

## Appendix 3: Application form

### Application for designation as a WHO Healthy City and member of the Phase IV (2003-2007) WHO Healthy Cities network

Assessment will not begin until a complete application has been received electronically by WHO

The application must be submitted in English. Any supplementary documents, where requested, must be submitted in their original language with an approved English translation of the full document or summary.

For the "Yes / No" answers, please point your mouse at the appropriate box and click the left button. This will put an "X" in the relevant box; a second click removes your answer.

For the "Free text" answers, please type in the grey areas; they will expand as you type!

#### Contact details

Name	Title		
City	Address		
Telephone	Fax	E-mail	Website

#### Section 1: Political and partnership commitment

##### Political leadership

Name of Mayor<sup>1</sup>

Title

Date elected

Term of office (years)

Name of political lead responsible for Healthy City Project in city

Title

Date elected

Term of office (years)

##### Council resolution in support of city participation in Phase IV

Date of Council resolution

*Please attach signed scanned copy and /or send original by post*

##### Letter of commitment from city Mayor<sup>1</sup> agreeing to city participation in Phase IV

*Please attach signed scanned copy and /or send original by post*

Letter should also include explicit commitment to the following:

- Principles of Health 21<sup>2</sup> and Local Agenda 21<sup>3</sup>
- Agreement to participation of Co-ordinator and lead politician in business meetings
- Agreement to Mayor's<sup>1</sup> participation in Mayors' meetings
- Agreement to external monitoring and evaluation by WHO
- Agreement to pay annual membership fee for duration of Phase IV (2003-07)

<sup>1</sup> Or equivalent Head /Leader of Local Government

<sup>2</sup> Available from: [http://www.euro.who.int/InformationSources/Publications/Catalogue/20010911\\_38](http://www.euro.who.int/InformationSources/Publications/Catalogue/20010911_38)

<sup>3</sup> Available from: <http://www.un.org/esa/sustdev/documents/agenda21/english/agenda21toc.htm>

## Section 2: Human resources

### Co-ordinator

Name of Co-ordinator (or equivalent) for Healthy City Project in city  
Title

Date appointed

Full-time? No  Yes

*(Full-time employees who only work part of time for HCP are classed as 'part-time')*

Curriculum vitae of Co-ordinator

*Please attach electronic or scanned copy and /or send original by post*

Post description of Co-ordinator

*Please attach electronic or scanned copy and /or send original by post*

Competency in English of Co-ordinator: No  Yes  Describe level

If not fluent, describe support available to Co-ordinator Describe

### Healthy City Project office /team

How many staff currently work for the HCP office /team?

*(Full-time employees who only work part of time for HCP are classed as 'part-time')*

Number of full-time staff

Number of part-time staff

Number of regular volunteers

## Section 3: Intersectoral steering group or Partnership group

Which people and agencies are represented on the main intersectoral steering group or partnership group that supports the Healthy City Project in your city?

Names of main agencies /representatives

Do they have decision-making power on behalf of their organisation /group /department etc?

No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>

### Terms of reference of partnership group

*Please attach electronic or scanned copy and /or send original by post*

### Support of intersectoral steering group or partnership group to this application

This would usually take the form of a letter /letters signed by each of the partners of the Healthy City Project

*Please attach signed scanned copy and /or send original by post*

## **Section 4: Core developmental themes of Phase IV**

### Healthy urban planning<sup>4</sup>

In not more than 200 words, describe the current approaches being taken by the city in relation to this theme, with an indication of achievements to date

In not more than 200 words, indicate how these approaches could be strengthened to improve their effectiveness

In not more than 200 words, outline proposed activity of the city in relation to this theme during this Phase IV (from now until end 2007)

### Health impact assessment<sup>5</sup>

In not more than 200 words, describe the current approaches being taken by the city in relation to this theme, with an indication of achievements to date

In not more than 200 words, indicate how these approaches could be strengthened to improve their effectiveness

In not more than 200 words, outline proposed activity of the city in relation to this theme during this Phase IV (from now until end 2007)

### Healthy Ageing<sup>6</sup>

In not more than 200 words, describe the current approaches being taken by the city in relation to this theme, with an indication of achievements to date

In not more than 200 words, indicate how these approaches could be strengthened to improve their effectiveness

In not more than 200 words, outline proposed activity of the city in relation to this theme during this Phase IV (from now until end 2007)

Give the indicators and approaches being used to monitor progress and evaluate effectiveness

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<sup>4</sup> See [http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020116\\_1](http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020116_1)

<sup>5</sup> See [http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020116\\_2](http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020116_2)

<sup>6</sup> See <http://www.euro.who.int/eprise/main/WHO/Progs/HEA/Home> and [http://www.who.int/health\\_topics/ageing/en/](http://www.who.int/health_topics/ageing/en/)

## Section 4 (continued)

### General

In what aspect would you expect to benefit by being a member of the WHO Healthy Cities network?

Other than the core themes, are there any areas in which you feel your city has special strengths /experience that could be shared with other cities?

## Section 5: City health development plan (CHDP)<sup>7</sup>

### a) If your city HAS a CHDP, please answer these questions:

Title of CHDP

Date

What is its status? *e.g. draft, in consultation, endorsed, implemented*

Time period covered?

*Please attach electronic copy and send 1 copy of original by post*

Available from website? No  Yes  If yes, please give website address

If the plan is being implemented, do progress and /or evaluation reports exist?

No  Yes  If yes, give titles /dates

*Please attach electronic copy and /or copy by post where these exist:*

### b) If your city DOES NOT have a CHDP, please answer these questions:

What do you already have instead?

What are your intentions and timescale for producing a CHDP?

## Section 6: City health profile<sup>8</sup>

### a) If your city HAS a City health profile, please answer these questions:

Title

Date

What is its status? *e.g. draft, in consultation, endorsed, implemented*

Time period covered?

*Please attach electronic copy and send 1 copy of original by post*

Available from website? No  Yes

*Please give website address*

### b) If your city DOES NOT have a City health profile, please answer these questions:

What do you already have instead?

What are your intentions and timescale for producing a City health profile?

<sup>7</sup> See [http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020114\\_4](http://www.euro.who.int/healthy-cities/UrbanHealthTopics/20020114_4)

<sup>8</sup> See [http://www.euro.who.int/healthy-cities/How2MakeCities/20020115\\_1](http://www.euro.who.int/healthy-cities/How2MakeCities/20020115_1)

## Section 7: Attendance at business meetings

Confirm that:

Lead politician will attend business meeting Yes

Co-ordinator will attend business meeting Yes

Should appear in letter of commitment of city Mayor (see section 1)

## Section 8: Attendance at Mayor meetings

Confirm that:

Mayor will attend Mayors' meetings Yes

Should appear in letter of commitment of city Mayor (see section 1)

## Section 9: Networking

### National healthy cities network<sup>9</sup>

Does your country have a national healthy cities network? No  Yes

Are you a member of this national healthy cities network? No  Yes

### Other networks of healthy cities<sup>10</sup>

Are you a member of a regional or metropolitan (subnational) network of healthy cities?

No  Yes  If yes, what?

Are you a member of a national or international MCAP (multi-city action plan) of healthy cities?

No  Yes  If yes, what?

### Linking with other healthy cities

Does your city currently link with other healthy cities to enable

- peer review? No  Yes  What and with whom

- mentoring? No  Yes  What and with whom

- exchanges? No  Yes  What and with whom

### Linking with other cities

Does your city currently have formal twinning links with other cities?

No  Yes  How and with whom

### Other international city networks

Are you a member of any other international city networks for health /sustainable development?

e.g. ICLEI, IULA, Medcities, Energie-cités, Climate Alliance, CEMR,

No  Yes  If yes, what?

<sup>9</sup> See [http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20010928\\_2](http://www.euro.who.int/healthy-cities/CitiesAndNetworks/20010928_2)

<sup>10</sup> For a definition of "healthy city" see [http://www.euro.who.int/healthy-cities/How2MakeCities/20020114\\_1](http://www.euro.who.int/healthy-cities/How2MakeCities/20020114_1)

### **Section 10: Monitoring and evaluation**

*Confirm that:*

City agrees to be externally evaluated by WHO      Yes

*Should appear in letter of commitment of city Mayor (see section 1)*

Do you have systematic monitoring /evaluation of your healthy city project?

No       Yes       If yes, describe

*Please attach your last annual report, if existing*

### **Financial commitment**

*Confirm that:*

City agrees to pay annual membership fee      Yes

*Should appear in letter of commitment of city Mayor (see section 1)*

Thank you for your interest in becoming a member of the WHO Healthy Cities network

Enquiries and applications should be sent to: [infowhohcp@euro.who.int](mailto:infowhohcp@euro.who.int)

See back page for Checklist of attachments to be submitted with application

## **Checklist of attachments to be submitted with application**

*The following supplementary documents for each section should be sent electronically and /or by post. These should be submitted in their original language with an approved English translation of either the full document (sections 1, 2, 3, 10) or a summary (sections 5, 6).*

*Signed documents should be submitted in original and /or in scanned form  
Other documents should be submitted electronically and /or in scanned form*

### **Section 1: Political and partnership commitment**

a) Council resolution supporting city participation in Phase IV  
Attached? Yes  No

b) Letter of commitment from city Mayor supporting city participation in Phase IV  
Attached? Yes  No

### **Section 2: Human resources**

a) Curriculum vitae of Co-ordinator  
Attached? Yes  No

b) Post description for Co-ordinator  
Attached? Yes  No

### **Section 3: Intersectoral steering group or partnership group**

a) Terms of reference of partnership group  
Attached? Yes  No

b) Support of intersectoral steering group or partnership group to this application  
Attached? Yes  No

### **Section 5: CHDP**

Document attached? Yes  No  WHO has a copy already? Yes  No

### **Section 6: City health profile**

Document attached? Yes  No  WHO has a copy already? Yes  No

### **Section 10: Monitoring and evaluation**

Annual report, if existing, attached? Yes  No