



WHO Awards for Healthy Cities 2005

INTRODUCTION

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

In October 2004, at the Conference and General Assembly of the Alliance for Healthy Cities, several cities received WHO awards for good practices and outstanding Healthy Cities.

In support of the work of the Alliance for Healthy Cities, WHO will provide recognition and support to good practices and innovative projects again in 2005 for the following areas:



Good Practice Awards:

- **Clearing the air: Tobacco-free/smoke-free cities**
- **Community-based rehabilitation**
- **Financial protection of the poor**
- **Mother friendly initiatives**
- **Pro-poor or equity enhancing Healthy City initiative**



Best Proposal Awards:

- Building a drug-free community
- Clearing the air: Tobacco-free/smoke-free cities
- Community-based rehabilitation

CALL FOR APPLICATIONS 2005

Building a Drug-Free Community



1. Background

The community is a vital terminal: drug abuse begins in it, ends in it and relapses in it as well. However, many efforts have been put in institutions, such as detoxification treatment facilities, hospitals, prisons and correction institutions, while community is ignored.

Actually, community can play an important role in the areas of drug abuse prevention, relapse prevention and social re-entry, such as:

- Education and advocacy for all residents;
- Bridge between drug users, family and professionals;
- Early detection of drug use and relapse;
- Provision of work, shelters and food for drug users;
- Psychosocial help and counselling for drug users;
- A feeling of belonging for ex-drug users;
- Monitoring of the situation of drug use timely; and
- Monitoring of drug related crime.

2. Best Proposal Award

The proposed work in the project should include the integration of whole resources, such as resident committee, police, family, hospital and drug treatment facility in community; provide the multicomponent intervention for whole community in order to:

- Increase the public awareness and knowledge of drug use, and reduce the new drug use case;
- Reduce the relapse rate, to improve social re-entry; and
- Reduce drug use related health, psychological, family and social damages.

Eligible applicants:

Full members (i.e. cities, towns, municipalities) of the Alliance for Healthy Cities in the following countries: Cambodia, China, Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, Viet Nam and any Pacific island countries

Format of proposal:

The following sections should be included:

- Background (project area, baseline information of the area, etc.)
- Objectives
- Proposed approach how to build up Illicit drug free community
- Evaluation methodology
- Other pertinent information

Seed money awarded:

US\$5 000

Deadline for submission:

31 August 2005

3. Contact Information

Applications and any queries should be sent to:

*Regional Adviser in Mental Health and Control of Substance Abuse
WHO Regional Office for the Western Pacific
P.O. Box 2932 (UN Avenue)
1000 Manila
Philippines
Fax: +63(2)521-1036
Email: wangx@wpro.who.int*



Clearing the Air: Tobacco Free/Smoke Free Cities

1. Background

The tobacco epidemic is likely the greatest tragedy in public health. Already, tobacco kills one in ten persons globally, accounting for approximately 5 million deaths per year. Tobacco use is also a major contributor to the Region's disease burden. In both developed and developing countries within the Region, tobacco consumption causes or aggravates several chronic diseases that together comprise up to 18% of the total disability adjusted life-years (DALYs) lost, and results in 3,000 deaths each day in the Western Pacific Region alone. These estimates do not include the years of healthy life lost by non-smokers whose health is compromised by exposure to second hand smoke. Moreover, the long lead time between exposure to tobacco smoke and the development of clinical disease, and the rapidly increasing pool of young smokers in the Western Pacific imply that the consequences of tobacco use within the Region will be far greater in the future, unless action is taken immediately to curb tobacco use.



In addition, concern among Western Pacific Region Member States is escalating regarding the increasing numbers of women and children exposed to the harm of tobacco. Already, a number of Pacific island countries have extremely high rates of tobacco use, involving both chewing and smoking, among their women. Recent data from the Global Youth Tobacco Survey (GYTS) indicates a disturbing high rate of tobacco use, and early age of initiation, among the Region's youth. A separate issue involves the countless numbers of women and children who are exposed to second hand smoke, particularly in countries such as Cambodia, China, the Philippines and Vietnam, where smoking rates among men are extremely high.



The WHO Tobacco Free Initiative (TFI) has focused attention on evidence-based measures to reduce tobacco consumption. These measures are proving effective in several Western Pacific Region Member States that have developed and implemented strong national tobacco control programmes, such as Australia, New Zealand and Singapore. Several other countries in the Region that have begun country-level tobacco control are discovering that weak or inconsistent enforcement of tobacco control policies and laws renders these measures ineffective. The situation is compounded by the globalization of tobacco trade, advertising and marketing, which very often are beyond the reach of even the strongest national policies and laws.



The globalization of the tobacco epidemic necessitates a coordinated response by countries. The WHO Framework Convention on Tobacco Control, the world's first tobacco control treaty, has now been ratified by the required 40 countries, and will enter into force on 27 February 2005.



While the Convention provides guidelines to reduce the harm from tobacco, definitive action to control tobacco must also take place at the national, provincial, and community level. Indeed, many of the most progressive and effective tobacco control measures are spearheaded by municipal governments, particularly in the area of smokefree policies—restricting smoking areas to protect people from

the dangers (and annoyance) of secondhand smoke—and comprehensive bans on tobacco advertising and promotion. These policy measures have been proven to be highly effective in changing social attitudes about the acceptability of smoking, creating a supportive environment for smoking cessation, and protecting vulnerable populations for secondhand smoke exposure. Adolescents are less likely to take up smoking if they are not exposed to tobacco advertising or grow up in a smoking environment. These policy measures often require strong political leadership, long-term commitment, and strategic collaboration with diverse sectors within governments, and non-governmental organizations (NGOs).

There is a need to promote and escalate such municipal activity; encourage other municipalities to adopt these models as well as to evaluate and document current efforts to allow for evaluation, advocacy and information dissemination to governments at all levels.

2. Good Practice Awards

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

Awards given: Clearing the Air: Tobacco Free/Smokefree Cities

Two outstanding practices in innovative, successful approach to implementing

- a. Comprehensive municipal smokefree policies; and/or
- b. Comprehensive municipal bans on tobacco advertising, promotion and sponsorship

Plaque of Recognition will be given.



Eligible applicants:

All members of the Alliance for Healthy Cities

Materials to be submitted:

A written report, and other supporting materials, describing the approach taken to address smokefree policies or bans on tobacco advertising, promotion and sponsorship; tobacco use related risks addressed; measurable outcomes of implementing the approach, and other information considered useful for evaluating the submission.

Deadline for submission:

31 August 2005

3. Best Proposal Award

The WHO Western Pacific Regional Office calls for proposals for innovative projects in Healthy Cities as follows:

Subject area:

Clearing the Air: Tobacco Free/Smokefree Cities

Seed money awarded:

US\$10,000

Eligible applicants:

All members of the Alliance for Healthy Cities

Format of proposal:

The following sections should be included:

- Background (project area, baseline information of the area, etc.)
- Objectives
- Proposed approach to implementing
 - Comprehensive municipal smokefree policies; and/or
 - Comprehensive municipal bans on tobacco advertising, promotion and sponsorship
- Evaluation methodology
- Other pertinent information



Deadline for submission:

31 August 2005

Successful applicant will be notified before 30 September 2005.

4. Contact Information

Applications to both awards and any queries should be sent to:

*Regional Coordinator for the Tobacco Free Initiative
WHO Regional Office for the Western Pacific
P.O. Box 2932 (U.N. Avenue)
1000 Manila
Philippines
Fax: +63(2)521-1036
Email: tfi_unit@wpro.who.int*



Community-Based Rehabilitation: Healthy Cities for People with Disabilities

1. Background

In the ILO-UNESCO-WHO Joint Position Paper, 2002, community-based rehabilitation (CBR) is defined as "a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities." As such, CBR is no longer a model that was often perceived only as medical, but a more comprehensive model that includes social integration and human rights of people with disabilities. It is also a strategy relevant to community development and poverty reduction.

An International Consultation to review CBR was organized by WHO, in Helsinki, Finland, in May 2003.

The Consultation highlighted that all stakeholders in CBR should work to ensure the human rights of all people with disabilities and multi-sectoral collaboration is essential to CBR, including coordination between community and referral services and among the various referral services.



For further information on CBR, the WHO website, <http://www.who.int/ncd/disability/index.htm>, is available.

2. Good Practice Awards

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

Awards given:

Outstanding practices in innovative, successful approach to CBR, with emphasis on social integration and community development for people with disabilities.

Eligible applicants:

All members of the Alliance for Healthy Cities



Materials to be submitted:

A written report, and other supporting materials, describing the approach and activities taken to address the social integration and community development for people with disabilities, measurable outcomes of implementing the approach and activities, and other information considered useful for evaluating the submission.

Deadline for submission:

31 August 2005

3. Best Proposal Award

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

Subject area:

Community-Based Rehabilitation for People with Disabilities

Seed money awarded:

US\$10,000

Eligible applicants:

Full members (i.e. cities, towns, municipalities) of the Alliance for Healthy Cities in the following countries: Cambodia, China, Lao PDR, Malaysia, Mongolia, the Philippines, Viet Nam and any Pacific island countries

Format of proposal:

The following sections should be included:

- Background (project area, baseline information of the area, etc.)
- Objectives
- Proposed approach and activities to address the social integration and community development for people with disabilities
- Evaluation methodology
- Other pertinent information

Deadline for submission:

31 August 2005



4. Contact Information

Applications to both awards and any queries should be sent to:

*Regional Adviser in Healthy Settings and Environment
WHO Regional Office for the Western Pacific
P.O. Box 2932 (U.N. Avenue)
1000 Manila
Philippines
Fax: +63(2)521-1036
Email: hse@wpro.who.int*



Recognition of best practices in financial protection of the poor

1. Background

Many countries in Asia and the Pacific have introduced cost recovery and cost-sharing mechanisms by charging publicly provided health services within their health sector reform measures. Some reforms have supported privatisation of public health facilities and role of the private sector in provision and financing health services. As a result, the share of private financing in total health care spending has significantly increased in the past two decades. Recent National Health Account data show in some countries private financing has reached almost 50-70% of their total health expenditure.



In most cases such fundamental reforms and changes in health care financing were carried out without adequate measures to enhance financial and social protection systems for the people who cannot afford the charges and fees for services.

Evidences show that private out of pocket expenditure is an inequitable and inefficient way of funding health services. The low-income populations often stretch their resources to receive much-needed health care. Some surveys revealed that private health expenditure is a main cause of pushing low-income families into poverty. There are a rising number of people at risk of not being able to face the costs of health care, pushed deeper into poverty because of ill health.

Today many countries in Asia and the Pacific are looking for most suitable ways to finance their health systems, which have good prospects for pro poor policy and potentials to eliminate heavy financial burden on low-income groups. WHO's work in health financing largely supports these initiatives.

Through the Alliance for Health Cities, WHO would like to recognize cities that have effective health care financing mechanisms that promote social safety nets for health through risk sharing, fund pooling, cross or targeted subsidies with formal and informal social security and social assistance programmes managed and administered at city levels.

Eligible awardees:

Any members of the Alliance for Health Cities



Materials to be submitted:

Detailed description of the pro-poor financing mechanisms managed at city level with supporting data and information.

Criteria for selection:

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

1. Relevance to health care financing and financial protection
2. Implementation scale, coverage and effectiveness in protecting the poor and vulnerable
3. Sustainability of the benefits provided

Award:

A Plaque of recognition will be awarded.

Contact information:

Applications and any queries should be sent to:

*D. Bayarsaikhan,
Regional Adviser, Health Care Financing
World Health Organization, Western Pacific Regional Office
P.O. Box 2832 United Nations Avenue
1000 Manila, Philippines
Tel: (632) 528 9808
Fax: (632) 521 1036 / 528 9072
Email: bayarsaikhand@wpro.who.int*



Improving the quality of care Mother Friendly Hospital Initiative

1. Background

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

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



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

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

The ten steps to becoming a mother friendly health facility needs to be developed by health providers at different levels of care .The staff needs to be given in-hospital orientation on the concept of mother friendly programme and provision of equipments for emergency obstetrics and neonatal care. In addition, anaesthesia machines, suction apparatus, fetal monitors, incubators and radiant warmers for the babies need to be provided. Technical training courses should be organized for the different levels of staff .The guidelines for standard of care for antenatal and normal obstetrical care has to be developed according to Managing Complications in Pregnancy and Childbirth (MCPC).

A new practice, which had been introduced as part of the mother friendly hospital initiative programme, is the option given to women to have a support companion during labour and delivery. This has gained popularity among the pregnant women. Lists of patient's rights should be also posted on the walls and reminders for both the patients and the staff. . The community needs to be recruited to be potential blood donors, which give the patients a feeling of confidence that blood would be available in case of urgent need. Information materials for antenatal care, delivery, postnatal care and newborn care will also be posted on the walls of the mother friendly initiative hospitals.

The ten steps of mother friendly hospital initiative are:

- Written policy on safe motherhood
- Train all staff involved in obstetric care to improve quality of maternal care provided
- All women should be provided the key health services including the care of the newborn in the attachment area.
- Timely emergency care for complications.
- Essential and emergency equipments, supplies, drugs and blood.
- Provide counselling and support on safe motherhood, family planning, prevention of STI and domestic violence.
- Training and information on danger signs of pregnancy and childbirth for pregnant women, family members and community.
- Improve referral of patients at different health care levels with provision of communication network, transport, and maternity waiting homes.
- Establish monitoring and evaluation committee for obstetrical and neonatal care.
- Mobilize community for detecting pregnancy complications, providing transportation for referral and recruiting blood donors.

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

There is a need to promote and escalate such activity; encourage others to adopt or adapt these models as well as to evaluate and document current efforts to allow for evaluation, advocacy and information dissemination to governments at all levels.



2. Good Practice Award

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

Subject area:

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

Seed money awarded:

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

Eligible applicants:

All members of the Alliance for Healthy Cities

Materials to be submitted:

A written report, and other supporting materials, describing the approach taken to improve the quality of maternal and newborn health care services, measurable outcomes of implementing the approach, and other information considered useful for evaluating the submission.

Deadline for submission:

31 August 2005

3. Contact Information

Applications and any queries should be sent to:

*Regional Advisor, Reproductive Health,
WHO Regional Office for the Western Pacific
P.O. Box 2932 (U.N. Avenue)
1000 Manila
Philippines
Fax: +63(2)521-1036
Email: RPH@wpro.who.int*



Pro-poor or equity enhancing Healthy City initiatives



1. Background

Health for all is a basic human right. However, the impressive gains in health experienced over recent decades have largely failed to reach the poor. Instead, persistent and growing inequalities in health are increasingly evident. Overall progress, whether at the global, regional or national level, often masks striking variations in health outcomes between rich and poor, men and women, and various population groups.

Poverty is multidimensional, encompassing not just low income, but lack of access to services, resources and skills; vulnerability; insecurity; and voicelessness and powerlessness. Multidimensional poverty is a determinant of health risks, health seeking behaviour, health care access and health outcomes, at the household, community or national level. Gender and ethnicity also overlap and interact with poverty-to produce various health inequalities.

Poor or otherwise marginalized individuals and households face higher exposure to the risks of ill health and thus carry a disproportionate burden of ill health. Although they need health care more, poor households have lower access to healthcare services than do non-poor ones. Even where services are available, the costs of seeking care are often more than poor households can bear, thus forcing them to delay or disrupt treatment. This results in higher mortality among the poor than the non-poor.

Strategies to reduce the disproportionate burden of disease and death among the poor are needed. This can potentially be done in a number of ways, including: targeting underserved areas or populations in resource allocation; investing in primary health services; redistributing health personnel more equitably; reducing the out-of-pocket costs of health care for the poor; prioritizing investments in diseases and health conditions associated with poverty; targeting services delivery to the poor; improving information and communication to stimulate demand; improving health system responsiveness; and, in monitoring and evaluation, disaggregating the collection and analysis of information.



Despite the need, evidence on effective and efficient strategies to reach poor and underserved communities and households, or to enhance equity in health outcomes, is slim. However, the evidence base is slowly being augmented and refined through various pro-poor or equity enhancing strategies that are emerging and being piloted. Similarly, lessons on methods to stimulate demand for child health interventions among poor and marginalized communities are slowly being learned.

2. Good Practice Awards

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

Awards given:

Two outstanding practices that constitute pro-poor or equity enhancing Healthy City initiatives.

Eligible applicants:

All members of the Alliance for Healthy Cities

Materials to be submitted:

A written report, and other supporting materials, describing the pro-poor or equity enhancing healthy cities approach taken, measurable outcomes of implementing the approach, and other information considered useful for evaluating the submission.

Criteria for selection:

Recipients of the Good Practice Award for Healthy Cities will be selected on the basis at least 2 of the following criteria:

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



Award:

A Plaque of Recognition will be awarded.

Deadline for submission:

31 August 2005

Successful applicant will be notified before 30 September 2005.

3. Contact Information

Applications and any queries should be sent to:

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

