People's Democratic Republic Healthy Cities initiatives will focus on communication, transport, construction industry, trade, education, agriculture, tourism and city planning in the future. There are plans to extend the initiatives to other provincial towns and to continue strengthening the national capacity in Healthy Cities initiatives.

2.2.2 Ulaanbaatar, Mongolia

In the report of Dr Shinee Enkhtsetseg, Officer in Charge of Environmental Health, Ministry of Health it was stated that Ulaanbaatar initiated Healthy Cities initiatives in 1997. In 2002, new approaches were adopted. The five focus areas of Healthy Cities initiatives in Ulaanbaatar City are towards reducing air pollution, improving solid waste management, preventing soil eruption, increasing water supplies and improving urban planning and management especially in areas of Healthy Sub-districts and Healthy Food Market.

Ulaanbaatar faces some difficulties and challenges, particularly with respect to financing city improvement projects. In July 2003, a Donors Thematic Group Meeting on Ulaanbaatar City Development was organized with the World Bank to attract investment and create financial resources for several Healthy City projects. About 20 projects were approved for financing including some Healthy Cities initiatives in Ulaanbaatar City itself.

2.2.3 Hue, Viet Nam

Dr Nguyen Huy Nga, Deputy Director Department of Preventive Medicine, Ministry of Health presented the updates on the Hue Healthy Cities project in Viet Nam. The Healthy Cities movement in Viet Nam originated in two cities: Hai Phong and Hue. It recently expanded to seven other cities. Significant improvements have been noted in healthy market places activities, healthy school promotion and healthy workplaces.

In recognition of the importance of the Healthy Cities movement in improving people's health, the Health Minister, the Minister of Culture and Communication and General Secretary of National Front signed a joint agreement for promotion of Healthy Cities.

2.2.4 Haikou City, China

Mrs Cheng Xiaoyu, Deputy Director for Haikou Planning Centre for the Healthy Cities Programme presented an update on Healthy City Haikou. Healthy City Haikou has strong support from the Haikou Government. It was established in 1995 and since then has made significant contributions to the health of the city. Healthy City Haikou focuses on establishing a network of community clubs to promote healthy lifestyles and overcome social problems in the city.

Haikou Healthy City initiatives have managed to establish 14 district community clubs with 200 000 members, 100 000 volunteers, and 2000 participants in healthy lifestyle activities. Success has been attributed to the establishment of working committees to coordinate various departments and the full participation of the people.

2.2.5 Suzhou City, China

Mr Xing Yujian presented the updates of Suzhou Healthy Cities initiatives. The ancient city of Suzhou City, which was built in 514 B.C. was selected as one of the Healthy City initiatives in China in 1999. In their initial activities, a survey was carried out to identify priorities for development of standards in 11 trade categories/areas. Subsequently, standards were developed for the following: healthy community; healthy family, healthy school, healthy enterprise, healthy governmental organizations, healthy hospital, healthy market, healthy garden, healthy hotel, healthy restaurant and healthy commercial building.

To achieve Healthy City status, the CPC Su Zhou City Committee, Su Zhou City People's Government has embarked on promotion activities by printing and distributing pamphlets on the plan of action to make Suzhou a Healthy City and facilitate the construction and mobilization of stakeholders in support of Healthy City initiatives in Suzhou City.

2.3 <u>New initiatives: Special Projects on Tourism in Healthy Cities/Healthy Islands</u>

2.3.1 Fiji

Mr Manasa Niubaleirua presented the progress on tourism in Healthy Islands projects in Fiji. Fiji established five pilot health promoting hotels using a five-step and six action areas approach as a guide or framework for implementation. The five steps are as follows: (1) mobilizing support/formation of a committee; (2) profiling and needs assessment of the area; (3) training of personnel; (4) producing an action plan; and (5) implementation/evaluation the project.

The action plan prepared covered six action areas, which include: (1) physical well-being/environment; (2) social well-being/environment; (3) financial well-being; (4) spiritual well-being; (5) develop personal knowledge and skills; and (6) policies.

Fiji is mindful that if the health promoting hotels movement is to be sustainable, the programmes should be appropriate and responsive to the needs of the workers and problems related to conditions in the workplace.

2.3.2 Hirara City, Okinawa, Japan

Honourable Akira Ishimine, Mayor of Hirara City presented the progress on the healthy tourism initiatives in Hirara City. Hirara City is located on the Miyako Islands with a total population of 35 000. It is rich in ground water and agriculture. The fishing industry and tourism are the main contributors to the income of the city. Current threats to the island are lifestyle related diseases, the ageing population and increasing environmental threats to the island.

The strategies undertaken by Hirara City include improving home health care systems, information exchange with more advanced cities and promotion of healthy resorts. Environmental regulations have been further strengthened to protect selected species and giant trees as well as to support coral reef conservation projects. Future plans for Healthy City initiatives include strengthening support for nongovernmental organizations (NGOs) and the introduction of a project evaluation system.

2.3.3 Palau

Ms Joanne Maireng Sengebau presented a paper on the healthy tourism programme in Palau. Their goal is to address tourism as part of the Healthy Islands initiative. It entails linking tourism promotion and Healthy Islands development. Five main focus areas were identified: community hygiene, food safety, consumer protection, vector control and environmental health information systems.

The outcomes were the construction of environmental friendly composting toilets at selected tourist sites; improved food safety and sanitary preparation practices; greater public awareness about safe food and consumer products and services; better vector-borne disease surveillance, prevention and control activities; and an improved data collection and management system for programme development and planning.

2.3.4 San Fernando City, La Union, the Philippines

Dr Eduardo Posadas, City Health Officer of San Fernando City, La Union, the Philippines presented the report on healthy tourism in San Fernando as a Healthy City. The report reviewed the history of the La Union Botanical Garden (LUBG). It started 30 years ago when Japanese Youth Volunteers reforested the area with mango trees. The first actual visit of the area started in the mid 1990s, which was followed by expansion of the area with the help of the provincial government. The Garden was initially maintained through the Country Development Fund (CDF) of both national and local officials, until it was transferred to the responsibility of the LUBG Foundation. Plants were distributed in 17 thematic gardens: environmental education, scientific research, biodiversity, conservation, aesthetic, passive recreation and public service. The LUBG became a member of the Botanic Garden Conservation International and made a commitment to the International Agenda for Botanic Gardens in Conservation. The work progressed under the leadership of the Executive Director and committed people in the community.

Since it first opened, LUBG has been the venue of seminars and workshops and has had a million visitors to date. It now aims to be a centre for Healthy Cities tourism by promoting alternative/complementary medicine utilizing traditional practices and people from the village in a special healing centre. Education centres and environmental maintenance support systems are planned with the help of local and institutional funding sources. The Garden is a showcase of the beauty of the province of La Union and a symbol of San Fernando City, which is recognized as a "Clean and Green City" where many would want to live and work.

2.3.5 Marikina City, the Philippines

Honourable Maria Lourdes Fernando, Mayor of Marikina City presented a paper on Healthy Cities Marikina. The paper describes the revitalization of the Marikina River as a local tourist attraction within Marikina as a Healthy City.

The Marikina River used to be a dirty waterway, full of rubbish, solid waste, squatter colonies and street hawkers. There was little aquatic life in the river, and years of decay were choking the river to death.

Former Mayor Bayani Fernando launched a programme called "Save the Marikina River" and the once dying river was cleared of squatters. Recreational facilities now line this new rehabilitated part, which is a model of a healthy tourism project. Among the features are an amphitheatre, jogging lane, bicycle lane, skating ring, and youth camp. This is now a place that brings pride to the people of Marikina.

2.3.5 Sarawak, Malaysia

Dr Andrew Kiyu presented a paper on healthy tourism in Sarawak. Based on its experience with the Healthy Cities programme, Kuching was selected as one of the six cities in the region to try out a healthy tourism pilot project in order to demonstrate how tourism and health issues can be addressed within the context of Healthy Cities/Islands. Since the state of Sarawak was promoting ecotourism, the project team decided to choose Lemanak River Safari (an ecotourism area) in Sarawak, for its pilot project.

The safari involved a four-hour inland journey by van, followed by a three-hour river trip in an open longboat, and an overnight stay in one of the guest houses adjacent to the longhouse which is the traditional home of the native tribes in the island of Borneo.

The aim of the healthy tourism pilot project is to make tourism industry in Lemanak, and in Sarawak: (1) grow, thrive, prosper, and be sustainable, (2) be safe and healthy for both tourists as well as the local communities, and (3) be a source of pride for all communities involved and for all Sarawakians.

In general, the methods outlined in the WHO “Guidelines for Healthy Tourism Pilot Areas” were followed. Specifically: (1) an experiential survey was completed by a study team who visited the study area as tourists using regular tour agent services; (2) a questionnaire survey was completed which emphasized cleanliness, hygiene, safety, hazards and expectations and was directed at: longhouse dwellers, other tourists, and tour guides; (3) observations were recorded in checklists; and (4) the event was recorded using digital photography.

The findings of the study were organized by site, namely: (1) along the way by road, (2) rest stops along the road, (3) boat terminals/jetty, (4) river transportation, (5) reception at the longhouse, (6) guesthouse, and (7) longhouse. The findings were presented to the participants of two separate workshops for longhouse dwellers, and for government agencies and the Sarawak Tourist Federation. Plans of action were developed during both workshops and are now in the implementation stage. Monitoring of the progress will be done at three-month intervals.

Based on the experience, it was concluded that: (1) it is extremely useful and timely to carry out a healthy tourism programme, (2) healthy tourism and Healthy Cities/Healthy Villages are synergistic, and (3) the WHO guideline gives sufficient pointers on how to start the project.

2.4 New Developments and Challenges

2.4.1 The Emerging Role of National Coordinators in Support of Healthy Cities

Dr P. Doraisingam presented a paper on the emerging role of national coordinators in support of Healthy Cities initiatives in the Region. Healthy Cities is working to better health outcomes and the quality of life through action in local settings. The initiative is searching for new and effective solutions to stubborn environmental and social problems. The coordinator's role is to create successful partnerships for direction, focus, and sustainability and encompasses all programmes and activities. The coordinator is responsible to a high-ranking technical committee which ensures sustainability and maintain effectiveness of Healthy Cities initiatives.

The expected outcomes of a national coordinator's efforts are to institutionalize a participatory approach to sustainable urban development by promoting social organizations and environmental awareness. Most important of all is inspiring others to commit to community movement. In conclusion, national coordinators need to appreciate achievements and translate them into tangible outcomes. Public commitment and community's involvement are the roots to the success stories in Healthy Cities initiatives.

2.4.2 Healthy Cities in the Philippines: From Marikina to Metro Manila

Chairman Bayani Fernando as chairman of Metro Manila Development Authority (MMDA) presented his experiences with Healthy Cities in the Philippines, from implementing Healthy Cities initiatives in Marikina to Metro Manila. Based on experiences with implementing Healthy Cities initiatives in Marikina that were focused on solving technical problems through reengineering, physical reconstruction, social renewal and spiritual invigoration, the changes in Metro Manila were achieved using the same principles. To bring about Healthy City status, people will adapt themselves to the environment. When there is physical order, people will behave accordingly but if the environment is in disarray, people will behave in a rough manner.

The MMDA will be focus on issues of cleanliness, traffic and orderliness in the city. MMDA promotes the concept of “urbanidad” (urbanity) to achieve change. A Healthy Metropolis is envisioned to have improved physical amenities, a disciplined citizenry, and a productive workforce with a strong government at work where investors recognize that it remain profitable to do business in the Philippines. MMDA maintains that their end goal is to bring about order and urbanity, which will lead to economic growth.

2.4.3 Emergencies and Healthy Cities: The SARS experience in Hong Kong (China)

Professor Albert Lee shared his experiences in handling SAR emergencies in Hong Kong. He highlighted that environment improvement and good infectious disease control measures are the key factors to prevent an epidemic in the future. The biggest challenge for public health practice is that some of the most important public health measures are to be taken outside the health sector. Another challenge is to equip the public with personal health skills to cope with different uncertain health conditions. Therefore, it is important to promote community action and partnership for improving health and hygiene. The "settings approach" to promote health pulls all sectors together to create health.

In Hong Kong, the "Healthy School" movement was initiated and expanded to "Hong Kong Health School Awards Scheme". This facilitated the development and implementation of "Schools Against SARS Campaign". The development of a “ Hygiene Charter” has been put forward with suggestions and guidelines on hygiene practices for individuals, management and business and organizations for 10 different sectors. The Charter facilitated development of healthy public policies and created a supportive environment for health. It also helped the public to equip themselves with skills for maintaining good standard of hygiene and advancement of health education. Promoting health through the setting approach such as Healthy Cities and Healthy Schools, and the hygiene charter should encourage making health and hygiene priority issues.

2.4.4 Developing Training and Research Programmes for Healthy Cities

Professor Takehito Takano presented a paper on "Developing Training and Research Programmes for Healthy Cities". He reviewed the roles of training and research programmes in Healthy Cities, examined features of effective training programmes for Healthy Cities and the importance of research programmes for Healthy Cities. The effectiveness of combining training programmes and research programmes was discussed.

Based on the review of programmes of International Course on the Promotion of Healthy Environments in Urban Areas (Healthy City Programmes; Short Course on Healthy Cities and Urban Health Policy; and Public Health Leaders Course Programme, the following were identified as key features for effective training programmes for Healthy Cities: (1) meeting specific training needs of participants by tailor-made programme development, (2) involving participants in the actual or model planning process, (3) involving participants in the evaluation research activities, and (4) having a research base.

A review of research programmes for Healthy Cities underscored the importance of research for Healthy Cities. The accumulation of experiences of participatory joint research expands the capacity of the Healthy Cities network at large. Participatory joint research programmes should be based on long-term development perspectives. Empirical evidence of the progress and outcome of Healthy Cities can be better reflected in policy-making of Healthy Cities. Training should be developed on the evidence-based framework of Healthy Cities.

To scale-up the Healthy Cities movement at the local, national, and international levels, it is necessary to continuously support training programmes. High quality resources for training and research should be shared in the region. The use of information technology and publications are encouraged. International support for these training and research networks strengthen Healthy Cities.

2.4.5 Strengthening Social Capital in Healthy Cities

Professor Fran Baum presented a paper on "Strengthening Social Capital in Healthy Cities". She argued that for Healthy Cities, social capital is relevant because it points to a crucial aspect of city quality of life and also has significant implications for economic well-being citing the work of Robert Putnam to support this. Her paper examined what social capital is, examined ways in which it is measured, considered its role in Healthy Cities projects, and then concluded with a consideration of the ways it has been used to drive city policies and interventions designed to improve health. This paper argued that social capital can be an important conceptual tool in shaping policies and interventions to improve health in cities but that the understanding of social capital has to be sophisticated and driven by an understanding of social theory related to social capital.

Professor Baum defined the role of social capital in Healthy Cities as:

- Ensuring that social factors are high on the agenda of cities as social cohesion, social networks, and involvement in community groups are important in creating health.
- Helping to balance economic, environmental and social issues in city decision-making.
- Promoting the importance of supporting civic involvement in city decision-making and planning.
- Assisting the equity agenda in cities as equal cities are likely to have better health outcomes.

- Ensuring that urban infrastructure supports the social life of cities.

She also noted that the Healthy Cities movement itself is an expression of social capital. She concluded with practical examples of social capital in action in Healthy Cities projects. These examples included community involvement in planning, urban re-generation, creating a sense of history and culture in cities and community development to create local leadership and creativity. The paper concluded that all Healthy Cities project should be concerned with developing social capital as an essential element of health.

2.4.6 CityNet

CityNet initiatives was presented by Miss Bernadia Irawati Tjandradewi, who highlighted the roles and activities under which local governments and other urban stakeholders such as NGOs/community-based organizations (CBOs), research institutions, national level organizations, development authorities, municipal associations and private sectors linked themselves in a network under the umbrella of CityNet.

Starting with a membership base of 28 in 1987, it rose to more than 100 in 2001 with members from about 20 countries, which are mostly in Asia and the Pacific region. Its role is to facilitate the exchange and sharing of managerial and technical information and experiences that have become the backbones of CityNet activities. It allowed excellent opportunities for cooperation on a wide variety of urban issues, capitalize and maximize limited resources of members and partners and match them with urgent needs of the member cities.

2.4.6 PEMSEA

PEMSEA is a regional programme for building partnerships in environmental management for the seas of East Asia. It is funded by the Global Environment Fund (GEF), implemented by UNDP and executed by the International Maritime Organization. Twelve countries in the Region are participating. PEMSEA focuses on building the capacity of governments at different levels to manage the coastal environment and resources in partnership with various stakeholders. The local governments implementing PEMSEA's integrated coastal management framework formed a regional network in March 2001 to promote the sharing of experience, knowledge and lessons learned.

PEMSEA and Healthy Cities initiatives share the common goal of sustainable development, which involves the quality of the environment and the quality of life and socio-economic well-being, and thus compliment each other. The environmental management framework as well as political leadership and multisectoral partnership built in PEMSEA sites can provide useful policy and technical foundation as well as an enabling environment for local governments to effective adopt Healthy City approach. In addition, the PEMSEA's regional network of local governments implementing integrated coastal management can enforce the efforts toward establishing the Alliance for Healthy Cities.

2.5 Regional Mechanism for Healthy Cities

2.5.1 Informal Meeting on a Proposed Regional Mechanism for Healthy Cities

Dr Mercado gave a presentation of the results of the Informal Meeting on a Proposed Mechanism for Healthy Cities which was held in Tokyo from 18 to 19 June 2003. There were 11 participants in this meeting composed of representatives of cities, national agencies, the academe and WHO. The group prepared a working document called the "Charter for the Alliance for Healthy Cities" which describes the proposed mechanism. (A copy of the Charter of Alliance is attached as Annex 6.)

The proposed mechanism is envisioned as an independent alliance of Healthy Cities committed to improving the quality of life. It would be registered as a non-profit organization. It will strive to promote the Healthy Cities approach and will encourage innovation and expansion of Healthy Cities projects at national levels. It will recognize outstanding practices and will work with multiple partners/donors to mobilize resources and support the good work that has been started. The proposed name is "Alliance for Healthy Cities" and would have the following organizational components: general assembly, steering committee, secretariat, working committees and committee on awards. It was proposed that it meet every two years under a rotating "chair" city, which would also be the convenor of the general assembly. WHO would be one of many partners that would be involved in providing technical assistance and other forms of support.

2.5.2 Workshop 1 (Report)

The objective of Workshop 1 was to review and critic all sections of the draft Charter for the Alliance for Healthy Cities. Three groups were formed to discuss: (1) goals and objectives/organizational structure and administration; (2) membership/ financial management and awards, recognition and (3) incentives/implementation and final provisions. Proposed amendments and revisions in the texts were discussed and when consensus was reached, these were included in the revised version of the Charter.

2.5.3 Workshop 2 (The Roles of Cities and other Stakeholders in the Alliance)

The objective of Workshop 2 was to discuss and clarify the roles of cities and other stakeholders in a new regional mechanism, the Alliance for Healthy Cities. The results are as follows:

(1) Role of the Cities

(a) Policy formulation and decision-making on Healthy Cities
(b) Prioritize health problems and needs
(c) Planning and implementation of the Healthy Cities Action Plan
(d) Resource or budget allocation to fund Healthy Cities initiatives
(e) Monitor and documentation of activities
(f) Submit reports to the Alliance
(g) Provide continuous support for the Alliance by the Health City leaders

(2) Role of the Alliance for Healthy Cities

(a) Provide technical support and methodological advice to cities
(b) Share information
(c) Serve as a clearinghouse for the Alliance
(d) Assist in training
(e) Monitor and evaluate progress of the cities
(f) Apply marketing strategies to promote the Alliance
(g) Establish a strong network with cities and other international organization

(3) Role of WHO

(a) Provide technical and expert support
(b) Provide financial support
(c) Provide recognition, incentive and awards
(d) Assist in grouping and classification of cities
(e) Advocacy and developmental roles

(4) Role of other stakeholders

(a) Recognize major stakeholder in the cities
(b) Provide technical and financial support
(c) Assist in collaborative work
(d) Provide funding for publication and projects
(e) Produce evaluation methodologies or tools

2.6 Common Health Issues in Healthy Cities Initiatives

2.6.1 The Role of Cities in Disease Outbreaks

(a) Tuberculosis in the Cities

Dr P. Van Maaren gave a presentation on tuberculosis (TB), which is a major problem in the Western Pacific Region. In 1999 the Regional Committee, WHO's governing body in the Region, declared a TB crisis, after which the TB Special Project was established in the WHO Regional Office. The project aims to halve the burden of TB in the Region by 2010, and in order to do so, the following targets must be met by 2005: (i) Region-wide access to directly-observed treatment, short course (DOTS) programmes, WHO's strategy to fight TB; (2) detection of at least 70% of the estimated infectious TB cases; and (3) successfully treat at least 85% of the detected TB cases.

Most of the larger cities in the Region have higher TB prevalence rates than rural areas in their country. The main reasons are: overcrowding and poor sanitation, which favours the rapid spread of this airborne disease; and weak health infrastructures that prevent effective management of TB. In particular, slum areas are breeding grounds for TB. Poor, homeless and marginalized population groups are thus caught in the vicious circle of poverty and TB.

However, management of TB in urban areas is not much different from its management elsewhere. DOTS, with its five components (political commitment, diagnosis through microscopy, directly observed treatment, uninterrupted drug supply, and an effective recording and reporting system) has proved to reduce TB prevalence in all kinds of different settings, including urban areas. Even with limited resources cities can set up an effective network of TB diagnostic and treatment facilities that are accessible to the urban poor and disadvantaged. Supported by measures to address the overcrowding and poor sanitary conditions in urban areas, collaboration between the national TB programme, city health officials, and community organizations should create the right environment for the DOTS strategy to work.

(b) Dengue Control in the Cities

Dr Russell Abrams presented a paper on dengue problems in the Western Pacific Region on behalf of Dr Kevin Palmer. He discussed the role of mayors in managing this problem. Dengue is a mosquito-borne infection, which in recent years has become a major international public health concern particularly in the Asia/Pacific Region. Dengue is predominantly an urban and semi-urban disease. Dengue occurs in epidemics that result in major economic losses due to productivity and deaths. Control of dengue epidemics is expensive and rarely effective. Few cities have an epidemic response plan for dengue.

The main strategy for prevention the epidemic of dengue is to reduce or eliminate mosquitoes breeding areas. This strategy needs strong community-based commitments where mayors can play a major role in coordinating and organizing community-based campaigns to reduce or eliminate the breeding sites for mosquito. Many cities have done this type of campaign and mayors have roles in making cities safer and healthier.

(c) The SARS Outbreak in the Region

Dr Aurea Corpus presented a report on SARS in behalf of the Communicable Diseases Surveillance and Response (CSR), WHO Regional Office for the Western Pacific. The SARS outbreak, which occurred from November 2002 to July 2003, was a wake-up call to the world. There were many lessons learned that government officials can apply to be better prepared for other outbreaks. A total of 29 countries were affected with a total of 8098 probable cases and 774 deaths. The economy was the hardest hit, shaving US$18 billion from Asia's combined gross domestic product and US$60 billion in lost demand and revenues. WHO also spent US$3 million for personal protective equipment alone. Although a new disease, this outbreak was brought to containment because of the countries' commendable efforts. The high level of leadership and commitment was crucial in implementing strong and effective public health interventions. The dedication and hard work of national and sub-national response teams were outstanding, and there was unprecedented worldwide collaboration among governments and the scientific community. Finally, governments were willing to take risks and put health before the economy of the country. However, it must be noted that there are still many issues that need to be addressed, including the problem with border control measures, the inadequacy of surveillance systems in other countries, the incompatibility of hospital and public health information systems, barriers in information exchange, the inability to analyse data at the national and sub-national level, resource intensiveness of preventive and control measures, the inconsistency of messages, and unskilful delivery of risk communication.

With all these issues in mind, mayors and other local government executives could start planning out their strategies and resources. Other areas that need to be tackled soon are the strengthening of local capacities to detect an outbreak, strengthening of public health infrastructure, establishing proper infection control programmes in the local hospitals, establishing a strong mechanism for health information exchange and soliciting high level commitment for strong public health interventions against infectious and emerging diseases. On deeper analysis, SARS and other outbreak-prone diseases boil down to one problem: the problem of cleanliness. Mayors can help to improve the physical environment and mobilize resources to achieve this goal. As key implementers, they can check on the cleanliness of the environment, water and food. This is a big challenge for a Healthy City initiative, but the role of mayors is crucial and they can make a difference.

2.6.2 Protecting the Public from Environmental Hazards and Emergencies

Dr Art Pesigan and Dr Russell Abrams jointly presented a report on the role of mayors and cities in responding to environmental hazards and emergencies. Environmental hazards and emergencies have been getting more attention in recent years. As the populations of cities expand rapidly and vulnerability increases due to higher levels of pollutants in the air, water, and soil, city administrators are required to be prepared in anticipation of the eventuality of a disaster occurring. Rapid and uncontrolled urbanization and industrialization have led to marginalization of population groups particularly those who are living in disaster prone areas such as along the river, hills or mountains, or along highways or railway tracks, or near major hazardous installations. The great potential of ecological disruptions occurring combined with the lack of capacity of the community to adjust or react to environmental emergencies/disasters may result in a large number of casualties especially in densely populated areas.

Experiences in Tokyo in 1923, Kobe in 1995, and other areas shows that disaster can strike anywhere and anytime. The changing threat from natural to human-generated hazards from radioactive, chemical and biological threats requires that cities be more prepared to prevent such events as the New York tragedy of 11 September 2001. Any form of disaster will have a major health and economic impact in both developed and developing countries. Therefore, city mayors must be made aware of the potential for any disaster to strike his/her city and that the ability to react immediately and appropriately would significantly minimize the impact on health and the

economy. Cities need to establish disaster preparedness and emergency response plans to minimize the impact of disasters to human life.

2.6.3 The Role of Cities in the Epidemic of Obesity

Dr G. Galea presented the roles of cities in managing the epidemic of obesity in the Region. The epidemic of obesity, long documented in the Pacific islands, is hitting Asian cities as well. Surveys in China, Malaysia, Mongolia, the Philippines, and Viet Nam (among others) illustrate the rise in obesity and the concentration of overweight populations in cities. The rise in overweight is followed closely by the growth in diabetes, adding to the problems of hypertension, already well-established in many parts of Asia. The epidemic is happening in a Region as yet largely unaware of it, as national and local governments are more focused on traditional deficiency-related public health problems.

The concentration of overweight in cities is better understood if the determinants of obesity are described in the model of causation traditionally applied to infectious diseases. The agent causing obesity is energy imbalance, an energy intake exceeding energy utilization. Three factors affect the work of this agent i.e. the host, the vector and the environment.

- Host: This refers to factors inherent in the populations themselves. The Asia-Pacific populations of this Region have a higher predisposition to diabetes and obesity than Caucasians. Asian populations have a higher body fat for a given body mass than Caucasians.

- Vector: This refers to the technologies that reduce physical activity and increase the energy density of food. These technologies include reduced work-related activity, more passive private transport, and increasingly processed food that is growing in portion size and energy density.

- Environment: This refers to the physical, political, social, and economic contexts of health behaviour. These include a wide range of intersectoral policies and regulations that hinder healthy behaviour. These include the price of processed and fast food, advertising, transport policies, and school curricula, among others

The interventions:

Intervening to halt or slow the rise of obesity requires concerted action on many fronts in the cities of Asia and the islands of the Pacific. Actions should be targeted to the three main determinants described above:

- Host: Information, education, and communication programmes should ensure that people are made aware and convinced of the danger of being overweight. This is especially important in a Region emerging from a predominant problem of under nutrition, and prevalent attitudes that being fat confers status or is a sign of health. Role models, social mobilization programmes, and clear guidelines on diet and physical activity have a role here.

- Vector: Technology can be used to increase physical activity and to reduce the energy density in food. It can range, for example, from making active transport more accessible and feasible through road design and zoning, through to recruiting consumers to influence food manufacturers through "nutrition signposts" indicating healthier food options.

- Environment: This includes advocacy to achieve changes in policies and regulations across sectors such as exposure to healthy diet and physical activity throughout the

formal and informal curriculum of schools, the creation of safe spaces for physical activity, and the promotion through pricing and marketing of healthier dietary options, possibly based on traditional foods.

2.6.4 The Role of Cities in Social Problems Related to Health

Dr Wang Xiangdong talked about the importance of mental health issues in the initiatives of Healthy Cities. He highlighted the alarming burdens associated with mental and behavioural disorders, the fact that many mental health issues such as suicide, violence and drug abuse themselves are social problems, and the availability of effective means of treatment and prevention of most of mental disorders. Furthermore, mental health is more than the absence of mental disorders. Mental health programmes are much wider in scope than dealing with treatment and rehabilitation of mental disorders. Across the life span from early childhood until death, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. It is these components that determine each individual's successful contribution to community and society. Mental health is fundamentally linked to an individual's personal achievement and contribution to society, to overall well-being of societies, and to physical health. There can be no Healthy Cities without mental health.

2.6.5 The Role of Healthy Cities in Prevention of Teenage Pregnancy and Abortions

Dr Pang Ruyan presented a report on the role of Healthy Cities in safe motherhood. She stated the importance of reducing maternal mortality by reducing unsafe abortions.

There are 40 to 50 million pregnancies every year and more than 14 million induced abortions. About 30 000 to 50 000 women die each year from complications related to pregnancy and childbirth and more than 300 000 newborn die on the first day of birth. Some factors that contributed to maternal deaths are from haemorrhages, sepsis, eclampsia, unsafe abortion, obstructed labour, and other indirect causes.

With high maternal and infant mortality globally, WHO has identified strategies to reduce child mortality, improving maternal health and reduce maternal mortality, which are also part of the Millennium Developmental Goals. One of the problems identified is low contraceptive prevalence rates among countries in this Region. This is due to insufficient political commitments to promote contraceptive usage, culture and religious barriers to contraceptives, lack of counselling and education on the benefits of contraceptives, limited access to effective contraceptives, limited choices for selection of contraceptives and insufficient supervision and monitoring of the implementation of family planning activities. City mayors should take bold steps to assist women to avoid abortions through the promotion of family planning and ensuring the availability of capable counsellors for family planning and abortion prevention.

2.6.6. The Role of Cities in Tobacco Control

Mr Burke Fishburn made a presentation on the role of cities in tobacco control. Every tobacco death is preventable. The deaths from tobacco have risen by 0.7 million over the past two years and now account for 9% of all mortality worldwide. In the Western Pacific Region, tobacco is responsible for 3000 deaths per day. World Health Report 2002 identifies tobacco use and indoor smoke as risk factors for lost health life years in every region in the world. Active and second hand smoking cause cancer, cardiovascular diseases, lung disease and others.

Tobacco-free Healthy Cities should be the way forward for the Healthy Cities movement. Cities should proceed with formulating comprehensive smoking restrictions for all public places, promoting tobacco-free business premises, banning all forms of tobacco advertising and promotion, promoting smoke-free communities, strengthening youth tobacco-free education programmes and using the Healthy Cities movement to strengthen, promote and enforce these restrictions and support tobacco-free educational programmes.

2.6.7 The Role of Cities in Sustainable Financing for Health

Dr D. Bayarsaikhan, in his presentation discussed the role of cities in health sector reform, and emphasized the importance of understanding the different types of health services, and how these could be appropriately managed and funded by cities. He underscored the important role cities play in health care financing. He also emphasized the importance of essential public health services and functions, and how local governments can play a role in the delivery of health services that are considered "public goods".

2.6.8 The Role of Cities in the Quality of Life of Marginalized Groups

Dr Susan Mercado gave a presentation on the role cities play in protecting the poor and marginalized groups. She talked about how Healthy Cities have instinctively tried to undertake changes specifically to address the issue of equity and the lack of access to resources of the urban poor. She cited existing tools to help cities integrate protective measures for poor and marginalized groups such as the Health Report Card of The Urban Governance Initiative (TUGI) UNDP and the Security of Tenure Index. She presented PowerPoint advocacy audio-visual material that summarized the issues, challenges and responses of Healthy Cities to specific marginalized groups found in cities: poor children.

3. CONCLUSIONS

The Healthy Cities approach continues to be an effective and relevant intervention to address urban health and quality of life issues in the Western Pacific Region. Updates from the different countries illustrated how different cities have used the approach to meet local as well as national objectives for health. Six pilot areas addressing issues related to tourism and Healthy Cities illustrate how the approach may be relevant to new issues that cities face specifically in relation to a fast-changing social and economic environment, globalization and continuing urbanization. Based on these experiences, it was recommended that guidance be provided on how tourism and health issues are addressed in cities on a wider scale.

The role of different stakeholders outside of local governments such as national agencies, sub-national agencies, academic institutions, NGOs and communities in Healthy Cities has also been dynamic. As cities adopt to new challenges, their partners in the Healthy Cities approach

have used these as opportunities to continue to build capacity for local action and to empower urban communities to immediately address health and environment issues as they arise.

The importance of political will and leadership in Healthy Cities has been underscored as a critical component for success of the approach. Multisectoral action has also been emphasized. The importance of support for training, research and sharing of experiences across and among cities was also underscored.

The limitation of the current regional structure was discussed and the need for a new mechanism to meet the needs of a growing number of Healthy Cities was articulated. Based on the recommendations of an informal meeting on a new regional mechanism for Healthy Cities, the group agreed on the need to adopt a new mechanism for Healthy Cities in the Region. The framework, concepts and principles for developing this new regional mechanism are embodied in the Charter for the Alliance of Healthy Cities, which was unanimously endorsed at the meeting.

The new regional mechanism will be an independent and autonomous group of cities that will work closely with WHO to propagate and promote the Healthy Cities approach as a means for improving the quality of life in cities of the Western Pacific Region. The group will be governed by a General Assembly composed of member cities and will have a Steering Committee and Secretariat to oversee its operations. Awards, recognition and incentives for Healthy Cities will be conducted on a biennium basis and will be supported by various stakeholders including international organizations and the private sector.

Through the Alliance of Healthy Cities, it is envisioned that the cities will continue to pursue the Healthy Cities approach and expand its adoption at national levels. It is also envisioned that greater collaboration will ensue to address priority health issues that were identified at the meeting. These issues include: unhealthy dietary habits, physical inactivity and unhealthy lifestyles; environmental hazards and emergencies; outbreaks of infectious diseases such as SARS, dengue and tuberculosis; tobacco; safe and quality water and sanitation; and mental health, among others.

ANNEX 1

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Healthy Cities – Ichikawa City Project	Mr Nobuaki Takahama, Staff, Environment Protection and Management Section, City of Ichikawa, Yawata 1-1-1, Ichikawa City Chiba 272-8501, Japan Tel No.: 81 47 334 1111 Mr Shinji Takusagawa, Adviser for Healthy City Ichikawa Project, Deputy Director of Planning Department, City of Ichikawa, Yawata 1-1-1, Ichikawa City Chiba 272-8501, Japan. Tel No.: 81 47 334 1111. Fax No.: 81 47 336 8022 E-mail: takusagawa@city.ichikawa.chiba.jp
Healthy Cities – Malaysia	Dr. Ahmad Zaidi, Health Officer, Department of Health, City Hall of Kuala Lumpur, Km 4, Jalan Cheras, 56100 Kuala Lumpur. Tel. No: 603-92845166. Fax No: 603-92857295
Healthy Cities – Philippines	Dr Pacita E. Alcantara, City Health Officer, Olongapo City. Tel No: 047-224-1628

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Dr Benito Arca, City Health Officer, City Hall, San Fernando, Pampanga.
Tel. No.: 045 9613200. Fax No.: 045 9615022

Dr Eliezer John Asuncion, Laog City General Hospital, Laog City.
Tel No: (077) 772-1806

Anne Bernardo, FETPAFI, 13 Boston St., Cubao, Quezon City.

Mr Claro Bombase, Representative, Palayan City.
Tel No: 09209081257

Dr Victorio Galapon III, City Health Officer, Tacloban City.
Tel No: 0917-7193006

Honourable Jose Galario, Mayor, Valencia City.
Tel. No: 09177181673

Dr Alberto Herrera, City Health Officer, Marikina City Health Office, Shoe Avenue, Sto. Nino, Marikina City.
Tel. No.: 942-1084/948-0410. Fax. No.: 948-0410

Dr Angelito Llabres, City Health Officer, Marikina City.
Tel No: 9421084

Ms Susana Magtubo, Representative, Marikina City.
Tel No: 9421084

Dr Daniel Medina, City Health Officer, Ozamiz City.
Tel No: 088-521-1118

Dr Pablo P. Mondok III, City Health Officer II, San Carlos City.
Tel No: 075-531-0288/532-3415

Dr Grace Ragandap, City Health Officer, Candon City, Ilocos Sur.
Tel No: 0919-7550736

Dr Pedrita Rosauro, Chairperson, Committee on Public Health and Environmental Protection, Ozamiz City.
Tel No: 088-521-0366

Richard Renee M. Sicao, Representative for the Mayor, San Fernando, Pampanga.
Tel No.: 045 963 3342. Fax No.: 045 9615022

Jocelyn Sosito, Department of Health, Manila.
Tel. No.: 781-8843

Marcelina P. Tantay, Chief of the Executive Staff, Mayor's Office, City Government of Valenzuela, Poblacion II, Malinta, Valenzuela City.
Tel. No.: 293-2946. Fax No.: 291-30-70

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	Dr Joy P. Villanueva, City Health Officer, Candon City, Ilocos Sur. Tel. No: 742-5008
	Dr Lilibeth O. Villanueva, City Health Officer, Island Garden City of Samal, Davao del Norte. Tel. No: 0917-7193006
	Dr Domilyn C. Villarez, Healthy Places Coordinator, City Health Office, Davao City. Tel No: (082) 224-2405. E-mail: dcv114@hotmail.com
Korean Institute for Health and Social Affairs (KIHASA)	Dr Katrin Kreisel, Visiting Research Fellow, Korean Institute for Health and Social Affairs (KIHASA), San 42-14, Bulgwang-Dong Eunpyeong-Gu, 122-705 Seoul, Republic of Korea. Tel No.: 82-2-380-8195. Fax No.: 82-2-382-4582 E-mail: kreiselk@web.de
Partnerships in Environmental Management for the Seas of East Asia (PEMSEA)	Dr Jihyun Lee, Sr Programme Officer, Environmental Management Services, GEF/UNDP/IMO Regional Programme on PEMSEA, c/o DENR Compound, Visayas Avenue, Diliman Quezon City. Philippines Tel: (632)920-2211 loc. 13. Fax: (632)926-9712 E-mail: jhlee@pemsea.org
	Ms Cristine Ingrid Narcise, Technical Assistant for Environmental Monitoring, GEF/UNDP/IMO Regional Programme on PEMSEA, c/o DENR Compound, Visayas Avenue, Diliman, Quezon City, Philippines Tel: (632)920-2211 loc. 13. Fax: (632)926-9712 Email: ingrid@pemsea.org

3. SECRETARIAT

Dr Susan Mercado, Acting Regional Adviser in Health Promotion, WHO Regional Office for the Western Pacific, Manila, Philippines.

Dr H. Ogawa, Regional Adviser in Environmental Health and Urban Development, WHO Regional Office for the Western Pacific, Manila, Philippines.

Dr Soe Nyut-U, Director, Division, Health Sector Development, WHO Regional Office for the Western Pacific, Manila, Philippines.

Dr D. Bayarsaikan, Technical Officer on Health Care Financing, WHO Regional Office for the Western Pacific, Manila. Philippines.

Dr R. Ishak, Technical Officer, Control of Environmental Health Hazards, WHO Regional Office for the Western Pacific, Manila, Philippines.

ANNEX 2

OPENING REMARKS OF
DR SHIGERU OMI, REGIONAL DIRECTOR,
WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC AT THE
MEETING ON A NEW MECHANISM FOR HEALTHY CITIES
15 – 17 October 2003
Manila

LADIES AND GENTLEMEN:

I am pleased to join you, although only through this telephone connection as I am currently in Tokyo. I thought that this would be the best way to deliver a short statement as this is a very important meeting, yet I cannot be physically present.

First, let me thank you for attending this meeting. I understand that there are several mayors and vice mayors who are present: Honourable Map Sarin (Vice Governor of Phnom Penh Municipality), Dr Dong Zhouzhou (Vice Secretary General of Suzhou Municipal Government), Honourable Akira Ishimine (Mayor of Hirara City), Mr Somvandy Nathavong (Acting Vice Mayor of Vientiane), Mr Ch. Sumaakhuu (Vice Mayor, Ulaanbaatar), Dr Chui Sai On (Secretary for Social Affairs and Culture, Government of Macao (China)), Honourable Lorelei Fajardo (Mayor, Palayan City), Honourable Ma. Lourdes Fernando (Mayor, Marikina City), Honourable Jesus Reynaldo Bondoc Aquino (Mayor, San Fernando, Pampanga), Honourable Jose Emmanuel Carlos (Mayor, Valenzuela City), Honourable Jose Galario (Mayor, Valencia City), Honourable Angelito Gatlabayan (Mayor, Antipolo City), Honourable Melencio Sagun, Jr (Mayor, Trece Martires City), and Honourable Francis Tolentino (Mayor, Tagaytay City). I also understand that there are national coordinators, partners from the academe and other stakeholders who are present.

The Healthy Cities initiative has shown how health and the quality of life of urban communities can be improved through multisectoral action. Many cities that have led the way must now take on the role of models for others in the years to come.

Urbanization is here to stay. It has created many benefits, but it has also brought many challenges. Social, political and environmental factors threaten many urban populations. Crime, violence, environmental degradation, pollution, poverty, and unhealthy lifestyles are just some of the examples of the negative impact of urbanization.

Empowerment of people to take action for health creates a potent force for revitalizing communities. Decentralization and good urban governance can improve the quality of life. There is no longer a need to wait for the central government to take action. People and their leaders in cities can take on tasks on their own.

Mayors and local officials in Healthy Cities can facilitate multisectoral actions, involving not just health but other sectors like transportation and education. They can enable people to take actions to address specific local health risks. They can also influence central governments to render support when necessary.

Within the next few days, I hope that you will be able to come to an agreement on a new regional mechanism, an independent Alliance of Healthy Cities, to allow more cities to adopt the Healthy Cities approach. We would also encourage the Healthy Cities to interact more freely with each other in sharing experiences and expertise to address common health problems.

These are some areas for discussion, and on my return, I am looking forward very much to hearing how we can continue to work in partnership for better health and improvements in quality of life.

Again, my thanks to all for taking time from your busy schedules to be here and my best wishes for a productive meeting.

ANNEX 3

LIST OF DOCUMENTS

Working documents

WPR/ICP/HSE/2.3/001/(HPR(1)2003.2	Introduction to the Meeting By: Dr H. Ogawa
WPR/ICP/HSE/2.3/001/(HPR(1)2003.3	The Emerging Role of National Coordinators in Support of Healthy Cities By: Dr P Doraisingam
WPR/ICP/HSE/2.3/001/(HPR(1)2003.4	Healthy Cities in the Philippines: From Marikina to Metro Manila By: Honourable Bayani Fernando
WPR/ICP/HSE/2.3/001/(HPR(1)2003.5	Emergencies and Healthy Cities: The SARS Experience in Hong Kong By: Albert Lee
WPR/ICP/HSE/2.3/001/(HPR(1)2003.6	Developing Training and Research Programmes for Healthy Cities By: Professor T. Takano
WPR/ICP/HSE/2.3/001/(HPR(1)/203.7	Strengthening Social Capital in Healthy Cities By: Professor Fran Baum
WPR/ICP/HSE/2.3/001(HPR(1)/2003.8	Presentation of the Results of the Informal Meeting on a Proposed Regional Mechanism for Healthy Cities By: Dr Susan Mercado
WPR/ICP/HSE/2.3/001(HPR(1)/2003.9	The Role of Cities in Disease Outbreaks (TB, Dengue, SARS) By: Dr P. Van Maaren, Dr R. Abrams and Dr A. Corpus
WPR/ICP/HSE/2.3/001(HPR(1)/2003.10	The Role of Cities in Protecting the Public From Environmental Hazards and Emergencies (Waste Management, Air Pollution, Chemical and Nuclear Accidents) By: Mr R. Abrams, Dr R. Ishak and Dr A. Pesigan
WPR/ICP/HSE/2.3/001(HPR(1)/2003.11	The Role of Cities in the Epidemic of Obesity (Diabetes, Cardiovascular Disease, Cancer) By: Dr G. Galea

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WPR/ICP/HSE/2.3/001(HPR(1)/2003.12	The Role of Cities in Social Problems Related to Health (Violence, Teenage Pregnancy, Tobacco, Alcoholism, Substance Abuse) By: Dr Wang Xiandong Dr Pang Ruyan and Mr B. Fishburn
WPR/ICP/HSE/2.3/001(HPR(1)/2003.13	The Role of Cities in Sustainable Financing For Health By: Dr D. Bayarsaikan, Dr S. Nyunt-U
WPR/ICP/HSE/2.3/001(HPR(1)/2003.14	The Role of Cities in Quality of Life of Marginalized Groups By: Dr S. Mercado

Healthy Cities Updates

WPR/ICP/HSE/2.3/001(HPR(1)/2003.15	Vientiane, Lao People's Democratic Republic By: Mr Phitthanousone Choummanivong Mr Somvandy Nathavong Mr Oudone Vatthanaxay
WPR/ICP/HSE/2.3/001(HPR(1)/2003.16	Hue City, Viet Nam By: Mayor Le Quang Dung Dr Nguyen Huy Nga
WPR/ICP/HSE/2.3/001(HPR(1)/2003.17	Suva, Fiji By: Mr Manasa Niubaleirua
WPR/ICP/HSE/2.3/001(HPR(1)/2003.18	Hirara City, Okinawa, Japan By: Mayor Akira Ishimine
WPR/ICP/HSE/2.3/001(HPR(1)/2003.19	Palau By: Ms Joanne Sengabau
WPR/ICP/HSE/2.3/001(HPR(1)/2003.20	San Fernando City, La Union, the Philippines By: Dr Eduardo Posadas
WPR/ICP/HSE/2.3/001(HPR(1)/2003.21	Marikina City, the Philippines By: Mayor Lourdes Fernando
WPR/ICP/HSE/2.3/001(HPR(1)/2003.22	Sarawak, Malaysia By: Dr Andrew Kiyu

Handouts

(1) Draft Charter of Alliance
(2) City Voice, Vol. 12, No: 27, August 2003
(3) Summary of the Regional Programme on Building Partnerships in Environmental Management for the Seas of East Asia

ANNEX 4

OUTCOME OF GROUP WORK 2

Objective	**Role of cities**	**Role of the Alliance**	**Role of WHO**	**Role of other key stakeholders** (please specify institutions, groups, agencies)
1. To strengthen the Healthy Cities initiatives and encourage the development of innovative interventions to improve the quality of life and address the health challenges of specific localities and communities.	Policy-makers, (Editor's note – having policy-makers here is not clear. Can you expand on the expected role of policy-makers?) Prioritize health problems/needs assessment Planning, implementing, evaluating Resource allocation from within Monitoring, coordinating and documentation Obtaining executive order from local management Submit report to the Alliance Provide continuous support by city leaders	Provide technical support and methodological advice to cities Sharing of information Clearing house Training Monitoring and evaluation Marketing strategy Networking	Technical and expert support Financial support Provide recognition Incentive Grouping/ classification of the cities Advocacy development	Recognized stakeholders within and outside the cities (List of stakeholders) Technical support/ assistance Funding (Planning and implementation, needs assessment) Collaboration Publication Producing evaluation tools (especially academia)
2. To share experiences in improving the quality of life and addressing common health problems among member cities through study tours, exchange visits, workshops on specific topics, training courses, professional development, publications and other activities.	Documentation of experience Distribution and sharing their experience Data collection Funding for cross exchange	Facilitate cross exchange Documentation Organize seminars, conference. Development of Alliance website	Support alliance Input-new development Fellowship training program and other technical support Joint seminar	Comparative analysis (University, NGOs etc). Supportive role Input –new development

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Objective	**Role of cities**	**Role of the Alliance**	**Role of WHO**	**Role of other key stakeholders** (please specify institutions, groups, agencies)
3. To recognize and promote outstanding practices and innovations within Healthy Cities.	Participation Reporting Development of city specific criteria	Recognize and promote outstanding practice and innovation Develop criteria and awards for recognition	Provision of guidelines/ standards WHO awards through Alliance	Support, promote and evaluate List of stakeholders A City list to identify their roles
4. To mobilize resources to promote and support the adoption of the Healthy Cities approach among cities and other communities in the Western Pacific Region and other regions.	Look for resources (experts, knowledge, financing, training, advocacy and marketing) Mobilize own resources Advocacy among potential partners	Look for resources (experts, knowledge, financing, training, advocacy and marketing) Registered people with technical expertise in and across the Region	Look for resources (experts, knowledge, financing, training, advocacy and marketing) Facilitate communication with national government and international partners	Look for resources (experts, knowledge, financing, training, advocacy and marketing)
5. To develop new knowledge and technology in collaboration with the academe, universities and centres of learning and to package technical resources for the improvement of planning, implementation and evaluation of Healthy Cities.	Identify needs and technology required Type of expertise needed Develop mechanism for inter-sectoral collaboration	Collaborating work Link with countries who need research expertise with relevant institutions	Support alliance Coordinate work with WHO Collaborating Centre	Support Provide technical expertise A city to identify their roles

ANNEX 5

CONSULTATION ON A REGIONAL NETWORK FOR HEALTHY CITIES
15-17 October 2003
Manila, Philippines

PROGRAMME OF ACTIVITIES

15 October 2003, Wednesday

0800-0830	Registration
0830-0900	Opening Ceremony • Opening speech by the Regional Director • Self-introduction of temporary advisers, representatives, observers • Designation of officers of the meeting (chairperson, vice chairperson, rapporteur) • Administrative briefing
0900-0930	Group photograph and coffee/ tea break
0930-1000	Introduction to the meeting (background, historical development, objectives, programme of activities) - Dr H. Ogawa, Regional Adviser in Environmental Health and Urban Development WHO Regional Office for the Western Pacific

Objective 1:	Review of experiences of selected recent developments on Healthy Cities and other healthy settings

1000-1230	Healthy Cities updates • Vientiane, Lao People's Democratic Republic • Ulaanbaatar, Mongolia • Hue, Viet Nam New initiatives Special projects on Tourism in Healthy Cities/Healthy Islands • Fiji • Hirara City, Okinawa, Japan • Palau • San Fernando City, La Union, Philippines • Marikina City, Philippines • Sarawak, Malaysia
1230-1330	Lunch break

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1330-1630 New developments and challenges

The Emerging Role of National Coordinators in Support of Healthy Cities

- Dr P. Doraisingnam
  Coordinator, Healthy Settings Programme
  Ministry of Health
  Kuala Lumpur
  Malaysia

Healthy Cities in the Philippines: From Marikina to Metro Manila

- Honourable Bayani Fernando
  Chairman
  Metro Manila Development Authority
  Makati
  Philippines

Emergencies and Healthy Cities: The SARS Experience in Hong Kong

- Professor Albert Lee
  Associate Professor and Honorary Consultant
  of Family Medicine, Course Director of Health Promotion
  and Health Education Programme
  Department of Community and Family Medicine
  Faculty of Medicine
  Chinese University of Hong Kong
  Shantin
  Hong Kong (China)

Developing training and research programmes for Healthy Cities

- Professor T. Takano
  WHO Collaborating Centre for Healthy Cities
  and Urban Policy Research
  Department of Public Health Environmental Science
  Tokyo Medical and Dental University School of Medicine
  Tokyo
  Japan

Strengthening Social Capital in Healthy Cities

- Professor Fran Baum
  Department of Public Health
  Flinders University of South Australia
  GPO Box 2100
  Adelaide 5001
  Australia

1630-1900 Reception

Annex 5

16 October 2003, Thursday

Objective 2:	Discuss and agree on the proposed regional mechanism for Healthy Cities

0830-0900	Presentation of the results of the informal meeting on a proposed regional mechanism for Healthy Cities – Dr S. Mercado Acting Regional Adviser in Health Promotion WHO Regional Office for the Western Pacific, Manila Philippines
0900-0930	Open forum
0930-1000	Coffee/tea break
1000-1230	Workshop 1 Group A: Goals and Objectives/ Organizational Structure and Administration Group B: Membership/ Financial Management Group C: Awards, Recognition and Incentives/Implementation and Final Provisions
1230–1330	Lunch break
1330–1430	Workshop 2
1430-1500	Coffee/tea break
1500–1630	Plenary

17 October 2003, Friday

Objective 3:	Identify common health issues that could be addressed by Healthy Cities initiatives

0830-1000	Panel Discussion: How can Healthy Cities contribute to national health goals and objectives? The Role of Cities in Disease Outbreaks - Dr P. Van Maaren Medical Officer Stop TB and Leprosy Elimination Programme WHO Regional Office for the Western Pacific, Manila Philippines

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- Mr R. Abrams
  Acting Regional Adviser
  in Community Water Supply and Sanitation
  WHO Regional Office for the Western Pacific, Manila
  Philippines

- Dr A. Corpus
  Short-term Consultant, Severe Acute Respiratory Syndrome
  Communicable Disease Surveillance and Response Focus
  WHO Regional Office for the Western Pacific, Manila
  Philippines

OPEN FORUM

The Role of Cities in Protecting the Public from Environmental Hazards and Emergencies

- Mr R. Abrams
  Acting Regional Adviser
  in Community Water Supply and Sanitation
  WHO Regional Office for the Western Pacific, Manila
  Philippines

- Dr R. Ishak
  Technical Officer in Environmental Health
  WHO Regional Office for the Western Pacific, Manila
  Philippines

- Dr A. Pesigan
  Technical Officer and Acting Regional Adviser
  Emergency and Humanitarian Action
  WHO Regional Office for the Western Pacific, Manila
  Philippines

OPEN FORUM

The Role of Cities in the Epidemic of Obesity

- Dr G. Galea
  Regional Adviser in Non-communicable Diseases
  WHO Regional Office for the Western Pacific, Manila
  Philippines

OPEN FORUM

1030-1030 Coffee/tea break

1030-11:45 The Role of Cities in Social Problems Related to Health

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- Dr Wang Xiangdong
  Regional Adviser in Mental Health and
  Control of Substance Abuse
  WHO Regional Office for the Western Pacific, Manila
  Philippines

- Dr Pang Ruyan
  Regional Adviser in Reproductive Health
  WHO Regional Office for the Western Pacific, Manila
  Philippines

- Mr B. Fishburn
  Scientist/Coordinator
  Special Focus on the Tobacco-Free Initiative
  WHO Regional Office for the Western Pacific, Manila
  Philippines

OPEN FORUM

The Role of Cities in Sustainable Financing for Health

- Dr D. Bayarsaikhan
  Technical Officer on Health Care Financing
  WHO Regional Office for the Western Pacific, Manila
  Philippines

- Dr S. Nyunt- U
  Acting Director
  Division of Health Sector Development
  WHO Regional Office for the Western Pacific, Manila
  Philippines

OPEN FORUM

The Role of Cities in Quality of Life of Marginalized Groups

- Dr S. Mercado
  Acting Regional Adviser in Health Promotion
  WHO Regional Office for the Western Pacific, Manila
  Philippines

1145-1200 Consensus on Common Health Issues

1200-1230 Closing ceremony

1230-1330 Lunch break

1330-1600 The First Organizational Meeting Of The Alliance For Healthy Cities

ANNEX 6

REVISED DRAFT AS OF OCTOBER 10, 2003, MANILA

Charter of the Alliance for Healthy Cities

PREAMBLE

We, the founding members of the Alliance for Healthy Cities:

Committed to improving the quality of life of our citizens and reducing inequalities;

Reaffirming that health which is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease, is a fundamental right and that the attainment of the highest possible level of health requires action by many sectors;

Recognizing that urbanization is a worldwide phenomenon and that improving the quality of life and determinants of health in cities require actions by many sectors;

Realizing that local governments must manage rapidly growing urban areas and govern with accountability, transparency, predictability and the rule of law in order to meet social, political, economic, environmental and health goals;

Determined to enable individuals and groups to improve their quality of life through the Healthy Cities approach;

Desiring to share the Healthy Cities approach among other cities and local governments;

Committed to building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services;[1]

In solidarity, state the vision of the Alliance for Health Cities as:

Building cities and communities of peace

Where all citizens live in harmony.

Committed to sustainable development, respectful of diversity;

Reaching for the highest possible quality of life an equitable distribution of health.

By promoting and protecting health in all settings.

Do hereby promulgate the Charter of the Alliance for Healthy Cities as the guiding document that embodies the principles and practices for our organization.

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[1] World Health Organization, Ottawa Charter, (Canada, 1986).

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Article 1. General Provisions

Section 1.1 The name of the organization will be "Alliance for Healthy Cities" and will be referred to subsequently as the "Alliance".

Section 1.2 The Alliance will be primarily composed of cities that are committed to its vision, goals and objectives and shall be registered as a non-governmental and non-profit entity in the countries of its operations.

Section 1.3 The charter will apply to all members and associates of the Alliance as defined in succeeding articles.

Section 1.4 The provisions of this charter should not supersede other legal instruments or international agreements entered upon by countries from which the members and associates originate.

Article 2. Definition of Terms

Section 2.1 Healthy Cities – are cities that are continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all functions of life and in developing their maximum potential.[2]

Section 2.2 Health Promotion – is the process of enabling people to increase control over; and improve their health.[3]

Section 2.3 Healthy Settings – are social and physical contexts that serve as supportive environments for enabling people to increase control over and improve their health.[4]

Section 2.4. Quality of Life – is defined as individuals' perceptions of their position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features of the environment.

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[2] World Health Organization, Health Promotion Glossary.

[3] World Health Organization, Health Promotion Glossary.

[4] World Health Organization, Health Promotion Glossary.

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Article 3. Goal and Objectives of the Alliance

Section 3.1. Goal – to promote and protect health and improve the quality of life of urban populations in a sustainable manner through the Healthy Cities approach.

Section 3.2. Objectives:

Section 3.2.A. To strengthen Healthy Cities initiatives and encourage the development of innovative interventions to improve the quality of life and address the health challenges of specific settings and communities.

Section 3.2.B. To share experiences in improving the quality of life and addressing common health problems among members;

Section 3.2.C. To recognize and promote outstanding practices and innovations within Healthy Cities;

Section 3.2.D. To mobilize resources to promote and support the adoption of the Healthy Cities approach among cities and other communities in the Western Pacific Region and other regions;

Section 3.2.E. To develop new knowledge and technology in collaboration with academe, universities and centres of learning and to package technical resources for the improvement of planning, implementation and evaluation of Healthy Cities.

Article 4. Organizational Structure and Administration

Section 4.1 General Assembly – will serve as the main governing body of the Alliance and will be composed of all full members and associate members. The General Assembly will convene once every two years and will approve proposed policies, programmes, budgets and activities for the succeeding biennium upon the recommendation of the Steering Committee.

Section 4.2 Steering Committee – will serve as the policy-making arm of the Alliance and will be elected by the General Assembly. It shall be composed of 10 full members and associate members of the Alliance who will serve a four-year term for a maximum of two terms after which a two-year period must elapse before serving in the Steering Committee again. Five full members will be cities and one each from the following sectors: NGO, international agencies, academe, bureaus and government agency. To ensure continuity, the first Steering Committee will be composed of two groups with three members each. The first group will serve for two years. The second group will serve for four years. In the succeeding biennium, the first group will be replaced by three members elected to serve a four-year term. Thereafter, at the beginning of each biennium, three new members of the Steering Committee will be elected to

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serve for four years. In the event where a member of the Steering Committee is unable to complete the term, replacement can be appointed by the Steering Committee in consultation with the Chair City.

Section 4.3 Secretariat –will serve as the administrative arm of the Alliance and will operate under a specific institution as designated by the Steering Committee upon the approval of the General Assembly. Its functions will include coordination, communication, data banking, facilitation, fund administration and other tasks that will support the goals and objectives of the

Alliance. The Secretariat may act on behalf of the Alliance in all legal transactions of the organization. The Secretariat will have accountability for all administrative and financial matters and will prepare a financial report to the General Assembly at the end of each biennium. The Secretariat, upon recommendation of the Steering Committee and approval by the General Assembly may be rotated to other organizations or institutions and will be registered with an appropriate certifying body in the country of location.

Section 4.4 Working Committees – composed of full members and associate members of the Alliance, will be organized to implement specific projects and activities as recommended by the Steering Committee and upon approval of the General Assembly. Terms of reference of the working committees will be developed as necessary.

Section 4.5 Committee on Awards – will be constituted at each biennium upon the recommendation of the Steering Committee and the approval of the General Assembly. The committee on awards will be tasked to evaluate outstanding practices of Healthy Cities and will be composed of eight members of diverse representation of different sectors, organized groups and geographic areas.

Section 4.6 Convenor and Chair City of the General Assembly – will be elected by the General Assembly for a term of two years. The Convenor City will serve as the Chair City of the General Assembly and will host the next meeting of the General Assembly.

Section 4.7 Chapters – of the Alliance may be organized at country level and registered in the country of operations upon recommendation of the Steering Committee and approval of the General Assembly.

Article 5. Membership

Section 5.1. Cities may become bonafide members of the Alliance by compliance with the following: (a) payment of the membership fee and annual dues; (b) completion of an information sheet; and (c) submission of documentation of the following:

(1) written policy statement in support of Healthy Cities

(2) future vision and goal

(3) intersectoral coordination mechanism in place*

(4) mechanism for community participation*

(5) profile of the city (baseline data)

(6) analysis of priority health problems

(7) local action plan to resolve the problems*

(8) a set of indicators for monitoring and evaluation*

(9) a system of information dissemination and sharing*

* Optional

Section 5.2. Application Procedures – will be developed and disseminated by the Secretariat on a biennium basis and will be announced at the General Assembly. An annual base fee will be required for all members and associates members following a sliding scale as proposed by the Steering Committee and approved by the General Assembly. Categories for the sliding scale may be based on city revenues or other criteria as recommended by the Steering Committee.

Section 5.3. Associate Member Status – will be open to all interested individuals or non-city entities such as non-governmental organizations, national government agencies, private organizations or academic institutions. Associate members may avail of all benefits of bonafide members except voting privileges. Other rules governing participation of interested individuals and non-city entities will be determined by the Steering Committee and approved by the General Assembly.

Section 5.4. Non-compliance with membership fee payment may restrict full participation of members in Alliance activities, including the privilege to vote.

Article 6. Financial Management

Section 6.1 Sources of funds – of the Alliance will be classified into four categories:

(1) Membership fees; (2) Fund-raising and income-generating activities; (3) Grants and financial assistance packages that may be negotiated with other institutions or organizations; and (4) Donations, sponsorships and contributions.

Section 6.2. Alliance funds will be used for the operations and implementation of activities such as training, seminars, workshops and consultancies and projects to achieve goals and objectives as stated in this Charter.

Section 6.3. The Secretariat is responsible for administrative procedures and management of approved funds of the Alliance in accordance with accounting and auditing rules and regulations of the country of operation.

Annex 6

Article 7. Awards, Recognition and Incentives for Healthy Cities

Section 7.1. Recognition of Outstanding Practices – will be done on a biennium basis and can be given to bonafide members and/or associate members of the Alliance.

Section 7.2. Areas for Recognition – will be determined on a biennium basis on subject matter relevant to the goal and objectives of the Alliance. The areas and criteria for recognition will be recommended by the Steering Committee and will be approved by the General Assembly.

Section 7.3. Special Project Support Incentives – may be provided for outstanding practices in order to sustain or expand innovative approaches within member cities.

Article 8. Implementation and Final Provisions

Section 8.1 Interim Designations – will guide the first year of operations of the Alliance. The interim Convenor and Chair City, the interim Steering Committee and the interim Secretariat will be designated by the founding members of the Alliance in October 2003 and will serve for a period of one year only. Subsequently, the Convenor and Chair City, and six members of the Steering Committee will be elected at the first General Assembly in 2004 and every two years thereafter. The Secretariat will be elected by the General Assembly upon recommendation of the Steering Committee every four years thereafter.

Section 8.2 Biennium Work and Financial Plan – will be developed by the Steering Committee and approved by the General Assembly.

Section 8.3 Amendments to the Charter – may be made by a majority vote of the General Assembly at quorum.

Section 8.4. Dissolution of the Alliance – may take effect upon a majority vote of the General Assembly at quorum.

Section 8.5. Date of Effectivity – will coincide with the signing of the Charter by the founding members of the Alliance.