Healthy Municipalities & Communities

Mayors' Guide for Promoting Quality of life

Division of Health Promotion and Protection

Pan American Health Organization

Regional Office of the **World Health Organization**

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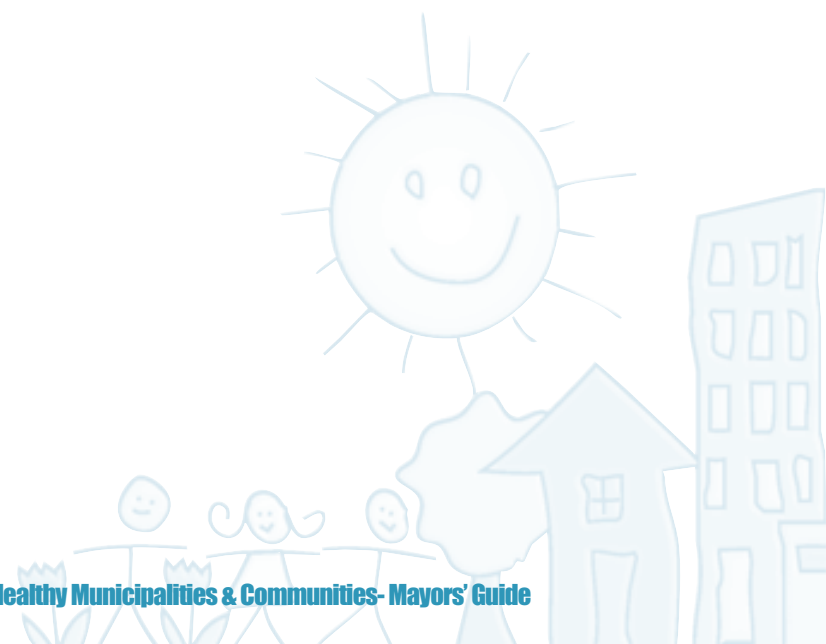


Preface

Promoting Quality of Life through the Healthy Municipalities and Communities Strategy: Guide for Mayors and Other Local Authorities

The Healthy Municipalities and Communities (HMC) Strategy represents local implementation of one of the most effective health-promotion strategies. Based on the notion of health as quality of life, the actions of the HMC Strategy focuses more on the underlying determinants of health than on their consequences in terms of disease. The ultimate goal is to promote the processes that enable people to improve their living conditions. The HMC Strategy also focuses on uniting local authorities and community members in establishing lasting partnerships.

The global trend toward the decentralization of social policies and the distribution and administration of resources underscores the key role that must be played by local authorities, especially mayors. It should be emphasized that, in the majority of countries in the Americas, political, administrative, and legal power at the local level rests with the municipalities, most of whose authorities are chosen by direct election. These municipalities have jurisdiction not only over urban areas (where local government headquarters are generally located), but also over semi-urban and rural areas. The tendency in the Region is to give municipal authorities a greater role, reflecting the process of decentralization, delegation of powers, and strengthening of democracy. Consequently, the HMC Strategy promotes the health of the population while at the same time improving equity and social participation.

Given their leadership role, mayors and other local authorities are increasingly helping to define policies and execute programs intended for the benefit of the communities under their jurisdiction. Mayors and other local authorities therefore constitute a focal point for the coordination of multisectoral actions among state organizations, nongovernmental organizations, and communities.

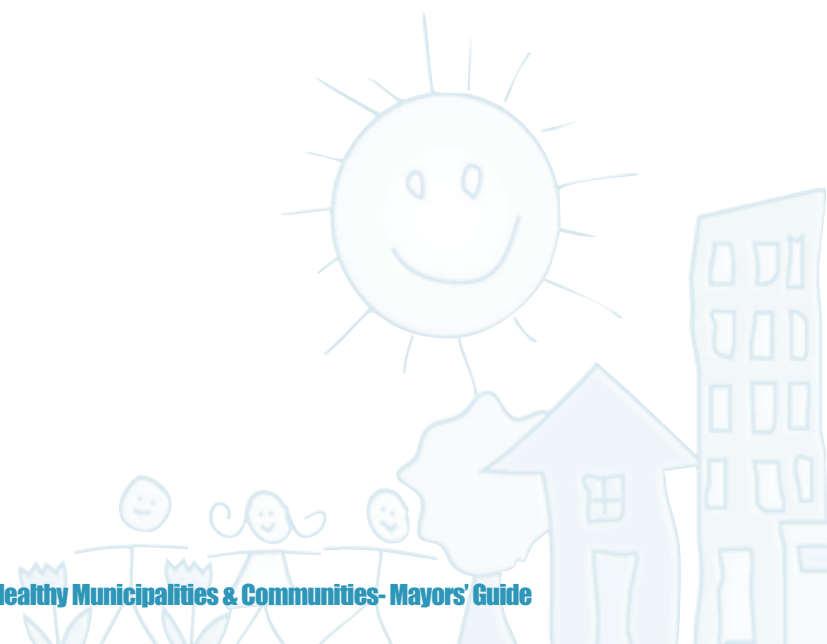
A healthy municipality is essentially one that has managed to achieve a social pact between civil society organizations, institutions from various sectors, and local political authorities, and that makes a commitment to carry out health promotion actions, with a view to providing the population with a good quality of life. The key to establishing a healthy municipality or community is often to achieve a change of attitude, concepts, and model regarding promoting health in the broader sense, through changes in policies, legislation, and services usually provided by the municipality. It is therefore necessary that all municipal personnel understand the nature of the HMC Strategy and incorporate it into their daily work. Since all sectors have a constructive contribution to make to the strategy, it is essential that the strategy be implemented on an intersectoral basis, as addressing the underlying determinants of health will necessarily require measures that are mostly beyond the mandate of the health sector.

It is important to recognize that local government has a key role to play in creating a healthy community or municipality, but that it cannot play that role alone. Regardless of their priority area of concern--whether the environment, health, social activities, education, safety, public works, or any other--commu-

nity members are responsible for improving the living conditions, health, and quality of life of the people living in their community and are participants in that process. All citizens need to get involved in the neighborhoods in which they live and the cities in which they watch their families grow and in which they themselves work and play. They must come together in a collective effort to jointly find solutions to community problems in matters related to health and living conditions, through improving the environment, lifestyles, public services, safety, community living, and other protective factors.

We therefore invite the mayors and other local authorities of the Region to join in the commitment to "Health Promotion, Bridging the Equity Gap: From Ideas to Action," embodied in the Mexico 2000 Declaration signed at the Fifth Global Conference for Health Promotion.

Dr. George A.O. Alleyne
Director



Introduction

Healthy Municipalities and Communities: The New Public Health at the Local Level

Health is promoted with a decent standard of living, good working conditions, education, physical activity, rest and recreation, wrote medical historian Henry Sigerist in 1941. He also said that health was not the absence of disease but included a positive attitude towards life and an acceptance of the responsibilities that life gives us [1]. Creating healthy and supportive environments, also known as the settings approach, continues to be the most used health promotion strategy. An effective way to create a healthy and supportive setting is through the Healthy Municipalities and Communities (HMC) Strategy. In the region of the Americas, especially in Latin America and the Caribbean, the HMC Strategy is the most implemented of all the health promotion strategies. Health promotion should be a regular consideration of planning and governance. In recognition of health promotion's critical role in responsive governance, all countries of the Americas signed the Mexico Declaration (2000 Fifth Global Conference on Health Promotion) which is a commitment to implement national health promotion plans of action.

The conceptual framework of PAHO's health promotion technical cooperation strategy and strategic plan of action [2] is grounded in the Ottawa Charter which resulted from the First International Conference on Health Promotion in Ottawa in 1986. Health Promotion according to the Ottawa Charter "is the process of empowering people to take control over and improve the determinants of health" and defines health as "a resource for everyday life, a positive concept emphasizing personal and social resources as well as physical capabilities" [3]. The Charter also defines the prerequisites for health as peace, housing, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. The Ottawa Charter puts forth the five strategic actions in health promotion as 1) establishing healthy public policies, 2) creating healthy and supportive environments, 3) empowering community action, 4) developing personal skills, and 5) reorienting health services. The Charter has been critically reviewed and expanded on subsequently in four global and two regional conferences on health promotion [4].

There is an often told story that best describes the work of health promotion [5]. A man, let us say he was a mayor, was walking along the side of a river and found a group of physicians and nurses rescuing people who were drowning. The health professionals frantically gave mouth to mouth resuscitation and put the people in the ambulances to be taken to the hospital. The mayor asked one of the doctors if someone could go upstream to see why people were falling

1. Sigerist HE. *Medicine and Human Welfare.* New Haven: Yale University Press, 1941.
2. PAHO. *Strengthening Health Promotion Planning for Action in the Americas.* Regional framework approved by the 43rd Directing Council, 2001.
3. *Ottawa Charter for Health Promotion.* First International Conference on Health Promotion, Ottawa 1986.
4. The International Conferences on Health Promotion (Adelaide 1988, Sundsvall 1991, Jakarta 1997, and Mexico 2000), First Caribbean Conference on Health Promotion (Trinidad, 1993) and International Conference on Health Promotion (Colombia, 1992).
5. Adapted from a recounting by J. Ashton, 3rd Meeting of the Network of HMC, Medellin, Colombia 1999.

into the river, to which the doctor replied "no, can't you see we are busy saving lives?" When the mayor went up to see why people were falling into the river, getting injured and dying, he found that the guardrail had been damaged by a storm and thus he called the civil engineers to fix the structure. The mayor also saw that the road was in poor condition and called upon the responsible sector to repair it. Additionally, the mayor observed that people were driving too fast around the corner and so he engaged the communications and education sectors to implement a public education campaign. Finally, an HMC initiative was put in place to assess and address priority problems, and to build a healthier and more supportive environment with the participation of all sectors. In this way, health promotion builds multisectoral partnerships and strengthens social participation to improve health and quality of life.

The purpose of this kit for mayors and other local authorities is to provide information and orientation to decision-makers about the main components of the HMC Strategy which puts health promotion concepts into practice at the municipal level. This kit has been developed to contribute to good governance in health at the local level. It is intended to support mayors and other local authorities in this effort, as they have the mandate from their constituents and thus the responsibility and the opportunity to motivate and provide the driving force to promote the health and quality of life of the population.

A healthy municipality/community experience starts with developing and/or strengthening a partnership between local authorities, community leaders and representatives from the various public and private sectors, and positioning health and quality of life high on the political agenda and as a central part of the municipal development plan. In the assessment of the needs of the population, and in setting priorities and targets, the HMC Strategy facilitates community participation and contributes to responsive local governance. It builds relevant structures such as an intersectoral committee in the process of developing and implementing an intersectoral action plan which includes monitoring and evaluation. The HMC Strategy provides the policy framework to facilitate participation, improve partnerships, involve all players, especially academic institutions that can contribute to capacity building and training of human resources, and to enhance information and surveillance systems for monitoring and evaluation. The national and regional networks of HMCs need to be invigorated, as these are critical in influencing people to adopt new ways of doing things and in sharing the knowledge and experience developed in the region and globally.

This Kit is a flexible instrument, it is meant to provide a strategic framework that can be used in many different countries and municipalities. It is not a 'one size fits all' guide; it is a model, not a mold. In the use of this Kit in different contexts, adaptations and modifications will need to be made depending on the size and type of municipality/community, and consideration given to critical economic, cultural and geographic differences. The Kit provides mayors, other local authorities, and other policy- and decision-makers a practical strategy to promote people's health and quality of life, and which can produce results in the short, medium and long term. The Kit includes and defines a few health promotion terms related to the process of implementing HMC such as empowerment and healthy public policy which may be unfamiliar. The Kit also provides information on other organizations and institutions that are working with municipal governments to strengthen their capacity, such as the International Union of Local Authorities (IULA).

Along with the Kit, PAHO also has a website exclusively for HMC where a variety of instruments for planning, evaluation, community participation, as well as for communications and health education are available.

This Kit comes at a very important time. The creation of healthy spaces is currently threatened by a series of changes and phenomena affecting the cities of the Region, such as chaotic urban growth, uncontrolled industrial development, migration from rural areas to cities, the increase in marginal areas, the proliferation of shantytowns, environmental pollution and destruction, and an increase in violence. There are also a number of obstacles that need to be identified and overcome, even if this cannot be accomplished in the short term; obstacles such as changing attitudes and behavioral patterns and removing structural or institutional barriers to the empowerment of communities, increased participatory forms of government, and intersectoral planning and collaboration. This requires strong leadership such as that provided by the recent mayors of Bogota, Colombia. With their innovative policies and public education campaigns, they have increased walking and other forms of physical activity and have improved cohesiveness, a sense of community and belonging, and have decreased violence.

It is my sincere wish that this Kit will contribute to building greater local capacity to promote health and human development in the region by disseminating well known, effective health promotion strategies and continuing to strengthen the Network of Healthy Municipalities and Communities in the Americas.

María Teresa Cerqueira
Director
Division of Health Promotion and Protection

Components of This Kit for Mayors and Other Local Authorities

- **Guide for Mayors and other Local Authorities:** The purpose of the Guide is to give mayors and other local authorities and their teams a rapid and thorough overview of some of the effective approaches that can be applied within the Healthy Municipalities and Communities (HMC) Strategy, the basic lines of action for implementing those approaches, and an explanation of why it is important to implement them.
- **Guidelines for evaluating healthy municipalities and communities:** Information is provided on the importance of conducting such evaluations, types of results that might be documented, and general principles and guidelines for conducting HMC evaluations.
- **Glossary of terms used in the Guide**
- **Examples of HMC good practices:** Chopinzinho, Brazil; Northwestern Region of Ontario and Lanark Highlands, Canada; Bogota, Colombia; San Carlos, Costa Rica; Cienfuegos, Cuba, and the Mexican Healthy Municipalities Network
- **International agreements, declarations, and conventions:** This section contains a sample resolution relating to the development of healthy municipalities and communities, and the commitment of local governments and mayors to do so; and several international agreements and declarations signed by countries in the Americas, which have direct implications for the development, sustainability, and evaluation of HMC and their networks. Also included are relevant excerpts from general human rights instruments, ratified by the majority of countries in the Region, which establish provisions related to health promotion and protection. These conventions establish international obligations for those countries that have ratified them with regard to the protection of civil, political, economic, social and cultural rights and fundamental freedoms.
- **A list of the postal and electronic addresses**, and phone and fax numbers of the PAHO/WHO Representative Office in each country, which can be contacted for further information, materials or technical assistance, as well as the PAHO/WHO Collaborating Centers and International, National and Local Healthy Municipalities and Communities Networks.
- **Health topic fact sheets on the various areas where PAHO provides technical support:** These offer a broad panorama of the strategies related to different theme areas that may be used in carrying out local actions and developing capacities, depending on the specific needs and priorities of the municipality concerned. Also included are bibliographic and electronic references where more detailed information about the different themes can be found and/or where technical assistance and materials may be obtained.
- **Bookmark:** Each of the essential elements of a healthy municipality or community is listed as a reminder of what will help to ensure the establishment and maintenance of the strategy.
- **Brochure:** A short overview that contains a list of the Kit's components, the seven essential elements of the HMC Strategy, and health topic fact sheets on areas where PAHO can provide technical support.

Guide for Mayors and Other Local Authorities

Key Concepts related to the Healthy Municipalities and Communities (HMC) Strategy

This Guide is intended to strengthen the implementation of health promotion activities at the local level, placing health promotion on the political agenda of mayors and other local authorities. A vital component of this undertaking is to build and strengthen intersectoral alliances in order to improve social and health conditions in the places where people live. By disseminating and advocating for the implementation of the Healthy Municipalities and Communities (HMC) Strategy, it is hoped that efforts will be made to establish and ensure healthy public policies, the maintenance of healthy environments, and the promotion of healthy lifestyle. This Guide is targeted to Mayors and other local decision-makers and should serve as a framework and paradigm of key concepts, elements, and phases for establishing a Healthy Municipality and Community. This framework can be applied to specific programs outlined in the Health Topic Fact Sheets, which offers descriptions of topics and programs where PAHO can provide technical support. Additionally these Health Topic Fact Sheets will be updated regularly and can be accessed via the Healthy Municipalities and Communities website.

What is the Importance of Having a Kit for Mayors and Other Local Authorities?

In providing this Kit, PAHO offers a basic set of tools with which mayors and other local authorities can begin to implement the HMC Strategy. It should be noted that this material does not by any means pretend to be a "prescription for, or key to, success," but rather is designed to suggest certain lines of action that might help to guide the process. Every experience, like every municipality, is unique and individual. This Kit highlights the most salient features of the HMC Strategy in order to help local leaders understand the process and learn how to implement it. Successful experiences have shown that there is no single best way to deal with the problems that arise. The best results are achieved with comprehensive projects and programs combining several different strategies depending on the desired objectives.

Of all the levels of government, local government is closest to the people and can use its resources to achieve major improvements in health and quality of life. As the community's representative, the municipal government is in the best position to involve politicians, administrators from other sectors and the community itself in coordinating joint projects. Finally, at the local level, it is pos-

sible to mobilize the collective will to address the specific problems and solutions of the community and convert that will into action, thus leading to greater well being.

What Is the Healthy Municipalities and Communities Strategy?

The mission of the Healthy Municipalities and Communities Strategy consists of improving the implementation of health promotion and protection activities at the local level and ensuring that such activities are accorded the highest political priority, thereby encouraging the participation of government authorities and the active participation of the community, promoting dialogue, sharing knowledge and experiences, and fostering collaboration among municipalities and communities.[6] The HMC Strategy's objective is to promote health, together with people and communities, in settings where they study, work, play, love, and live. The HMC Strategy is part of a global democratization and decentralization process, supporting local initiatives within the framework of local management and community participation.

A municipality begins the process of becoming healthy when its political leaders, local organizations and citizens commit themselves to, and initiate, the process of continuously and consistently improving the health and quality of life of all its inhabitants, as well as establishing and strengthening a social pact among local authorities, community organizations, and public and private sector institutions. It uses local planning as a basic tool, including social participation in management, evaluation, and decision-making. A municipality becomes healthy with sustained long-term improvement in social conditions with a view to ensuring the health and quality of life of all those who live within that particular environment. The HMC Strategy is essentially a process that requires determination and strong political support as well as a significant degree of participation and action on the part of the community.

What Do We Mean by a Comprehensive Vision of Health?

The World Health Organization (WHO) regards health as a fundamental human right and defines it as "a state of complete physical, mental, and social well-being, and not the mere absence of disease or infirmity." Additionally, health is considered as a fundamental human right in several international and human rights treaties.[7]

A comprehensive vision of health assumes that all systems and structures governing social, economic, civil and political conditions, as well as the physical environment, should take into account the implications and impact of their activities on individual and collective health and quality of life.

Several factors have been identified that affect, and often determine, the health of individuals and communities including:

- Living and working conditions (income, education, employment, physical environment, public policies);
- Psychosocial factors (care groups and/or support networks; sense of

6. PAHO/WHO. *Municipios Saludables*. Serie Comunicación para la Salud, No. 11, Washington DC: PAHO, 1997.
7. The International Convention on Economic, Social, and Cultural Rights (Article 12) and the Additional Protocol to the American Convention on Human Rights (Protocol of San Salvador) (Article 10). See Section on "International Agreements, Declarations, and Conventions".

belonging to a community; the environment in which children develop; social support of family and friends; support for older adults, adolescents, pregnant women, and other vulnerable populations);

- Individual behaviors (lifestyles and behaviors: physical exercise, diet, tobacco use, alcohol and drug abuse); and
- Genetic factors.

Research indicates that living and working conditions have the greatest influence on health. Therefore, health is as much the result of our physical and social environment (which includes having clean drinking water, public safety, transportation, green spaces, schools, healthy work/business environments, and housing) as it is a product of the health-care system and health services.

What Do We Mean by Health Promotion?

The *Ottawa Charter for Health Promotion* (1986)[8] defines health promotion as "the process of enabling people to increase control over, and to improve, their health" and "an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment." Health promotion goes beyond the health-care sector alone, emphasizing that health should be part of the political agenda of all sectors and at all levels of government. Furthermore, the participation of the population/community is essential if health promotion actions are to be sustained.

In order to facilitate the implementation of these strategies, five priority action areas are recommended:

- Build healthy public policy;
- Create supportive environments;
- Strengthen community action;
- Develop personal skills; and
- Reorient health services.

What Do We Mean by Community Participation?

The building of community participation is a process that begins when several people decide to share their needs, aspirations, and experiences with the aim of improving their living conditions. They meet, organize, identify priorities, divide tasks, and establish goals and strategies, in line with the existing resources (financial, technical and human) and those that might be obtained through partnerships.[9] Members of a community may or may not reside in the same geographical area. What is important is that they consider themselves to be a community [10, 11]. An organized community is not necessarily a participatory community. To facilitate participation, the community should be given the right and opportunities to make effective decisions regarding issues affecting the lives of its members.[12, 13]

8. Ottawa Charter for Health Promotion, 1986.
9. Airhihenbuwa CO. Health Promotion and the Discourse on Cultural Implications for Empowerment. *Health Educ Q:* 21(3): 345 - 353, 1994.
10. Jewres R, Murcott A. Meanings of Community. *Soc. Sci. Med;* 43 (4): 555-563, 1996.
11. Fals-Borda O, Rahman M. *Action and Knowledge: Breaking the Monopoly with Participatory Action-research.* New York: The Apex Press, 1991.
12. Rifkin SB, Muller F, Bichmann W. Primary health care: On measuring participation. *Soc. Sci. Med.*; 26 (9): 931-940, 1988.
13. Freire P. *Acción Cultural para la Libertad.* Tierra Nueva S.R.L.: Buenos Aires, Argentina. 1975.

Steps in Developing Community Participation

1. A critical first step is to **become familiar with the community** in order to define the degree of organization and participation of its members and institutions. This step permits technical personnel and local government to comprehend how the community understands and explains the world, whether through its beliefs, folklore, or other ways of looking at life, and to know its assets.
2. Community members do not always view the world in the same way as technical experts and local government. It is therefore necessary to explore all the different perspectives in order to **build a common vision**. [14]
3. **Utilizing language and communication resources appropriate to the cultural context** of a particular community can facilitate the access and effectiveness of strategies aimed at the population and help to mobilize the community.
4. **Keep the community informed** and ensure that it **takes part in decision-making** throughout the process. This means making sure to clarify the underlying principles of the Healthy Municipalities and Communities Strategy, the objectives of the strategy, and what these actions are expected to achieve.
5. As the community members perceive and establish a relationship between the HMC activities and their personal lives, their health, education, housing and other conditions, they are also able to **set personal goals and feel a sense of responsibility**, not just for a community initiative but for their lives in general.

What Do We Mean by Creating Effective Strategic Alliances?[15]

The appropriate identification of existing, and the creation of new strategic alliances constitutes a key approach in the development of a Healthy Municipalities and Communities Strategy. Strategic alliances are relationships and agreements between different stake-holding sectors, organizations, and actors in order to achieve a desired goal. The most common strategic alliances are carried out with government agencies; health institutions and other related sectors such as education, judicial, transportation and agriculture; nongovernmental organizations (NGOs); schools and universities; the mass media; religious groups and public and private organizations. As all play an important role in the construction of a healthy municipality or community, it is necessary that all the actors be included as potential partners.

What Do We Mean by Healthy Public Policies?

Healthy public policies are those that have a significant positive influence on people's health status through their influence in the areas of education, housing, food, human resources, employment, mental health, and sustainable development. A healthy public policy is characterized by an explicit concern for health and equity. The concept of equity requires the recognition and effective exercise of the rights of the people, based on equality,

14. Valla VV. Procurando compreender a fala das classes populares. *Saúde e Educação.* Rio de Janeiro, DP&A, 2000.
15. Tennyson R. *Managing Partnerships: Tools for Mobilising the Public Sector, Business and Civil Society as Partners in Development.* The Prince of Wales Business Leaders Forum, 1998.

with no restrictions imposed on access to, or use of services provided by different social sectors. Healthy public policies seek to create a supportive environment that enables people to live a healthy life, make healthy choices and transform social and physical environments. This concept involves developing activities by the authorities and those with decision-making ability and political power; activities designed to solve specific problems affecting the well-being, quality of life, and health of the population.

A commitment to healthy public policies means that governments should measure and report on their investments and results in the area of health through participatory development of budgets and transparent financial accounting. It is the role of the health sector to lead and promote such policies, but it should not be required to act alone. Health promotion activities go beyond the health care sector.

Healthy public policies should be translated into legislation that safeguards the conditions necessary for developing healthy lifestyles. This should include: guaranteeing the human rights and fundamental liberties of members of the community; protecting communities, families, and individuals from risk factors; and promoting conditions that ensure that the healthiest options are those that are most accessible and most easily attainable. At the local level, legislation (whether decrees, regulations, or standards) serves a dual purpose. First, it provides the tools with which to put concrete aspects of national policies into practice. Second, it constitutes a tool for decision-making in regard to certain political responsibilities that are regulated at this level, making it possible to adapt them to local needs. It takes a long time to bring about the changes and transformations necessary for obtaining a measurable and visible impact. Public policies must therefore be translated into institutional policies designed to address problems identified as priority concerns within the community.

Why Has the HMC Strategy Been so Successful and Appealing in the Region of the Americas?

The HMC Strategy has helped to support and focus the decentralization process that many countries have been undergoing, and in light of the democratization of local decision-making, it has provided a platform on which all local stakeholders can participate in defining priorities and key interventions in a collaborative manner. Another major factor in the strategy's growth has been a heightened awareness of the urgent need to promote health and prevent the risks and problems faced by most people today. Health promotion programs are more cost-effective than treatment, especially in light of privatization of health services and the increasing costs of providing effective and timely treatment. Increases in chronic diseases and other preventable illnesses mean prevention and early interventions can be more effective in improving health conditions than costly treatments. By coordinating the efforts of different sectors and actors, resources can be maximized and duplications eliminated.

What are the Essential Elements of a Healthy Municipality and Community?

In the Americas, PAHO has established a framework for Healthy Municipalities and Communities. Within this framework, there are some essential elements that will help to ensure the successful establishment and maintenance of a healthy municipality and community. The HMC Strategy is important in promoting health and improving the quality of life. The essential elements include:

1. Building public **commitment** by the mayor and municipal council, local government (key sectors), nongovernmental and private sectors and the community (leaders and representatives of organizations and social groups) to the process of improving the quality of life through the HMC Strategy.

2. Ensuring and continuously strengthening **community participation** during the planning, implementation, and evaluation phases. The HMC Strategy calls for strong community involvement and action and offers a genuine chance to strengthen and consolidate democratic processes at the regional level, especially through the participation of civil society in making decisions about priorities, activities, and the use of resources.

3. Developing a **strategic plan** to overcome obstacles and threats to developing and maintaining a healthy municipality or community. This plan highlights the need to mobilize internal and external resources, provide adequate support and technical cooperation, and create healthy spaces. The participatory, multi-sectoral development process encourages decentralization and should enhance the ability of local communities to make decisions and control resources.

4. **Building consensus and form**ing **partnerships** through various networks and projects comprised of a wide range of institutions and organizations, both within the health sector itself and with other sectors. Efforts are made to reach consensus among participants with opposing views. The strategy strongly supports the inclusion of local governmental representatives, NGOs and the private sector.

   "A partnership for health promotion is a voluntary agreement between two or more partners to work cooperatively toward a set of shared health outcomes." [16]

5. **Encouraging leadership** and **participation** of **all social sectors including the health sector**, as many strategies and activities extend beyond the capacity of the health sector alone. At the same time, reorienting health services to include health promotion and illness prevention is both a major challenge and a fundamental opportunity that should be pursued. Care should be taken to guard against excessive control by the health sector.

6. Formulating **Healthy public policies** at the local, regional, and national levels. This process enables capacity building of those involved in a more democratic form of governance; it gives people the opportunity to participate in public decision-making that affects them, their families, and their communities.

7. Conducting ongoing **monitoring and evaluation** to track and assess progress of the initiative, and to identify the intended and the unintended results. It is critical that information and surveillance systems are strengthened and are used to rethink and revise the activities of the initiative.

16. WHO. *Health Promotion Glossary*. Division of Health Promotion, Education and Communications (HPR), Health Education and Health Promotion Unit (HEP). WHO/HPR/HEP/98.1. Geneva: WHO, 1998.

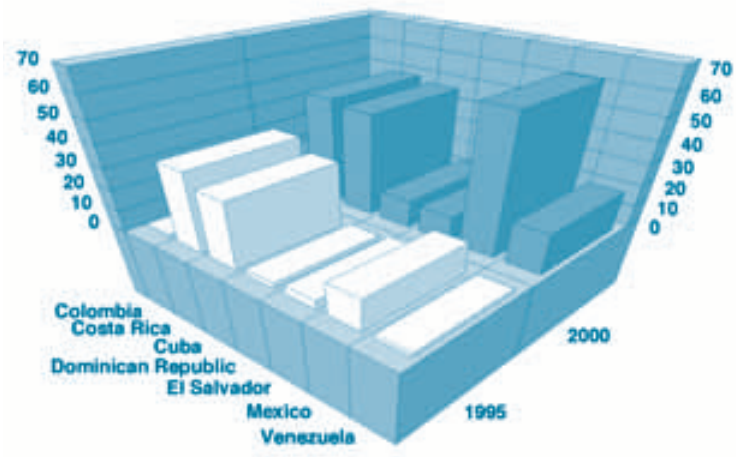
Sustainability: How to Guarantee the Continuity of a Healthy Municipality and Community Initiative

Lessons learned from previous experiences have shown that initiatives that are initiated and/or motivated from outside the community often fail to sustain themselves or continue over time. Changes in administration have proven to be among the biggest problems in terms of the continuity of HMC initiatives. After support has been obtained in the initial phase, the HMC then falters with changes in authority.

Experience shows that in communities where social participation and community organization are high, there is greater opportunity to ensure the continuity of the HMC Strategy and for social organizations and new authorities to negotiate its continuation. The key is then to motivate all community actors sufficiently so that they become involved in and make a commitment to a medium- and long-term process. Note that the more people and organizations that get involved in the initiative, the better it will be, and a larger base of support helps to ensure that the initiative is sustainable over time.

Securing the support of the municipal council or legislature is essential in guaranteeing a regulatory framework for the sustainability of HMC because it helps to ensure that the HMC initiative will remain effective and operational regardless of any institutional changes that may occur in the local authority. Concrete actions and plans thus assure the sustainability of the initiative. If there are national and/or provincial norms that give priority to health promotion and/or promote actions that foster healthy environments, it may be possible to insert the municipal resolution into the current norms at the higher level and thereby ensure legislative coherence.

Growth in the Percentage of Healthy Municipalities in Selected Countries



Establishing HMC Networks

Information exchange and collaboration among the countries have been key factors in the success of the HMC Strategy and the substantial growth of the movement in the Region of the Americas. At the Second Latin American Congress on Healthy Municipalities and Communities held in Boca del Río, Mexico, in 1997, 18 nations signed an agreement to create the Latin American Network of Healthy Municipalities and Communities, to build and strengthen their national networks and ensure their sustainability. (See Section on

International Agreements, Declarations, and Conventions). Networks make it easier to widely share information about successes and challenges and facilitate addressing the needs of other groups and at different levels, such as the private sector, government, and international organizations, and can play a major role in the development of new experiences.

In some countries of the Region, such as Mexico, Costa Rica, Chile, and Cuba, national networks have already been established and have been working for a number of years with good results. In other countries, the development of networks is at an early stage. The publication of bulletins and reports contributes to the sustainability of networks. The production and dissemination of publications by communities and municipalities in recent years has been greatly facilitated by the growth of the Internet.

Why are Evaluation and Monitoring Important?

Evaluation and monitoring play a fundamental role in the health promotion and protection process because they empower individuals and communities to make informed decisions, justify the expenditures and the contributions of donors, improve the initiatives, and contribute to the health promotion knowledge-base. Making informed decisions contributes to empowerment - one of the basic concepts of the health promotion strategy- which means achieving the power to make decisions concerning individual or collective actions, with a view to improving the quality of life and social justice. In monitoring it is particularly important to strengthen the information and surveillance systems at the community level in order to collect data and information, and make sure that it is reviewed appropriately by all involved groups, including the community. Evaluation examines how an undertaking meets the standards and objectives of a project, whereas monitoring is concerned with the, "continuous overseeing of the implementation of an activity to make sure that inputs, schedules, targets, and other actions required are proceeding according to plan." [17]

It is through monitoring that a thorough understanding of a project can be grasped, and all impacts planned and unplanned can be observed. Policy monitoring allows decision-makers and community members to have a thorough grasp of the policies that are being implemented and how they are affecting the community in order to adjust, modify, or change actions to best serve their own local needs. Evaluation is important because it enables members participating in initiatives to reflect on the work being carried out in terms of its limitations and achievements, determine whether municipalities and communities are indeed adhering to initial proposals, and refine actions or activities in keeping with their needs. It is an important feedback mechanism for all participants in the process and can also increase the legitimacy of health promotion activities. [18]

(See section entitled "Guidelines for Evaluating a Healthy Municipalities and Communities Evaluation.")

17. Walt G. *Health Policy: An Introduction to Process and Power*. Johannesburg: Witwatersrand University Press, 1994.

18 Rootman I, Goodstadt M, Potvin L, Springett J. *Hacia un Marco de Referencia Conceptual para la Evaluación de la Promoción de la Salud*. Copenhagen: WHO European Regional Office, 1997.

Phases of the Healthy Municipalities and Communities Strategy

Expected Outcomes (Interventions)	How To Obtain the Expected Outcomes (Suggested Strategies)
Initial and Organizational Phase (1 To 3 Months)	
An approved proposed HMC strategic plan	◗ Conduct a participatory assessment with the community to ascertain the health and quality of life situation of the municipality or community by identifying needs, enabling conditions, obstacles and resources ◗ Create an intersectoral and municipal committee to carry out a consultation with the community and together define a common vision and mission. Also, it is important to designate a focal point on the municipal council for the HMC Strategy ◗ Develop a proposed strategic plan through a participatory and intersectoral process -which should include local authorities, community (including women and men of all ages and ethnic groups) and other organizations- that defines objectives, goals, expected results, and targets ◗ Gain approval and assign resources for the plan by the Municipal Council ◗ Present, discuss, and disseminate the approved plan through a public forum
Planning Phase (4 to 6 months)	
A work group and detailed work plan	◗ Designate members of the intersectoral municipal committee to be part of a working group for activity implementation and monitoring ◗ Develop a detailed work plan based on the community assessment (Initial Phase) with activities, assigned responsibilities and resources, a timeline, and indicators for monitoring and evaluation ◗ Identify strategies to encourage sustained participation and partnerships for the implementation of the plan and resource mobilization
Action Phase(2/3 years and beyond….)	
A Healthy Municipality and Community	◗ Promote local healthy public and institutional policies and intersectoral actions ◗ Develop a policy framework and infrastructure to support and sustain the implementation of the Healthy Municipalities and Communities Strategy ◗ Create a range of healthy spaces ◗ Encourage politicians and other decision-makers to commit themselves to community capacity-building, strengthening the HMC Strategy and ensuring its sustainability and intersectoriality

Common Elements in All Three Phases

Community Participation	◗ Involve the community (including women and men of all ages and ethnic groups) in the entire process, from initial assessment of the situation, to actions to identify resources and possible solutions, to implementation, monitoring and evaluation ◗ Identify strategies to mobilize the community effectively while respecting the cultural and social values of each specific population
Communications	◗ Use all forms of communication available in the community (mass media, interpersonal discussions, organized groups and all forms of cultural expression including events, songs, dances, story telling, etc.) ◗ Ensure that messages and information are shared with the community on a continuous basis ◗ Adapt health promotion messages (addressing action throughout the life cycle) to specific target audiences, taking into account reaching vulnerable population groups ◗ Promote the messages of the HMC Strategy, utilizing existing positive examples and influential personalities
Capacity-Building	◗ Use multiple channels to offer capacity-building (i.e., courses, internet, meetings, etc.) ◗ Include orientation and skill development for each aspect of HMC development
Monitoring and Evaluation	◗ Cover process, outcome and impact, including quantitative and qualitative indicators ◗ Make it participatory and interactive

Healthy Municipalities and Communities: Resources

Videos:

Videos are available for purchase from PAHO's Office of Public Information,
Email: publinfo@paho.org
Tel: 1-202-974-3497.
Website: *www.paho.org/English/DPI/video000.htm*

Healthy Municipalities (1996)
This Video is a description of the PAHO strategy of how to implement healthy municipalities. This is illustrated by several experiences from various Latin American Countries. Available in English and Spanish.

Healthy Cities I, 1996, Spanish / English / Portuguese (15 minutes)

Healthy Cities II, 1999, Spanish / English / Portuguese (15 minutes)

Healthy Municipalities in Venezuela, 1998, Spanish / English (20 minutes)

Videos prepared for presentation during the Fifth Global Conference on Health Promotion, Mexico, 2000.

Asociación Vivir Quito Ecuador, 2000, English (6 minutes)

SERVOL Trinidad & Tobago, 2000, English (8 minutes)

Consensus Action Group Mexico, 2000, English (5 minutes)

West Texas Community Care Network Texas, 2000, English (6 minutes)

Online Resources:

(Please also see Kit Section on International, National and Local Healthy Municipalities and Communities Networks)

CITYNET at Indiana University –Purdue University – Indianapolis Campus
www.iupui.edu/~citynet/cnet.html

Coalition for Healthier Cities and Communities
www.healthycommunities.org

The Community Building Movement
www.ncbn.org

Community Toolbox – University of Kansas
www.ctb.lsi.ukans.edu

International Union of Local Authorities (IULA)
www.iula.org

National Civic League
www.ncl.org

Ontario Healthy Communities Coalition
www.opc.on.ca/ohcc/index.html

PAHO Healthy Municipalities and Communities Website
English: www.paho.org/English/HPP/HPF/HMC/hmc_about.htm
Spanish: www.paho.org/Spanish/HPP/HPF/HMC/hmc_about.htm

Healthy Municipalities and Communities – Resources
www.paho.org/Project.asp?SEL=TP&LNG=ENG&CD=MUNIC

Sustainable Communities Movement
www.sustainable.org

World Health Organization (WHO) Statement on Partnerships for Healthy Cities – Health Promotion
www.who.int/hpr/archive/docs/jakarta/statements/hcities.html

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Guidelines for Evaluating Healthy Municipalities and Communities

EL GOLF-PARAISO
BATALLON NARIÑO
VIA 40
Ron BLANCO Special
PARE

Why and What to Evaluate?

Evaluation of healthy municipalities and communities is very important for many reasons, including:

- Providing the stakeholders the opportunity to **reflect** on the progress of the HMC initiative.
- Designing the **best HMC initiative** in the context of the community health resources and needs.
- Creating **accountability**, or determining/gauging if the healthy municipality initiative is doing what was proposed, and redirecting efforts when needed.
- **Contributing** to general knowledge development; sharing what works and what doesn't work with other communities.
- **Sustaining** the work of HMC over time.
- **Creating** opportunities for intersectoral multidisciplinary dialogue, and strengthening participatory efforts within the municipalities.
- Developing **networks, links** and **contacts** between different community processes.
- **Convincing** decision-makers and policy-makers that HMC is a beneficial strategy.

Evaluation should be an ongoing cycle of continuous feedback, rather than an episodic event undertaken at the middle or end of an initiative. In this sense, monitoring is implied as part of an on-going evaluation process, and in the text that follows the term 'evaluation' also includes monitoring. Evaluation entails continuous reflection on what has been undertaken and/or achieved in order to guide, and change, future action. Activities undertaken as part of a healthy municipality initiative enable people to take more active roles in defining their health needs, setting priorities among health goals and influencing and assessing efforts to improve their health. In this way, evaluation is empowering.

There are many different types of evaluation methodologies available, and it is important that an intersectoral group oversee the evaluation and choose the most appropriate methodology based on practical issues such as time constraints, cost, expertise required, evaluation questions, and role of the evaluator, among others. Because of the participatory nature of healthy municipality initiatives, it is suggested that participatory evaluation play an important role in the evaluation of healthy municipality initiatives. This type of evaluation is recommended because it is a collaborative approach that builds on strengths and

values the contribution of everyone involved. Participatory evaluation requires considerable community involvement, leadership and self-determination throughout the process.

Under the leadership of PAHO, a working group on healthy municipality evaluation in the Americas was established and, during a 1999 meeting, recommended different areas that should be taken into account when evaluating HMC initiatives such as context, planning and implementation of the evaluation, and evaluation methodologies:[19]

Context

- Evaluation must factor in the different political, economic, social, and cultural contexts of the country, municipalities, and communities involved in the evaluation. It is important to consider the influence of the following:
  - Socioeconomic and political situation (national and local)
  - Local and national policies
  - Local health situation
  - Administrative structures and management styles, both national and local
  - Geographical, ecological, and demographic characteristics
  - Stage in the development process of the healthy municipality
  - Sociocultural aspects

Considerations for Planning and Implementing Evaluations

- The conception and development of the evaluation as a formative process originating from the municipalities and the stakeholders. This implies adopting the rigor and complexity required by the topic and the collective definition of the variables and indicators to be used.
- The definition of work processes that ensures: a) a broad and diverse commitment that reflects a consensus of joint evaluation objectives, and b) clearly identified ways to disseminate this work to other relevant groups.
- The relationships between health and well-being and between health and development.
- The conceptual definitions of what "healthy" means in the context of the psychosocial and physical aspects of the environment, health promotion, human and social development, and equity.

Evaluation Methodologies

- Utilize an evaluation methodology that integrates qualitative and quantitative approaches.
- Develop qualitative indicators constructed with the actors involved in the process itself--this requires intersectoral and participatory work.
- Aim for an evaluation that covers structures, processes, and outcomes.
- Take advantage of the information available in each municipality, strengthening the existing databases with qualitative data (and creating databases where they do not exist).
- Conduct the evaluation recognizing the influence of various levels

19. PAHO. *Healthy Municipalities Evaluation Workshop-Final Report.* Washington, DC: PAHO HPP, 1999.

(international, national, and local, and, at the local level, institutional/ government and community forces or social groups) and contexts (geographic, demographic, political/ administrative, economic-environmental, social and cultural).

Areas for Evaluation

The following areas have been identified as key in the evaluation of healthy municipalities:

- Public Policies
- Social Participation
- The Intersectoral Approach
- Sustainability
- Development Process Undergone by the HMC Initiative

Since 1999, the HMC Evaluation Working Group has broadened its mandate to also identify good practices, models, and evaluation tools; and follow up on evaluation initiatives in the areas agreed upon by the group: public policies, social participation, intersectoral approach, sustainability, and the healthy municipality development process.[20, 21] The Working Group is currently in the process of adapting participatory evaluation tools for HMC evaluation in the Americas, and expects the work to be published in 2003.

Evaluating the Process

The challenge for those evaluating HMC initiatives is to understand the dynamic of the strategy and the social processes underlying that strategy. It is also essential that within the strategy dynamic they consider the organizational and political context in which the project has been carried out.

Evaluation isn't something that is done once and then the evaluation process is over. Participatory evaluation can begin at any stage or phase of the HMC process. But, it is wise to think about evaluation from the very beginning, preferably during the planning stage or while the intersectoral group is deciding on what actions it will propose. Good evaluation goes hand-in-hand with planning. A planning approach that works well for participatory evaluation is one in which evaluation, implementation, and planning activities interact with each other at any point in the life of the endeavor.

The evaluation of healthy municipalities and communities is a process that should review the various steps of the process itself: its successes, difficulties, strengths, and weaknesses. It should not simply register, describe, or quantify attainments and products. It is also important to analyze the quality of the information through triangulation[22] mechanisms, and by consulting with the technical team and participants throughout the interview and observation activities. For example, it is not enough simply to identify the creation of an intersectoral committee; it is also necessary to know what sectors are represented and the problem-solving capacity of these committees. This promotes greater understanding of the context by adding the descriptions of participants and their participation.

20. PAHO/WHO. *Evaluation of Healthy Municipalities Meeting: Antigua, Guatemala-* Final Report, Washington, DC: PAHO HPP, 2001.
21. PAHO/WHO. *Evaluation Core Group Meeting- Final Report.* Washington, DC: PAHO HPP, 2002.
22. Triangulation entails the combination of methodologies in the study of the same program. This can mean using several kinds of methods or data, including using both quantitative and qualitative approaches.

Evaluating results

Results in health promotion are dynamic and diverse in nature, and measuring these results can include information from the following areas:[23]

- Health education: health knowledge, attitudes, motivation, intentions, behavior, personal skills and effectiveness;
- Influence and social action: community participation, community empowerment, social standards, and public opinion;
- Healthy public policies and organizational practices: political statutes, legislation, and regulation; location of resources; organizational practices, culture, and behavior;
- Healthy living conditions and lifestyles: use of tobacco, availability of food and food choices, physical activity, consumption of alcohol and drugs, relationship between protective factors and risk factors in the physical and social environment;
- Effectiveness of health services: delivery of preventive services, access to the health services, and quality of services;
- Healthy environments and spaces: restricted sale of tobacco and alcohol, restrictions on illicit drug use, positive environments for children, young people, and older adults and sanctions for abuse and violence;
- Social results: quality of life, social support networks, positive discrimination, equity, development of life skills;
- Health outcomes: reduction of morbidity and mortality, disability, and avoidable mortality; psychosocial and life skills;
- Capacity-building and development: measures of sustainability, community participation and empowerment, human-resources development.

The following Guidelines for evaluating a Healthy Municipality, adapted from Springett's *Practical Guidance on Evaluating Health Promotion* (WHO, 1998), were presented during the PAHO 1999 Workshop on Evaluating Healthy Municipalities. This is a list of suggested guidelines but it is not comprehensive; it is recommended that each HMC evaluation advisory group or committee review, adapt and augment the guidelines based on the evaluation needs and particular context.

Describe the context

- Clearly define the vision of the healthy municipality initiative. What does the community understand by the phrase "healthy municipalities"? What do the various sectors involved understand by the phrase? What activities are being carried out in order to achieve this goal? How will people know when those objectives have been met?
- Use the logical framework method to illustrate the steps involved in the process as well as the expected results.
- Establish an intersectoral group comprised of community representatives to coordinate and perform the evaluation.
- When will the evaluation be carried out? Within what timeframe?

23. WHO. *Framework for countrywide plans of action for health promotion.* Fifth International Conference on Health Promotion, 2000.

Indicate causes for concern

- What is the purpose of the evaluation? What are the main concerns of the various parties involved?
- How will the results of the evaluation be used?
- What are the specific questions that need to be addressed by the evaluation within the context of the healthy municipalities initiative?
- Are public policy, the intersectoral approach, social participation, and sustainability addressed in the questions and the objectives?
- Do the evaluation's questions and objectives address the basic principles of the HMC movement (the concern for equity, the intersectoral approach, social participation, and strengthening local capacities)?

Organize the data-collection process

- What methodologies will be used? (This will depend on the responses to the questions above) Have a range of qualitative methods been considered?
- Are the methods appropriate to the local context? Have both process and results been taken into account?
- Is the methodology understandable to those involved?
- Have pilot studies been conducted, using the same tools that will be used in the evaluation?
- Have the tools to be used in the evaluation been validated?
- How will broad participation be achieved?
- Is care being taken to include marginalized groups or individuals (both from among those who are the object of the evaluation and those in charge of conducting it) in the proposed evaluation?

Try to maximize participation in this step, to ensure the success and acceptance of the evaluation.

Compile the data

- This task should be carried out using the methods established in the previous steps.
- This task should be monitored to ensure that the data compiled are of good quality.

Describe, analyze, and evaluate the data

- What was learned through the evaluation?
- How different are the results from what was expected?
- Were the qualitative and quantitative methods complementary?
- How can discrepancies be addressed and resolved?
- Consider the possibility of using other qualitative methods in order to provide more information about unexpected results.
- Promote the participation of interested parties in the interpretation of the results.

Make recommendations

- What are the short- and long-term implications of the conclusions?
- What changes might be made to address negative results? Analyze recommended changes, taking their costs and benefits into account.

Disseminate conclusions

- Communicate conclusions, recommendations, and anticipated actions to donors, all interested parties, networks, etc.
- Use the Internet to share experiences wherever appropriate.

Make changes based on the results of the evaluation

- Obtain feedback from all evaluation participants.
- Adapt initiatives wherever necessary.
- Continue to monitor evaluations (see Describe the Context above).

The steps listed might also be presented as a continuous cycle.

During the Evaluation of Healthy Municipalities Meeting held in Antigua, Guatemala, 2001, the Working Group identified a number of principles that should guide the evaluation of HMC initiatives including context, participation, and use of multiple methods, which were discussed above. In addition to these, the following principles were also highlighted during this meeting:

Value

The evaluation process must reveal any theoretical, ideological, or political assumptions and explicitly indicate any power relationships (including those in which the evaluator is involved). The evaluation should also respect and value experience and local knowledge, recognizing the people as the principal health resource. The evaluation should embody a spirit of hope, happiness, love, and fun, while never forgetting equity, social justice, and solidarity.

Empowerment

Evaluation of Healthy Municipalities initiatives should:

- be based on the community's strong points;
- support local problem-solving;
- ensure equity by allowing all voices to be heard, including the voices of the most vulnerable and least powerful; and
- make it possible for information about the evaluation to be used by those concerned to lobby for and promote Healthy Municipalities.

Usefulness

Evaluation of Healthy Municipalities initiatives is useful when:

- it answers the questions of who, why, and how;
- it is integrated into the planning process and oriented toward action and change;
- it contributes to the creation of resources in the community;
- it has practical and political relevance;
- it helps define the healthy municipality as an investment; and
- it recognizes the need for a range of dissemination methods and feedback mechanisms.

Learning

Evaluation of Healthy Municipalities initiatives should:

- promote a joint learning process;
- promote dialogue and reflection, and encourage all means of developing knowledge by those affected and influenced by the process, including any external evaluators;

- recognize that learning is the key to the community and to increasing the capacity for local organization; and
- lead to action and change.

Selected Evaluation Resources

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WHO. *Evaluation in Health Promotion: Principles and Perspectives.* Eds: Rootman I, Goodstadt M., Hyndman B, McQueen D, Potvin L, Springett J, & Ziglio E. Geneva: WHO, 2001.

Additional evaluation resources available on the internet

Qualitative Analysis
Nova Southeastern University
http://www.nova.edu/ssss/QR/web.html

QualPage
http://www.ualberta.ca/~jrnorris/qual.html

Links to various qualitative analysis software homepages
www.ualberta.ca/~jrnorris/qda.html

Empowerment Evaluation
http://www.stanford.edu/~davidf/empowermentevaluation.html

Quantitative Analysis
Web page with numerous links to helpful quantitative analysis sites
http://www.fsu.edu/~spap/faculty_html/rcfquant.html

General Evaluation
SAGE publisher (for books on research methodology)
http://www.sagepub.com/

Community Toolbox – University of Kansas
http://ctb.lsi.ukans.edu/tools/EN/part_1010.htm

Glossary of Terms Used in this Guide

Glossary

A **Healthy Municipality and Community (HMC)** is a strategy to promote health, together with people and communities, in settings where people study, work, play, love and live. The HMC Strategy is part of a global democratization and decentralization process, supporting local initiatives within the framework of local management and community participation. A municipality begins the process of becoming healthy when its political leaders, local organizations, and citizens commit themselves to, and initiate, the process of continuously and consistently improving the health and quality of life of all its inhabitants, establishing and strengthening a social pact among local authorities, community organizations, and public and private sector institutions. It uses local planning as a basic tool, including social participation in management, evaluation and decision-making.

Health promotion is "the process of enabling people to increase control over, and to improve, their health"[24]. Prerequisites for health include peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. Health promotion goes beyond the health-care sector alone, emphasizing that health should be part of the political agenda of all sectors and at all levels of government. Furthermore, the participation of the population/community is essential if health promotion actions are to be sustained. Introducing the subject of health as a relevant issue on the political agenda, with consequences that should be incorporated in decision-making by all sectors, is a major area of health promotion.

The building of **community participation** is a process that begins when several people decide to share their needs, aspirations, and experiences with the aim of improving their living conditions.[25, 26, 27, 28] Members of a community may or may not reside in the same geographical area. What is important is that they consider themselves to be a community. An organized community is not necessarily a participatory community.[29] To facilitate participation, the community

24. WHO. *Health Promotion Glossary.* Geneva: WHO, 1998.

25. PAHO. *La Participación Social en el Desarollo de la Salud: Experiencias Latinoamericana.* HSP/SILOS-35. Washington, DC: PAHO, 1995.

26. Bógus CM. *Participação Popular em Saúde: Formação Política e Desenvolvimento.* São Paulo: Annablume/FAPESP, 1998.

27. Doimo AM. *A vez e a voz do popular: movimentos sociais e participação política no Brasil pós-70.* Rio de Janeiro: Relume-Dumará/ANPOCS, 1995.

28. Briceño-Leon R. *El contexto político de la participación comunitaria en América Latina. Public Health Bulletin 1998;* No. 14 (sup. 2): 141-147. (www.scielosp.org).

29. Jewres R, Murcott A. Meanings of Community. *Soc. Sci. Med.* 1996; 43 (4): 555-563, 1996.

should be given the right and opportunities to make effective decisions regarding issues affecting the lives of its members. Promoting and strengthening community participation in the HMC process creates the necessary conditions for individuals to gain greater control over their decisions and over actions and the use of resources affecting individual and community health--that is, the necessary conditions for their empowerment.

Empowerment is a social-action process that promotes participation of people, organizations, and communities in the goals of increased individual and community control, political efficacy, improved quality of life and social justice.[30] A distinction is made between individual and community empowerment. Individual empowerment refers primarily to the individuals' ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community, and is an essential component in community action for health.[31] Participation aims to contribute to empowerment and both concepts strengthen democratic processes and civil society.

Equity in health has been defined in WHO documents as 'reducing unfair and avoidable disparities in health outcomes between different groups, and ensuring access to quality health care on the basis of need.' Equity is the process of being fair. In this context for example, equity is not a synonym for equal access to health promotion resources and health care services for all, but rather refers to attributing to each person the resources and health care services he/she needs. Equity is therefore seen in the context of need and not in the context of equality.[32]

Gender refers to women's and men's roles and responsibilities that are socially determined. Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organized, not because of our biological differences.[33] Gender is the culturally specific set of characteristics that identifies the social behavior of women and men, as well as the relationship between them. Gender encompasses the terms of men and women and also includes their relationship and the way this relationship is socially constructed. It is an analytical tool for understanding social processes that include both men and women in the same topic.

30. Wallerstein N. Powerlessness, Empowerment, and Health: Implications for Health Promotion Programs. *American Journal of Health Promotion* 1992; Jan-Feb, (6)3:197-205.

31. WHO. *Health Promotion Glossary.* Geneva: WHO, 1998.

32. PAHO's Women, Health and Development Website- (http://www.paho.org/English/HDP/HDW/gensalud_about.htm).

33. Adapted from *Gender and Health- A Technical Paper.* (http://www.who.int/frh-whd/GandH/GHreport/gendertech.htm).

Examples of Good Practices

Caio Prado

The following are accounts of selected HMC experiences in the Region of the Americas:

Brazil

Municipality of Chopinzinho[34]

Chopinzinho is located in the southwestern region of the Brazilian State of Paraná. It has a population of 20,740, 62% of whom live in rural areas and 38% in urban areas. The main economic activities revolve around the raising of livestock. In 1993, municipal development began with the implementation of the Rural Development Plan (PDR), whose initial goals were soil recovery and the promotion of new techniques, with a view to reversing low rates of agricultural productivity. Through the Municipal Council for Rural Development, comprised of representatives of government, nongovernmental organizations, and various sectors of civil society, activities have been carried out with a view to planning, implementing, and approving municipal policies. The plan is supported by an organizational process which includes the division of labor, strategic partnerships between producers and the municipal administration, and the implementation of diverse intersectoral public policies.

Although agricultural activities were highlighted by Chopinzinho to launch its Healthy Municipality and Community (HMC) project, its goals were extended to several other sectors including education, housing, and health. Intersectoral action, combined with strong community participation, helped broaden the mandate of the Council beyond rural issues. Chopinzinho thus improved its rural roads and paths, and a housing cooperative was set up to promote an "urban renewal" project. The level of education was increased by grouping schools together, improving school transportation, adopting new teaching methods (alternative education) and guaranteeing access to education for all children in rural areas. Rural day-care centers were set up, slash-and-burn agriculture was reduced, and efforts were made to preserve plants and vegetation along riverbanks.

A "Learning Center" was created for children and adolescents, offering group activities in sports and for learning trades. Various programs were also offered that promoted health education in the following areas: diabetes prevention, blood pressure monitoring (together with the Seniors Club), efforts to combat infant mortality, and family planning (at health units and jointly with the Mothers' Club). A program for monitoring patients with mental health problems at health units and in the home was also instituted to help ensure that patients took their drugs on a regular basis, which reduced patient hospitalization rates.

34. Health Promotion Project/Department of Health. Ministry of Health. Em Chopinzinho, a melhora qualidade de vida começou no campo. *Health Promotion Review* 1999; Brasilia, 1 (2): 27-30.

Canada

Northwestern Region of Ontario and Lanark Highlands[35]

The Ontario Healthy Communities Coalition (OHCC) has helped to support the development of many Healthy Communities in the province. The OHCC has created a framework for establishing a healthy community through the participatory determination of issues, needs, and action plans. Important characteristics of OHCC programs include wide community participation, broad intersectoral involvement, local government commitment, and healthy public policies.[36] Below is a description of some of the programs established in the Northwestern Region of Ontario and in the community of Lanark Highlands.

In the Northwestern Region of Ontario, communities are working with industry to clean up the environment. For the 22 member communities of the regional Health Unit, industrial pollution has been one of the most troublesome problems. Three of these communities - Fort Frances, Dryden, and Kenora – are home to major paper and paper-pulp processing factories. A survey conducted in 1997 revealed the community's concerns about air and water quality, particularly as it relates to the paper industry. Armed with these results, the Health Unit asked local industries to create a partnership with the communities to work together to improve the health of the people and their environment. As a result, a committee was established which comprised representatives from all the factories, the Health Unit, and each affected community. Following discussions, the committee reached a consensus on its perspectives, needs, organizational structure, mandate, missions, objectives, and a long-term action plan. The goals of the partnership are to increase communication between the industrial (private) sector and government and community organizations, and to raise community awareness about the effects of contaminants on community health. During the process, several key improvements have been observed including: the reduction of the total amount of sulfuric residues, and the creation of a community notification protocol in the event of a factory spill or a leak.

Another example of successful community partnerships for health involves the newly formed community of Lanark Highlands, in Eastern Ontario. In 1998 after the community of Lanark Highlands had survived two declared natural disasters (flooding and an ice storm), the municipality, the North Lanark County Community Health Centre, and the Ontario Healthy Communities Coalition collaborated with local citizens to develop a strategic action plan. Various methodologies were used to involve as many citizens as possible including 'kitchen meetings'. Based on participatory input, twenty key health, economic and social priorities were identified. A committee with representatives from both the Health Centre and the Township now meet regularly and produce an annual report card to show how well the objectives are being met and explain to the community any delays. This innovative approach to community planning enables the resources of a sparsely populated rural community to be fully utilized and maximized.

35. Documents from Ontario Healthy Communities Coalition. Healthy Communities, Toronto: Canada. 2000.

36. *What is a Healthy Community?* From Ontario Healthy Communities Coalition Website (http://www.opc.on.ca/ohcc/).

Colombia

City of Bogota

The city of Bogota, capital of the Republic of Colombia, has a population of approximately 4 million people. In order to maintain, strengthen, and promote safety and living conditions, recent administrations of the city have integrated a series of commitments from different sectors aimed at achieving a reduction in the average daily incidence of violent deaths and crimes, and improving citizen perceptions of their city. To improve the quality of life of its citizenry, Bogota drafted and implemented different public policies as part of their healthy municipality activities to improve public safety and civic coexistence, focused on the determinants of violence and the lack of security.

Based on a needs assessment, these policies were oriented toward developing mechanisms to prevent and reduce homicides, through the control and suspension of permits to carry weapons, measures that discouraged alcohol consumption, and the promotion of tighter police control. The disarmament policy was implemented at a time when most of the homicides were committed as a result of fights between acquaintances, with firearms being the principal instrument.

One aspect of the homicide reduction program was the creation of initiatives to promote reduced and responsible alcohol consumption. The program focused on having individuals recognize the risks associated with excessive alcohol consumption while instilling in them responsible attitudes of respect for the integrity and life of others. Alcohol restrictions were implemented, such as prohibitions on its sale in public establishments after 1:00 a.m. In addition, a public discourse on alcohol consumption was held to promote a dialogue about its responsible use. Since 1995, a reduction of almost 50% has been achieved in homicides, making Bogota now one of the least violent cities in the country.

Another initiative to improve public safety concerned the reduction of the availability of gunpowder and its inappropriate use in fireworks. Mass media campaigns were conducted to show the physical, psychological and economic costs of fireworks-related accidents borne by children. Information compiled on people burned by gunpowder between the Christmas seasons from 1993 to 2001 indicated a reduction of 65.9% after the adoption of the above-mentioned measures.

In Bogota, the subject of safety was not seen exclusively as a police problem; it was also addressed from a cultural perspective with citizen participation. An increase in community participation in public safety made an indispensable contribution to the success authorities achieved, as did the effective development of the Metropolitan Police's preventive, dissuasive and social control mechanisms, the modernization of service, and the development of school and community public safety programs.

Based on their evaluation, a goal was set to reclaim certain sectors of the city identified as problem areas due to a lack of public safety. Mission Bogota is a program where citizens have access to all of the municipal institutional capacity for the purpose of strengthening communities. Mission Bogota has resulted in urban renewal spaces and the inclusion, in community development activities, of sectors of the population that were not typically seen as agents of development, such as commercial sex workers and homeless people.

Costa Rica

Canton of San Carlos[37]

In 1993, the northern Canton of San Carlos, Costa Rica (population 122,888 inhabitants) formally launched its "Ecological and Healthy Canton" project, building on the area's long history of facing and solving its problems through organization and community mobilization. San Carlos began by bringing together about 100 representatives of various sectors (economic, social, health, education, social welfare, transportation, communications media, youth and senior associations) that were interested in turning the canton into a model for health promotion. Based on the needs identified and ranked by the different participants, greatest importance was given to environmental protection and the promotion of healthy lifestyles.

Financially supported with a 10% local logging tax, the project "United for a Clean City" was launched in the District of Quesada, one of the 11 districts that make up the canton. The project encouraged the active participation of citizens in the promotion of environmental improvement projects. All mass media in the northern regions was mobilized in an information campaign conducted on the radio, in educational centers, community development associations, and cantonal institutions. As part of the campaign, a drawing and painting competition was held, entitled "A Healthy Environment Leads to Health," involving 236 children from several different educational centers. A "Family Rally" was also organized, under the slogan "Plant a Tree for Life." The rally attracted 105 San Carlos families. Also, an "Intersectoral Health Fair" was held, under the slogan "Protect our Environment," in which 27 institutions participated.

In the institutional arena, paper, glass, and aluminum cans are recycled in the urban areas of the District of Quesada. Furthermore, the people were provided with information (pamphlets) about recycling centers. This has had the effect of reducing the quantity of refuse ending up in the sanitary landfill or deposited in the environment, thus extending the life of the landfill and reducing the threat of environmental pollution. Excellent results have been obtained in terms of the cleanliness and image of the city. There has also been evidence of a growing awareness among the inhabitants, agencies, and private enterprise with regard to the advantages of working in a healthy canton. That awareness resulted in more active and responsible participation by the community in efforts to meet the proposed objectives: reduction of refuse in identified problem areas, greater coverage of environmental education through the communications media, and the introduction of refuse containers in the streets.

Cuba

Cumanayagua Municipality – Cienfuegos

The Municipality of Cumanayagua is located in the southeast Region of the province of Cienfuegos, Cuba. It is the only mountainous municipality in the Province, with a land area of 1101.5 square kilometers, of which 401 square kilometers are mountainous. It is divided into 13 People's Councils, of which three are mountainous, seven are rural, and three are urban. The main economic activities are the raising of livestock, and the growing of coffee and citrus fruits.

37. Ministry of Health/ PAHO/WHO. *Premio Cantones Saludables de Costa Rica – Proyecto Directorio.* San José, Costa Rica: PAHO, 1997.

The strategies carried out in Cumanayagua came about as a result of the 1997 health situational analysis. This analysis utilized the logical framework approach, in which the main programs and strategies are evaluated using a variety of methodologies. In the beginning, the main problems, causes and priorities were identified and stratified by each People's Council and based on this, action plans were prepared which focused on four main issues:

1. Increasing the performance and managerial capacity of leaders and representatives of the People's Councils. To accomplish this, a team of professors and leaders trained the representatives, delegates and presidents of the People's Councils in management, local strategic planning, logical framework and other areas of administration and planning. The training courses and processes were held systematically in order to teach additional and new representatives.
2. Increasing food consumption to reduce the number of underweight individuals through a broad training program for physicians and nurses, as well as interactive activities with the community in order to achieve an increase in the consumption of nutritious foods.
3. Improving hygiene and sanitation, reducing pollution and protecting the environment through the identification and training of activists in each school center and People's Council, and promoting activities aimed at proper waste disposal and environmental conservation.
4. Improving the holistic responsiveness of Primary Health Care Services, through improving the quality of emergency medical care, expanding the use of natural and traditional medicines and increasing access to different medical specialties.

In 2001, the programs implemented in the previous years were continued and strengthened based on the four aforementioned strategies and complemented by the Environmental Care Project with the Crucesitas People's Council, the Health and Development Project of the coffee growing communities, and the Productive Municipality Strategy. The Productive Municipalities Strategy has coordinated activities to promote the sustainable production of animal, plant and vegetable proteins at the local level in a way that encourages partnerships among different social, economic and community actors to improve the well-being of all residents.

Mexico

Mexican Network of Municipalities for Health and State Healthy Municipalities Networks[38, 39]

In Mexico, the Healthy Municipalities Program is part of a range of municipal health-promotion strategies, which have been enhanced and strengthened through the creation of the Mexican Network of Municipalities for Health.

The Network is a major movement, which facilitates the sharing of experiences and mutual collaboration in the technical, operational, and motivational arenas. Its basic purpose is to create an opportunity for communication among its members, as well as to seek backing to improve its plans and programs for health and well being. Its basic principle is voluntary participation and open membership in the movement.

38. Revista Mexicana de Municipios Saludables 1999; 1 (1).
39. Revista Mexicana de Municipios Saludables 1999; 1 (3).

The network's objectives include the following:

- to disseminate the contents of municipal health projects to municipal authorities, social organizations, and the community itself, while promoting the creation and expansion of the movement;
- to share experiences and information among associate members, through regular meetings and the use of different communications media;
- to help municipalities implement higher-quality projects;
- to become an organization for the accreditation and incorporation of other municipalities, setting minimum criteria for their inclusion in the movement.

In addition to the Mexican Network of Municipalities for Health (national), other regional and state networks were created among the municipalities, cities, and communities concerned, to encourage meetings between neighboring entities. One of the methods used by these networks is to hold "thematic encounters" on different municipal problems, such as slaughterhouses, water treatment, etc.

Establishing networks of municipalities lays the foundation for systematizing and accelerating the search for solutions to social and health problems. It thus becomes an innovative way of contributing to social development through equity and democratic participation.

Among the problems encountered in municipal work is how to achieve continuity. In Mexico, municipal authorities change every three years, without the possibility of reelection. As a result, it is often difficult to ensure sustainability. The networks however, have assisted with the transition and guaranteed the continuity of Healthy Municipalities projects.

In each state in which a state network was formed, working techniques were established in accordance with the needs of member municipalities. One of the achievements attained through the state networks is the opportunity of discussing alternative solutions to the problems that arise and generating intermunicipal cooperative agreements, which range from technical support and advisory services to the preparation of public policies and the provision of financial resources to projects developed by consensus.

International Agreements, Declarations, and Conventions

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Sample Resolution and Commitment by Local and Municipal Governments

a) Sample Resolution

(City), (Date)

HAVING SEEN (the current national legislation/the Municipal Decree /the project presented by…),

WHEREAS:

The Healthy Municipalities and Communities Movement has demonstrated the benefits to be obtained from the pursuit of better living conditions and health conditions for communities;

This Movement represents an efficient and low-cost context in which to encourage the sharing of experiences and the development of local health-promotion projects;

It is necessary to raise awareness among all members of the community and local government about the need to live in a healthy city, and their participation in the maintenance of the city is of paramount importance, strengthening preexisting community resources and coordinating the quest for and mobilization of any further resources that may be required;

It is necessary to guarantee the commitment of this legislative body to all actions undertaken as part of efforts to create a healthy municipality in the city of .....

The (DELIBERATIVE/MUNICIPAL COUNCIL, etc.) of (THE CITY/MUNICIPALITY) of .....

RESOLVES:

ARTICLE 1 To initiate the process of becoming a Healthy Municipality;

ARTICLE 2 To promote the construction of healthy and safe physical and social environments;

ARTICLE 3 To form an Intersectoral Committee that shall coordinate the project and include at least one member of every government sector, etc.

b) Sample Commitment

"A CALL FOR ACTION FOR THE CREATION OF HEALTHY ENVIRONMENTS."

Under the present Act, on the .....day of the month of ....., in the year....., the Government of the City of ..... hereby pledges to:

work together with all sectors of the community to create environments that promote comprehensive health, social well-being, and the generation of an increasingly healthy community, through the active, conscious participation of all members of that community in individual and collective self-care, facilitating:

Initiation of the process of becoming a healthy municipality;

The construction of healthy and safe social and physical environments;

A high degree of participation by all sectors of the community;

Partnerships and associations with other sectors that can contribute to improving health.

Fifth Global Conference on Health Promotion

Health Promotion: Bridging the Equity Gap

Mexico City, Mexico, 5-9 June, 2000

Mexico Ministerial Statement for the Promotion of Health

From Ideas to Action

Gathered in Mexico City on the occasion of the Fifth Global Conference on Health Promotion, the Ministers of Health who sign this Statement:

1. Recognize that the attainment of the highest possible standard of health is a positive asset for the enjoyment of life and necessary for social and economic development and equity.
2. Acknowledge that the promotion of health and social development is a central duty and responsibility of governments, that all sectors of society share.
3. Are mindful that, in recent years, through the sustained efforts of governments and societies working together, there have been significant health improvements and progress in the provision of health services in many countries of the world.
4. Realize that, despite this progress, many health problems still persist which hinder social and economic development and must therefore be urgently addressed to further equity in the attainment of health and well being.
5. Are mindful that, at the same time, new and re-emerging diseases threaten the progress made in health.
6. Realize that it is urgent to address the social, economic and environmental determinants of health and that this requires strengthened mechanisms of collaboration for the promotion of health across all sectors and at all levels of society.
7. Conclude that health promotion must be a fundamental component of public policies and programs in all countries in the pursuit of equity and better health for all.
8. Realize that there is ample evidence that good health promotion strategies of promoting health are effective.

Considering the above, we subscribe to the following:

Actions

A. To position the promotion of health as a fundamental priority in local, regional, national and international policies and programs.

B. To take the leading role in ensuring the active participation of all sectors and civil society, in the implementation of health promoting actions which strengthen and expand partnerships for health.

C. To support the preparation of countrywide plans of action for promoting health, if necessary drawing on the expertise in this area of WHO and its partners. These plans will vary according to the national context, but will follow a basic framework agreed upon during the Fifth Global Conference on Health Promotion, and may include among others:

- The identification of health priorities and the establishment of healthy public policies and programs to address these.
- The support of research which advances knowledge on selected priorities.
- The mobilization of financial and operational resources to build human and institutional capacity for the development, implementation, monitoring and evaluation of countrywide plans of action.

D. To establish or strengthen national and international networks which promote health.

E. To advocate that UN agencies be accountable for the health impact of their development agenda.

F. To inform the Director General of the World Health Organization, for the purpose of her report to the 107th session of the Executive Board, of the progress made in the performance of the above actions.

Signed in Mexico City, on June 5th 2000, in Arabic, Chinese, English, French, Portuguese, Russian, and Spanish, all texts being equally authentic.

Medellín Declaration, 1999

"Toward a Better Quality of Life for the Citizens of the Americas in the 21st Century"

Introduction

The Healthy Municipalities and Communities Movement in the Americas, committed to the principles of equity, solidarity, and peaceful coexistence, as set out in the Ottawa Charter (1986), reaffirmed in the Declaration of Bogotá (1992) and the Congresses of Brazil (1996) and Mexico (1997), has played a very important role in the pursuit of new ways to promote the ambitious goals of health for all, sustainable human development, and improvement of the quality of life of the inhabitants of this region of the world.

The movement has also helped to increase independence at the local level and strengthen ties between different countries. Nevertheless, it is urgent that efforts be continued, so that municipalities and local communities can face the 21st century with clear and precise ideas as to how better development, based on social equity, might be achieved.

The Third Congress of the Americas on Healthy Municipalities and Communities, assembled in Medellín, Colombia, from 8 to 12 March 1999,

Considering:

1. That human development and the quality of life are intimately linked to citizens' rights and duties as recognized in all countries of America;
2. That improving the quality of life requires the commitment of the various actors involved in development, as well as multisectoral and inter-institutional action;
3. That the municipality is the political-administrative unit upon which government-citizen relationships are constructed, the setting in which the basic needs for a productive life with dignity are met, and the main unit responsible for social policies;
4. That the situation in our countries indicates that the new millennium brings the following challenges:
   - The need to achieve *equity and equal rights* to reduce all forms of social exclusion in an effective manner;
   - The need to emphasize the social dimension as part of efforts to revive economic development, bearing in mind that this process should be implemented for the benefit of human beings, whose rights may not be undermined merely for the sake of achieving economic growth;
   - The need to establish a new way for people to interact with the *environment* so that make progress can be made in the protection and conservation of natural resources while ensuring sustainable human development;
   - *The need to achieve peaceful coexistence* based on genuine respect for human rights that will restore the social fabric through tolerance, equity, and solidarity, as a way to confront the various forms of *violence* seen in our countries;
   - Achieve *efficiency in local management* of municipal development, taking globalization and the urgent need to *combat corruption* into account.
5. That the ultimate goal of the Healthy Municipalities and Communities project is to enable human beings to realize their right to enjoy better health and a better quality of life in the 21st century.

Pledge to

1. Strengthen the implementation of development plans at the local level as a factor that will bring together communities and private and public actors in a permanent process of consensus-building, designed to improve the living conditions of the population, from a gender perspective and through rational, efficient utilization of resources;
2. Seek to implement healthy public policies at the local level in education, employment, housing, health, nutrition, peace, coexistence, quality of transportation, public services, adequate use of public space, the environment, etc., to improve the people's living conditions, in keeping with their needs and within the framework of international and national policies;
3. Increasingly empower communities and municipalities, consolidating decentralization processes, with a view to achieving autonomy, self-management, and self-fulfillment in the face of the challenges posed by globalization;

4. Promote the search for new economic models or the review and modification of current models to promote economic recovery and growth, with a view to guaranteeing social equity, universal access to services, technological progress, and scientific and cultural advances;
5. Strengthen local environmental protection and conservation programs and raise people's awareness of the dangers of environmental degradation, while making a clear commitment to environmental protection;
6. Promote multisectoral interventions at the municipal level to address the underlying causes the different types of violence, based on the defense of human rights and designed to achieve peaceful coexistence based on tolerance and the acceptance of differences;
7. At the local level, help combat corruption and build a civic ethic to govern the different kinds of relationships between individuals, organizations, and institutions;
8. Develop methodologies for the evaluation of Healthy Municipalities and Communities processes and projects that take into account the social, political, cultural, and epidemiological context in which they take place and indicate their impact on local inequity;
9. Establish links between municipal movements in the Americas having common goals aimed at improving the quality of life, using the holistic concept of health as the driving force.

The participants at this Congress wish to express their solidarity with the municipalities of America that have suffered major disasters, especially the Central American nations hit by Hurricane Mitch and those in Colombia affected by the earthquake that struck the coffee belt. They would also encourage them to find, in the Healthy Municipalities Strategy, an inspiring possibility for restoring community well-being.

Defending the active role of local communities and respect for their rights and duties should create the right environment to ensure that society in the new century is more balanced and just.

Commitment of Monterrey, 1993

In the city of Monterrey, Nuevo León, Mexico, from 15 to 17 November 1993, we gather as Municipal Presidents and sign the present commitment, for the purpose of analyzing our programs of health, well-being, and development, in order to strengthen them in the immediate future.

The meeting made it possible to establish the first level of communication and collaboration among the ten municipalities in attendance, with support of the General Bureaus of Promotion of the Health and Preventive Medicine, the Ministry of Health in Mexico (SSA), and the Pan American Health Organization (PAHO).

The participants confirm the importance of the relationship between health and the well-being of the population of our municipalities, concluding that there can neither be full development without previously reaching good levels of health nor while there persists an inequitable distribution of the benefits of development.

The challenge that faces us regarding the interdependence between health and development is that of reconciling the interests of economic growth with the

social longing for well-being for all, within the framework of full respect for the traditions, culture, and sovereignty of our peoples.

We consider unacceptable any type of inequality, whether it is for ethnic, sexual, political, religious, or socioeconomic reasons, which means that our commitment includes eliminating unnecessary and unjust differences that limit the opportunities of access to health and to well-being.

Based on the concept of health as a state of complete physical, mental, and social well-being and not merely the absence of disease, we consider that the requirements for health established in the Ottawa Charter still have not been reached by significant sectors of our population. These requirements include the fundamentals: food, basic services, education, housing, income, a stable ecosystem, social justice, peace, and equity.

Within the daily reality of our municipalities, in addition to the diseases associated with poverty, in recent decades the municipalities have been facing problems related to urban growth, industrialization, and the indiscriminate adoption of habits and customs imposed by a culture of consumption.

In addition to secular afflictions such as malnutrition, municipalities are experiencing chronic heart disease and cancer. Added to this are violence which is frequently associated with alcohol consumption and drugs, as well as other problems related to environmental degradation and emerging diseases such as AIDS.

We are aware of our role as being responsible for basic services, public safety, culture, and the harmonious coexistence of our communities and thus we are willing to increasingly promote policies and municipal proclamations that focus on human well-being, the integral development of our municipal councils and the improvement of our shared environment.

Without forgetting the importance of medical services, which in sufficient quantity and quality is indispensable in serving the population by curing diseases, we emphasize the priority of a sanitation and services infrastructure whose diligence will support our actions for prevention and health promotion, directed to all, with preference for the poorer sectors and more vulnerable groups that we identify.

Health corresponds to every population, which means that we will orient actions to strengthen a culture of health in society while promoting society's full participation in decisions. To address the barriers that limit the democratic process, we will increase opportunities for individual and social production of conditions for well-being and collective problem solving in public health.

The sustainable development that we propose will take into account not only the well-being of present generations but, also, that of the future, whose material and environmental conditions we will try to defend and improve in a commitment to environmental protection and conservation for the future.

In short, our approach is positive; for in linking health with well-being, we perceive it as source of wealth in daily life and as a matter that concerns all sectors, not only that of health, which means that we will facilitate at all times shared responsibility and intersectoral action.

After analyzing the multiple possible actions, we agree that in accordance with priorities that are democratically decided in each municipality, these are the principal areas of work:

1. Access to varied, adequate, complete, hygienic, and acceptable diet.
2. Basic sanitation: provision of safe drinking water, drainage, sewage, and wastewater treatment. Solid waste disposal. Control of harmful animals.
3. Sources of employment that are safe, paid, a source of satisfaction and personal and professional development.
4. Housing construction and improvement. Urban regulation and reorganization.
5. Promotion of a healthy lifestyle: personal hygiene, safe food and housing. Stimulate physical exercise. Combat smoking, alcoholism, and other addictions. Adequate use of the free time.
6. Public safety and civil defense with organized citizen participation. Education for accident prevention and the provision of first aid. Preparation for disaster situations.
7. Promotion and support for education, literacy, and adult education. Increase and share culture and local customs.
8. Care, protection, and improvement of the environment. Plant and animal conservation. Combat pollution of all forms.
9. Attention to special groups: maternal and child population, the elderly, children, and young street children, indigenous population, migrant day laborers.
10. Revive and make use of traditional medicine and its link with the prevailing institutionalized one.

Finally, so that our experiences, positive and negative, are known and taken advantage of by other municipal councils with the same concerns, we decide unanimously to initiate the formation of a National Network of Municipalities for Health that addresses and disseminates topics and projects that are related to population health.

In order to ensure the success of this proposal, we commit ourselves to fulfilling, together with the institutions that support us, the following tasks:

1 On the part of the Municipal Presidents:

1.1 Countersign publicly our will to develop healthy policies that identify ours as a Municipality for Health.

1.2 Arrange the participation of civil society to identify and promote social initiatives favorable to health, with the incorporation of sectors that contribute to the well-being and integral development of the municipality.

1.3 Promote and carry out democratically defined actions and projects based on solid assessments, feasible implementation, and results that are apparent to the community.

1.4 Disseminate the contents and purposes of activities and projects, with the goal of improving the level of health education of the population in order to create a positive and participatory culture of health.

1.5 Promote the incorporation of other municipalities into the network through sharing of experiences and the conduct of site visits to development projects.

1.6 Participate dynamically in activities of the National Network of Municipalities for Health, benefiting from the rights and fulfilling the obligations of associated members.

2. On the part of the support institutions:

2.1 Form a support office for the Network with the following functions: coordination, accreditation, dissemination, training, advisory services, monitoring, and evaluation.

2.2 Form a database on the Network and its projects in order to support its development and expansion.

2.3 Promote periodic meetings among Network municipalities and other interested parties in order to consolidate its structure and facilitate the sharing of experiences.

2.4 Promote and facilitate active relationships among municipalities and other country networks.

Boca del Rio Agreement, 1997

Agreement Creating the Latin American Association of National Networks of Healthy Municipalities and Communities

Assembled in the city of Boca del Río, Veracruz, Mexico, on the occasion of the Second Latin American Congress on Healthy Municipalities and Communities, we, the representatives of the undersigned bodies and countries, considering:

1. That the healthy municipalities and communities movement has demonstrated the great advantages it has to offer in the pursuit of better health conditions for our communities;

2. That the movement represents an efficient, low-cost way of facilitating the sharing of experiences and the development of local health-promotion projects;

3. That it is a worthy and valuable initiative, which should be sustained, expanded, and consolidated in the Latin American region.

AGREE to create the Latin American Association of National Networks of Healthy Municipalities and Communities, whose principal objectives will include the following:

-To support the consolidation of member countries' national networks;
-To facilitate the creation of national networks in the countries of the region;
-To search for mechanisms to ensure the continuity and sustainability of the movement;
-To establish forums and mechanisms for the ongoing sharing of experiences and development of health-promotion projects in the municipal area.

With a view to preparing a conceptual and regulatory document governing the activities of the Association, a Coordinating Committee is hereby formed, comprised of:
Costa Rica; Cuba; Mexico; Panama; Venezuela; PAHO Washington, DC.

The headquarters and coordination of this Committee is entrusted to Mexico, and the Committee hereby pledges to consolidate the objectives and actions for which it was formed."

List of Signatories to the Agreement Creating the Latin American Association of National Networks of Healthy Municipalities and Communities:

For Argentina: Horacio Pracilio
For Bolivia: Luis Mamani Zambrana

For Chile: Nora Donoso Valenzuela
For Colombia: Apóstol Murillo Espitia
For Costa Rica: Roy Antonio Rojas Vargas
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For PAHO/Washington, DC: María Teresa Cerqueira

Boca del Río, Veracruz, Mexico, 16 October 1997.

Declaration of Guatemala

WE, representatives and delegates of Municipalities, Municipal Associations, Institutes of Municipal Promotion, Health Research Institutes and invited guests from our brother country Mexico, in the context of the "1st. Central American Meeting of Healthy Municipalities", held in the city of Antigua, Guatemala from 28 to 31 October 1996, formulate the following DECLARATION in order to encourage and strengthen the implementation of the Healthy Municipalities strategy in Central America.

CONSIDERING:

First: The current process of subregional involvement in the reform and modernization of Central American societies;

Second: The growing central role of subregional local governments in favor of life promotion and protection and the well-being of its citizens;

Third: The existence of successful healthy municipalities experiences in Central American countries, learned by us during this meeting;

Fourth: The experience of neighbor Mexico in the implementation of the Healthy Municipality Strategy, including the organization and management of networks at the national and state level, that we consider a beneficial reference for the Central American experience.

DECLARE:

First: That we recognize in the strategy of Healthy Municipalities a way to place life and the well-being of citizens at the center of municipal development;

Second: That its implementation in Central America contributes to local human development, and encourages equity and the rights of citizens in the municipal milieu;

Third: That we understand health is a social product that results from agreed upon action by local governments, diverse personalities and

leaders, non-governmental organizations and other civil society entities, as well as the collaboration of the international donor community;

Fourth: That it is necessary that Central American countries prepare plans of action for the implementation of this initiative, and that they have the necessary and sufficient technical legitimacy, political viability and feasibility;

Fifth: That as a catalyst and encouraging element for the implementation of the strategy in our countries, it is necessary to count on, among other resources, a "Subregional Development Project of the Healthy Municipality Initiative in Central America;"

Sixth: That PAHO/WHO should assume the technical responsibility for the design of the aforementioned project, carrying out sub-regional consultations with the representatives of Central American countries and taking into account the inputs from countries during this meeting;

Seventh: That, in addition, PAHO/WHO should continue to cooperate with Central American governments in the implementation of the initiative in countries and the sharing of healthy municipalities experiences;

Given in the city of Antigua, Guatemala, on November 1, 1996.

American Convention on Human Rights, O.A.S. Treaty Series No. 36, 1144 U.N.T.S. 123 *entered into force* July 18, 1978, *reprinted in* Basic Documents Pertaining to Human Rights in the Inter-American System, OEA/Ser.L.V/II.82 doc.6 rev.1 at 25 (1992).

This document in its entirety is available through the University of Minnesota – Human Rights Library and is accessible at: http://www1.umn.edu/humanrts/oasinstr/zoas3con.htm

Article 4. Right to Life

1. Every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception. No one shall be arbitrarily deprived of his life.
2. In countries that have not abolished the death penalty, it may be imposed only for the most serious crimes and pursuant to a final judgment rendered by a competent court and in accordance with a law establishing such punishment, enacted prior to the commission of the crime. The application of such punishment shall not be extended to crimes to which it does not presently apply.
3. The death penalty shall not be reestablished in states that have abolished it.
4. In no case shall capital punishment be inflicted for political offenses or related common crimes.
5. Capital punishment shall not be imposed upon persons who, at the time the crime was committed, were under 18 years of age or over 70 years of age; nor shall it be applied to pregnant women.

6. Every person condemned to death shall have the right to apply for amnesty, pardon, or commutation of sentence, which may be granted in all cases. Capital punishment shall not be imposed while such a petition is pending decision by the competent authority.

Article 5. Right to Humane Treatment

1. Every person has the right to have his physical, mental, and moral integrity respected.
2. No one shall be subjected to torture or to cruel, inhuman, or degrading punishment or treatment. All persons deprived of their liberty shall be treated with respect for the inherent dignity of the human person.
3. Punishment shall not be extended to any person other than the criminal.
4. Accused persons shall, save in exceptional circumstances, be segregated from convicted persons, and shall be subject to separate treatment appropriate to their status as unconvicted persons.
5. Minors while subject to criminal proceedings shall be separated from adults and brought before specialized tribunals, as speedily as possible, so that they may be treated in accordance with their status as minors.
6. Punishments consisting of deprivation of liberty shall have as an essential aim the reform and social readaptation of the prisoners.

Article 7. Right to Personal Liberty

1. Every person has the right to personal liberty and security.
2. No one shall be deprived of his physical liberty except for the reasons and under the conditions established beforehand by the constitution of the State Party concerned or by a law established pursuant thereto.
3. No one shall be subject to arbitrary arrest or imprisonment.
4. Anyone who is detained shall be informed of the reasons for his detention and shall be promptly notified of the charge or charges against him.
5. Any person detained shall be brought promptly before a judge or other officer authorized by law to exercise judicial power and shall be entitled to trial within a reasonable time or to be released without prejudice to the continuation of the proceedings. His release may be subject to guarantees to assure his appearance for trial.
6. Anyone who is deprived of his liberty shall be entitled to recourse to a competent court, in order that the court may decide without delay on the lawfulness of his arrest or detention and order his release if the arrest or detention is unlawful. In States Parties whose laws provide that anyone who believes himself to be threatened with deprivation of his liberty is entitled to recourse to a competent court in order that it may decide on the lawfulness of such threat, this remedy may not be restricted or abolished. The interested party or another person in his behalf is entitled to seek these remedies.
7. No one shall be detained for debt. This principle shall not limit the orders of a competent judicial authority issued for nonfulfillment of duties of support.

Article 17. Rights of the Family

1. The family is the natural and fundamental group unit of society and is entitled to protection by society and the state.
2. The right of men and women of marriageable age to marry and to raise a

family shall be recognized, if they meet the conditions required by domestic laws, insofar as such conditions do not affect the principle of nondiscrimination established in this Convention.

3. No marriage shall be entered into without the free and full consent of the intending spouses.

4. The States Parties shall take appropriate steps to ensure the equality of rights and the adequate balancing of responsibilities of the spouses as to marriage, during marriage, and in the event of its dissolution. In case of dissolution, provision shall be made for the necessary protection of any children solely on the basis of their own best interests.

5. The law shall recognize equal rights for children born out of wedlock and those born in wedlock.

Article 19. Rights of the Child

Every minor child has the right to the measures of protection required by his condition as a minor on the part of his family, society, and the state.

Article 25. Right to Judicial Protection

1. Everyone has the right to simple and prompt recourse, or any other effective recourse, to a competent court or tribunal for protection against acts that violate his fundamental rights recognized by the constitution or laws of the state concerned or by this Convention, even though such violation may have been committed by persons acting in the course of their official duties.

2. The States Parties undertake:

   a. to ensure that any person claiming such remedy shall have his rights determined by the competent authority provided for by the legal system of the state;

   b. to develop the possibilities of judicial remedy; and

   c. to ensure that the competent authorities shall enforce such remedies when granted.

The States Parties undertake to adopt measures, both internally and through international cooperation, especially those of an economic and technical nature, with a view to achieving progressively, by legislation or other appropriate means, the full realization of the rights implicit in the economic, social, educational, scientific, and cultural standards set forth in the Charter of the Organization of American States as amended by the Protocol of Buenos Aires.

This convention has been signed by Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, the United States, Uruguay, and Venezuela, and has been ratified by all of the aforementioned countries except for the United States. Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela have additionally accepted the jurisdiction of the Inter-American Court of Human Rights located in San Jose, Costa Rica.

Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights, "Protocol of San Salvador," O.A.S. Treaty Series No. 69 (1988), *entered into force* November 16, 1999, reprinted in Basic Documents Pertaining to Human Rights in the Inter-American System, OEA/Ser.L.V/II.82 doc.6 rev.1 at 67 (1992).

The document in its entirety is available through the University of Minnesota Human rights Library and is accessible at: http://www1.umn.edu/humanrts/oasinstr/zoas10pe.htm

Article 9 Right to Social Security

1. Everyone shall have the right to social security protecting him from the consequences of old age and of disability which prevents him, physically or mentally, from securing the means for a dignified and decent existence. In the event of the death of a beneficiary, social security benefits shall be applied to his dependents.
2. In the case of persons who are employed, the right to social security shall cover at least medical care and an allowance or retirement benefit in the case of work accidents or occupational disease and, in the case of women, paid maternity leave before and after childbirth.

Article 10 Right to Health

1. Everyone shall have the right to health, understood to mean the enjoyment of the highest level of physical, mental and social well-being.
2. In order to ensure the exercise of the right to health, the States Parties agree to recognize health as a public good and, particularly, to adopt the following measures to ensure that right:
   a. Primary health care, that is, essential health care made available to all individuals and families in the community;
   b. Extension of the benefits of health services to all individuals subject to the State's jurisdiction;
   c. Universal immunization against the principal infectious diseases;
   d. Prevention and treatment of endemic, occupational and other diseases;
   e. Education of the population on the prevention and treatment of health problems, and
   f. Satisfaction of the health needs of the highest risk groups and of those whose poverty makes them the most vulnerable.

Article 11 Right to a Healthy Environment

1. Everyone shall have the right to live in a healthy environment and to have access to basic public services.
2. The States Parties shall promote the protection, preservation, and improvement of the environment.

Article 12 Right to Food

1. Everyone has the right to adequate nutrition which guarantees the possibility of enjoying the highest level of physical, emotional and intellectual development.

2. In order to promote the exercise of this right and eradicate malnutrition, the States Parties undertake to improve methods of production, supply and distribution of food, and to this end, agree to promote greater international cooperation in support of the relevant national policies.

Article 15 Right to the Formation and the Protection of Families

1. The family is the natural and fundamental element of society and ought to be protected by the State, which should see to the improvement of its spiritual and material conditions.
2. Everyone has the right to form a family, which shall be exercised in accordance with the provisions of the pertinent domestic legislation.
3. The States Parties hereby undertake to accord adequate protection to the family unit and in particular:
   a. To provide special care and assistance to mothers during a reasonable period before and after childbirth;
   b. To guarantee adequate nutrition for children at the nursing stage and during school attendance years;
   c. To adopt special measures for the protection of adolescents in order to ensure the full development of their physical, intellectual and moral capacities;
   d. To undertake special programs of family training so as to help create a stable and positive environment in which children will receive and develop the values of understanding, solidarity, respect and responsibility.

Article 17 Protection of the Elderly

Everyone has the right to special protection in old age. With this in view the States Parties agree to take progressively the necessary steps to make this right a reality and, particularly, to:

a. Provide suitable facilities, as well as food and specialized medical care, for elderly individuals who lack them and are unable to provide them for themselves;
b. Undertake work programs specifically designed to give the elderly the opportunity to engage in a productive activity suited to their abilities and consistent with their vocations or desires;
c. Foster the establishment of social organizations aimed at improving the quality of life for the elderly.

Article 18 Protection of the Handicapped

Everyone affected by a diminution of his physical or mental capacities is entitled to receive special attention designed to help him achieve the greatest possible development of his personality. The States Parties agree to adopt such measures as may be necessary for this purpose and, especially, to:

a. Undertake programs specifically aimed at providing the handicapped with the resources and environment needed for attaining this goal, including work programs consistent with their possibilities and freely accepted by them or their legal representatives, as the case may be;
b. Provide special training to the families of the handicapped in order to help them solve the problems of coexistence and convert them

into active agents in the physical, mental and emotional development of the latter;

c. Include the consideration of solutions to specific requirements arising from needs of this group as a priority component of their urban development plans;

d. Encourage the establishment of social groups in which the handicapped can be helped to enjoy a fuller life.

This document known as the "Protocol of San Salvador" has been signed by Argentina, Bolivia, Brazil, Colombia, Costa Rica, Chile, The Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, and Venezuela. This protocol has been ratified by Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Suriname, and Uruguay.

Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), *entered into force* Sept.2 1990.

This document in its entirety is available through the University of Minnesota - Human Rights Library and is accessible at: http://www1.umn.edu/humanrts/instree/k2crc.htm

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3. Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

   a. To diminish infant and child mortality;

   b. To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

   c. To combat disease and malnutrition, including within the frame work of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

   d. To ensure appropriate pre-natal and post-natal health care for mothers;

   e. To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

   f. To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

Article 25

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

The Convention on the Rights of the Child has been ratified by 191 countries. Only two countries have not ratified: the United States and Somalia, which have signaled their intention to ratify by formally signing the Convention.

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60 College Street
P.O. Box 208034
New Haven,
Connecticut 06520-8034, USA
Tel: 1-203-785-2861
Website: http:info.med.yale.edu/eph/html/divisions/ihd/ihd_research.html

Quebec WHO Collaborating Center on the Development of Healthy Cities and Towns

Faculté des Sciences Infirmières,
4108-J Pavillon Comtois,
Université Laval, Québec,
Qc, Canada, G1K 7P4.
Tel: 1-418-656-2131 #7431
Fax: 1-418-656-7747
E-mail: Michel.ONeill@fsi.ulaval.ca
Website: http://www.ulaval.ca/fsi/oms/

WHO Collaborating Centre for Health Promotion

University of Toronto
The Banting Institute
100 College Street, Rm 207
Toronto, ON M5G 1L5 Canada
Tel: 416-978-1809
Fax: 416-971-1365
E-mail: centre.healthpromotion@utoronto.ca
Website: http:www.utoronto.ca/chp/

International Networks

International Healthy Cities Foundation *(English, Spanish, and Portuguese)*

Website: http://www.healthycommunities.org/international_healthycities.html

WHO Healthy Cities and Urban Governance

Website: www.who.dk/healthy-cities

PAHO Healthy Municipalities and Communities of the Americas Network

Division of Health Promotion
and Protection
Resource and Documentation Center
525, 23rd. St. NW,
Washington DC. 20037, USA
E-mail: Munisalu@paho.org
Website: www.paho.org/English/HPP/HPF/HMC/hmc_about.htm

Network of the International Institute for Health Promotion

4400 Massachusetts Avenue, NW
Washington, D.C. 20016-8037, USA
Tel: 1-202-885-6281
Fax: 1-2-2-885-1346
Website: www.healthy.american.edu/iihp.html

National, State, and Local Healthy Communities, Cities, and Municipalities Networks

Central America, Mexico, and the Caribbean

Costa Rica
Network of Healthy Cantons
Health Promotion Unit
Ministry of Health
San José, Costa Rica
Tel: 506-255-2282

Cuba
Healthy Municipalities Movement of Cuba
National Assembly
Calle 42 Nro. 2308
Playa, Ciudad Habana
Cuba

Honduras
Health Promotion
Health Secretary
Tegucigalpa, Honduras
Tel: 504-236-7995
Fax: 504-236-7619

Mexico
Mexican Network of Municipalities for Health
Division of Health Promotion
Health Secretary (SSA)
México, D.F.
Tel: 525-55 33 5143
Fax: 525-55 33 0659
E-mail: cmunoz@mail.ssa.gob.mx
Website: www.ssa.gob.mx/

Dominican Republic
Subsecretary of Dominican Municipal League
Tel: 809-533-3181
Fax: 809-533-2115

South America

Brazil
Braziilan Network of Healthy Municipalities
CONASEMS (Conselho Nacional de Secretários Municipais de Saúde)
Esplanada dos Ministérios, Bloco G
Anexo B, 1 Andar Sala 126
Brasília-DF
Brasil, Cep.70.058.900
E-mail: conasems@saude.gov.br

Center for Healthy Cities Study, Research and Documentation (CEPEDOC)
Public Health Faculty
University of Sao Paulo
Av. Dr. Arnaldo, 715 CEP: 01246-950
Tel./Fax: 55-11- 3085 4760
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E-mail: cepedoc@usp.br
Website: http://www.fsp.usp.br/cepedoc

Chile
Health Promotion Department
Ministry of Health
Mac-Iver 541 Of. 521
Tel: 56-2-6300570
Fax: 56-2-6397862
E-mail: jsalinas@minsal.cl

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Center for the Development and Evaluation of Health Technologies (CEDETES)
School of Public Health
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University of Antioquía
National Faculty of Public Health
Calle 62 No. 52-19
Medellín, Colombia
Apartado Aéreo 51922
E-mail: saluddec@guajiros.udea.edu.co

Ecuador
Loja Healthy Spaces Project
Av. Manuel Ignacio Montero
Facultad de Medicina
Universidad Nacional de Loja
Loja, Ecuador
Tel: 593-7-586-426/7
e-mail: aherrera@ecu.ops-oms.org

Peru
Central Network of Healthy Municipalities
Villa El Salvador Municipality
Avenida Revolución s/n, Sector 2,
Grupo 15
Villa El Salvador
Perú
Tel: 51-1-870-8055
E-mail: jzea@terra.com.pe

Venezuela

Venezuelan Network of Municipalities for Health
Municipal No.24, Cumarebo
Falcon, Venezuela

North America

Canada

Canadian Networks:
www.ulaval.ca/fsi/oms/p2En.html
Ontario Network:
www.opc.on.ca/ohcc/index.html
Quebec Network:
www.rqvvs.qc.ca/

Centre for Health Promotion
(University of Toronto, Canada):
www.utoronto.ca/chp/

United States Of America

The Healthy Communities programs of the National Civic League
Website: www.healthycommunities.org/usa/index.cfm
(lists networks by state)

The Coalition for Healthier Cities and Communities
One Franklin Avenue,
Chicago, IL 60606
E-mail: info@healthycommunities.org
Website: www.healthycommunities.org

Arizona
Healthy Communities Coordinator
Arizona Department of Health
1740 W. Adams
Phoenix, AZ 85007
Tel: 1-602-542-1918
Fax: 1-602-542-1265
E-mail: gtebo@hs.state.az.us

California
California Healthy Cities
and Communities
1851 Heritage Lane, Suite 250
Sacramento, CA 95815-4923
Tel: 1-916-646-8680
Fax: 1-916-646-8660
E-mail: chcc@cwo.com

Colorado
Colorado Center
for Healthy Communities
P.O. 1467
Carbondale, CO 81623
Tel: 1-970-963-1194
Website: www.coloradocenter.org

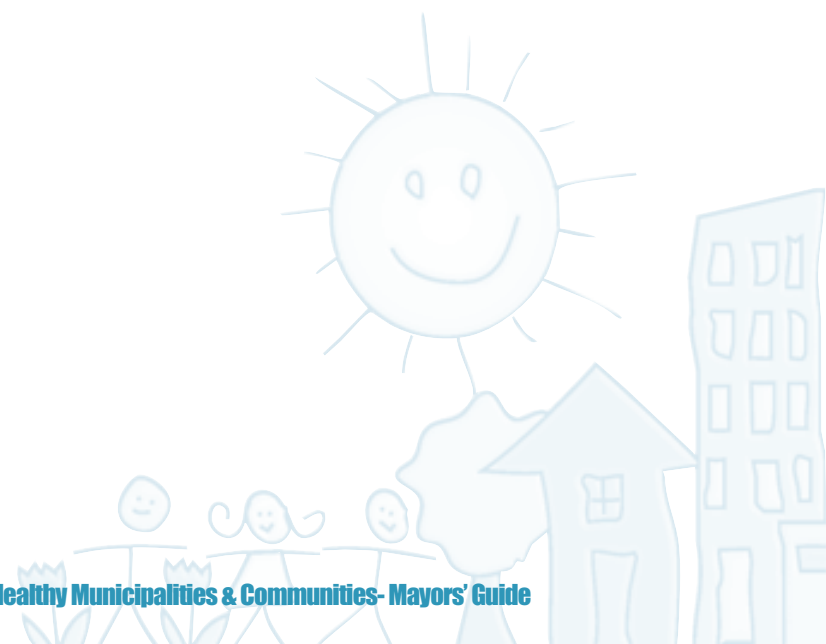
Colorado Healthy Communities
Council
1127 Pennsylvania Ave.
Denver, CO 80203
Tel: 1-303-813-1115
Fax: 1-303-813-1005
Website: www.healthycommunities.org/usa/index.cfm

Massachusetts
Healthy Communities Massachusetts
c/o AHEC/Community Partners
24 South Prospect Street
Amherst, MA 01002 UMMC
Tel: 413-253-4283

New Mexico
New Mexico Partnership
for Healthier Communities
P.O. Box 80508
Albuquerque, NM 87198-0508
Tel: 1-505-224-7722
Fax: 1-505-224-7721
Website: www.healthycommunities.org/usa/state_nm.html

New York
Community Health
Healthcare Association of
New York State
74 N. Pearl Street
Albany, New York 12207
Tel: 1-518-431-7732
E-mail: mwurth@hanys.org
Website: www.hanys.org

South Carolina
Director of Healthy Communities
South Carolina Health Alliance
P.O. Box 6009
Mills/Jarrett Complex
West Columbia, SC 29171
Tel: 1-803-796-3080

Puerto Rico
Programas Municipales Saludables
229 del Parque St., Apt 304
San Juan, PR 00912
Tel: 1-787-274-5500
Fax: 1-787-274-5523

Washington
Healthy Communities Initiative
Washington Health Foundation
300 Elliott Avenue West #300
Seattle, WA 98119-4118
Tel: 1-206-216-2509