

Guidance for Healthy Municipalities, Cities and Communities (HMCC) in the Region of the Americas

I. INTRODUCTION

The adoption of the 2030 Agenda for Sustainable Development of the United Nations Organization represents an important global commitment to coordinate work towards a more just world where social equity, economic prosperity, and environmental sustainability are valued. The implementation of intergovernmental, intersectoral and interinstitutional actions can contribute to the achievement of the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda.

The purpose of this document is to offer local governments in the Region of the Americas some guidance. It hopes to assist these governments in acting as Healthy Municipalities, Cities and Communities (HMCC) as part of achieving the SDGs with an emphasis in Health in All Policies (HiAP).

This document presents a brief history of the HMCC movement in the Americas and summarizes the links between the SDGs and HMCC. It also suggests guidance, including goals and actions applicable on the local, national and sub regional levels, with the aim of strengthening and propelling the movement in the Region of the Americas. One goal of this document is to consolidate a Network of HMCC in the Americas in the long run, through the establishment of a Movement of MCCS in the Region. Another is to contribute towards the SDGs while focusing on health promotion.

The specific objectives of this document are the following:

- To suggest processes that can be adapted to and implemented in different contexts of various countries. Here, the evaluation of local public policies for health promotion and the emphasis on HiAP shall be considered.
- To offer guidance for the planning and institutionalizing of HMCC approaches on the local level. The aim here is to facilitate the creation and strengthening of municipalities and of national and subnational networks of HMCC interested in HiAP.
- Set the foundations for building a consensus in the Region of the Americas regarding the mission and vision of the HMCC Movement and its contribution towards the achievement of the SDGs.

This guidance is geared towards those actors who are key for advancing and promoting the sustainability of actions pertaining to the HMCC movement. Such actors include:

- Mayors, authorities and decision makers from municipalities involved in the design and/or implementation of HMCC policies;
- Technical teams, professionals and policy makers who work within the health promotion and sustainable development fields, in order to achieve the SDGs on a regional, national, subnational or local level (i.e. Ministries or Departments);
- Coordinators, institutions and other actors involved in municipalities and national and subnational networks of HMCC interested in HiAP;
- Institutions, governments, collaborating centers, and key actors involved in the development of the HMCC Movement of the Americas (i.e. Civil Society Organizations or the Private Sector).

III. BACKGROUND

The movement of Healthy Municipalities, Cities and Communities (HMCC) is considered one of the main strategic opportunities for the practical application of the principles and values of health promotion on the local level. It is held as a way to push forward public policies for the development of these areas. Its presence in the municipalities and countries of the Americas dates back 30 years and has the potential of offering a valuable contribution to the achievement of the SDGs through its intersectoral and participatory work.

The Pan American Health Organization (PAHO) finds that becoming healthy is a process a municipality or community only enters through commitment. Once its political leaders, citizenry, and local public and private institutions commit to the improvement of health and quality of life among members of their communities, the municipality has entered this process. Part of this process is therefore the formation and strengthening of a social pact between these authorities, organizations and community members. This process of becoming healthy thus relies on local planning and social participation as its basic instruments for administration, evaluation and decision-making. (1).

The concept of HMCC fundamentally alludes to a process more than results and hopes to have an impact on entire populations. It is a movement which advocates for the engagement of government actors, technical experts, and the citizenry in health promotion and betterment of the environment. The movement emphasizes the role of government and social participation, reminding actors of their responsibility for creating the conditions that allow for a healthy life (2).

As such, the adoption of HMCC approaches by local governments implies improvements of policy processes for health promotion and the inclusion of health in all policies, and of the development of institutional capacities. It also implies advances in the sustainability of healthy public policies which address the determinants of health on a local level and social participation in an inclusive and integral manner.

Commitment towards health and the formulation of intersectoral and participatory initiatives for the creation of a HMCC by the highest local political authority and representatives of society is highly valued. This process is led by representatives of governments and civil society and receives technical support from specialists from the health sector and other relevant disciplines.

On the global level, the HMCC movement has had diverse experiences with different focusses and in different contexts. The Region of the Americas has seen a long trajectory¹ of important advances in the implementation of actions regarding HMCC. In particular, it showcases numerous actions towards the consolidation of networks of HMCC, such as:

¹ The Region of the Americas has had more than thirty years of experience with HMCC

Latin America and the Caribbean (3)

- **Argentina, Chile, Cuba, Honduras and Mexico** are each home to one national network of program of healthy municipalities which are implemented with the technical support of the ministries of health or national associations of municipalities.
- **Paraguay and Peru** are currently in a stage of relaunching and strengthening their national HMCC networks. In Peru, there are active subnational HMCC networks, whereas Paraguay is attempting to recover advances made during the last decades.
- **Brazil** is home to numerous subnational HMCC networks in operation which count with technical support from universities.
- **Ecuador** currently finds itself in the process of adhesion to the National Program of Healthy Municipalities.

The Subregion of the English-speaking Caribbean hosts initiatives concerned with healthy settings with the purpose of promoting health among different populations. However, this area still is not home to any national programs or networks of HMCC.

North America

The Healthy City Strategy was created in the 1970s in Canada, when various scientific studies by Canadian and US American researchers identified the close relationship between life styles, urban environments, and health problems. They attributed special importance to the city as setting for public health programs.

- **Canada** is home to networks of healthy communities operating in British Columbia, Ontario, Quebec and New Brunswick which have joined forces to cooperate at the national level. Since 2017, there has been substantial investment in Canada to conduct research on Healthy Cities.
- **The United States** has healthy cities networks within its states.

IV. IMPORTANCE OF REVITALIZING THE MOVEMENT OF HEALTHY MUNICIPALITIES, CITIES AND COMMUNITIES

Milestones in health promotion, urban health and HMCC in the Region of the Americas

The idea of reactivating and strengthening the movement of Healthy Municipalities, Cities and Communities is part of a larger series of important milestones in health promotion, urban health and HMCC on a regional and global level. Figure 1 summarizes this process. To find more information on each of these milestones, please consult the bibliographic entries of this document (4-19).

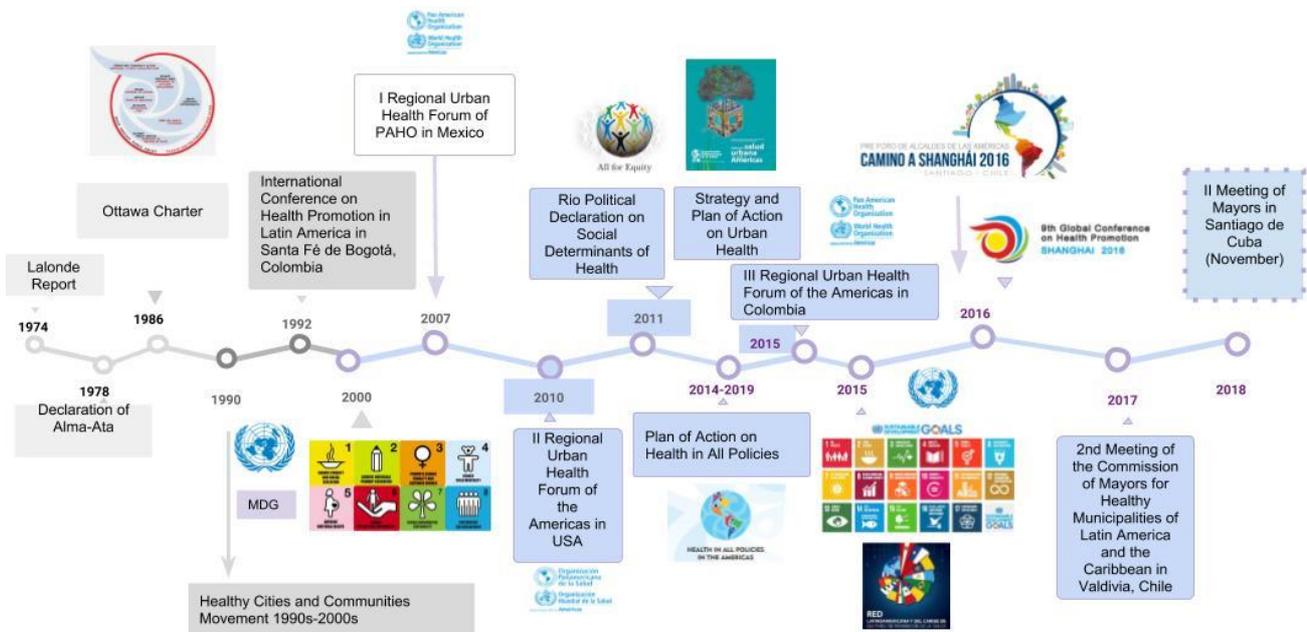


Figure 1. Major milestones in health promotion, urban health and HMCC

The concept of Healthy Municipalities, Cities and Communities and the Sustainable Development Goals: the importance of local governments

The municipality is a space where the global vision of health and development can be strengthened and put into practice. It is a territory in which the interaction between citizens, community, public and private organizations, and their physical and political surroundings may generate the potential for greater opportunities of social, economic, environmental and cultural development, and the potential improvement of health indicators.

As explained by UN Habitat, the UNDP, and the Global Taskforce of Local and Regional Governments, in their document “Roadmap for Localizing the SDGs: Implementation and Monitoring at Subnational Level”, local governments represent the state jurisdiction with the most potential to develop not only closer ties with the population, but also a more detailed awareness of particularities of their territory. In this sense, the territory can serve as the space for the adaptation of the Sustainable Development Goals in specific local contexts. This would facilitate the achievement of the 2030 Agenda and would integrate the SDGs in the strategic axes of local policies (20).

The 17 SDGs and their 169 targets (see Appendix Nr. 1) form the new global agenda determining all development programs until 2030. These goals and targets place health as one of the social targets for governments, as well as part people’s economic, social, and cultural rights. The achievement of health

targets therefore calls for strong political compromise and intersectoral work (14). For the health sector, one form of achieving these goals and targets is through applying health promotion and health in all policies as crucial tools and decreasing social inequalities.

The 2030 Agenda proposes a renewed emphasis on the interconnectivity of social, economic and environmental actions. The achievement of the SDGs, therefore, requires more leadership by local governments. Some possible ways in which local governments can contribute towards the achievement of the SDGs, taken and adapted from the “Roadmap for Localizing the SDGs”, include:

- **To POSITION** the SDGs in the political agendas of local and subnational governments and of national ministries, and to sensitize society as a whole towards these goals;
- **To STIMULATE** mechanisms for participation and collaboration with the SDGs for local governments and citizens;
- **To EXCHANGE** experiences with well-suited implementation methods of the SDGs through their adaption to local contexts and different governmental instances, with the goal to inspire further efforts.

What can movements, associations and networks of local and subnational governments do to contribute to the achievement of the SDGs? (20)	
Sensitization regarding the SDGs	<ul style="list-style-type: none"> ● Develop local, subnational, national and international campaigns to increase the commitment of local and subnational governments towards achieving the SDGs; ● Nominate leaders from local and subnational governments; ● Provide technical-political support for sensitization campaigns of local and subnational governments
Contextualization of the SDGs in local contexts, including local perspectives in national strategies elaborated for the achievement of the SDGs.	<ul style="list-style-type: none"> ● Channel local priorities into the definition of national strategies and institutional frameworks; ● Open spaces during national dialogues for local and subnational governments to demand a favorable environment for the development of local plans of action for the achievement of the SDGs; ● Promote local governments’ rights to speak and participate in the international arena.

Implementation	<ul style="list-style-type: none"> ● Offer local and subnational governments technical support and political backing to improve their human, technical and financial resources.; ● Promote the exchange of best practices among members of networks; ● Promote the adequate form of decentralized cooperation for effective development; ● Identify the political challenges that affect the achievement of the SDGs in local contexts. This includes the identification of obstacles encountered in specific local contexts, as well as offering recommendations to address them; ● Promote the effective and full commitments to decentralization; ● Build ties between the main ministries and the local government, with the aim of achieving the SDGs on a local level.
----------------	--

V. MAIN GUIDANCE: CROSSCUTTING AXES

The guidance proposed in this document should be carried out on the local, subnational and national levels. **They are grounded in 5 crosscutting axes common to all guidance and which should be considered in the design, planning, implementation, follow-up and evaluation of the recommended actions:**

1. **Strengthen intersectoral and intergovernmental coordination** to successfully implement healthy public policies and development programs. This includes the promotion of legislation, regulation and actions beyond the health sector, and an approach based on addressing the social determinants of health (SDHs).
2. **Promote social participation, empowerment, and resilience in communities** through institutional and legal mechanisms that encourage and favor the representation and participation of civil society actors and of those in a vulnerable position to guarantee their impact in decision making processes.
3. **Base the policy planning cycle** on situation analyses of the local determinants of health, participatory assessments which grant visibility to inequalities and groups in a situation of vulnerability, local and participatory policy models, local information systems, as well as on analyses of local information.
4. **Invest in the continuous training and capacity building of the actors involved; in particular mayors and local authorities.** Information on HMCC initiatives regarding topics related to health promotion, the social determinants of health, Health in All Policies, Urban Health, and the SDGs should be offered. Continuously monitor and evaluate processes and results that form part of HMCC initiatives. This should be done in a manner which makes advances in health promotion and the SDGs visible, and which generates inputs for further policies and programs

A diagram summarizing how the crosscutting axes interact with this guidance can be found in Section VI.

Moreover, the following issues should be considered during the design and implementation of public policies within the SDG and HiAP frameworks:

- Creation of healthy public policies and settings: Possible topics to consider include, but are not limited to, sustainable and healthy transportation, healthy markets, healthy dwellings, urban regeneration, active and healthy centers free of drugs and smoke, access to green spaces for all, responses to climate change, healthy malls, healthy work spaces, health promoting schools and universities, and other topics relevant to local contexts.
- Design and implementation of intersectoral public policies addressing food security, healthy food regulation, alcohol and tobacco regulation, promotion of physical activity, promotion of mental health, road safety measures, and other policies that contribute to the prevention of non-communicable diseases, depending on the local context.
- Design and implementation of intersectoral public policies and actions addressing topics such as water and sanitation, environmental hygiene, vector control, ensuring the quality of air, water and soil, and others. Such policies should suit local contexts, and contribute to the prevention of communicable diseases.
- Focus on gender, interculturality, human rights and the social determinants of health.

VI. GUIDANCE: KEY PROPOSALS

The guidance offer in this document offer suggestions on how to strengthen the technical and political capacity of municipalities, cities and communities. As such, their purpose is to facilitate local governments' efforts in promoting universal access to health² and healthy settings for all social groups in an optimal and equitable manner (22). They are also intended to provide guidance regarding the strengthening of national and subnational networks of HMCC.

The proposals are as follows:

1. Strengthen the local political, strategic and operational capacity of healthy cities, municipalities and communities.
2. Strengthen the political capacity of national and subnational networks of HMCC and of municipalities interested in HiAP.

² PAHO/WHO approved the Strategy for Universal Access to Health and Universal Health Coverage in 2014. For more information consult the bibliography (22).

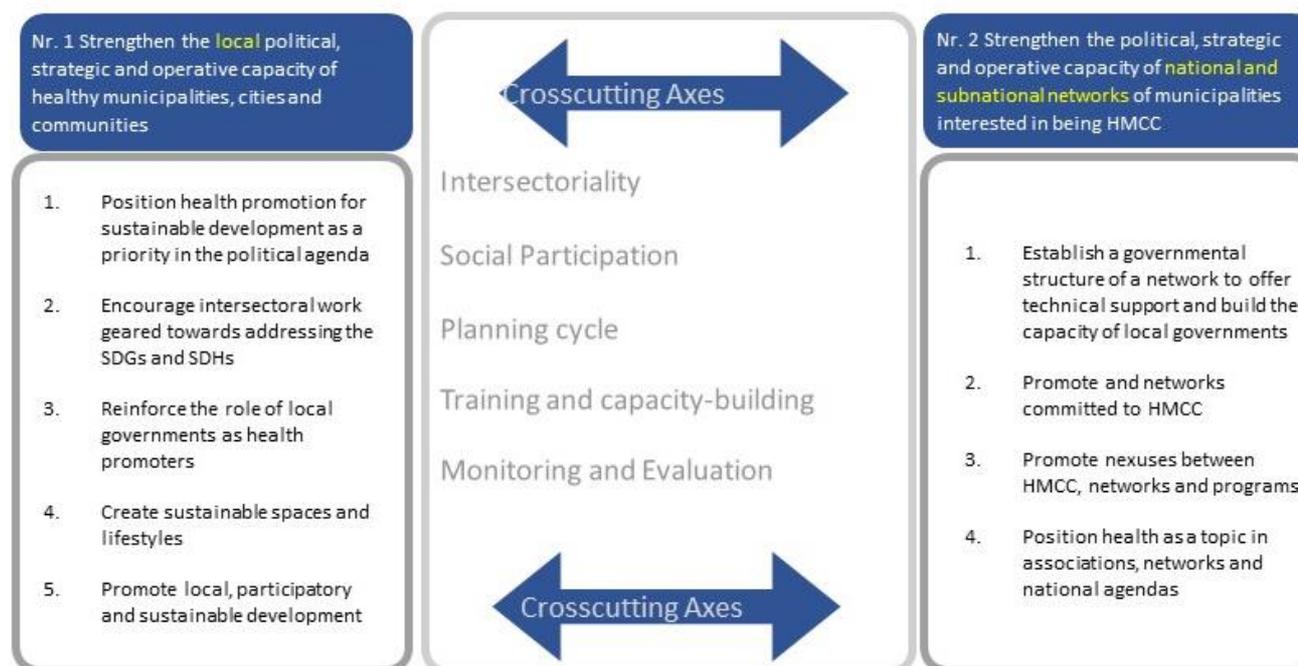


Figure 2: Conceptualization of the guidance and the crosscutting axes

ORIENTATION Nr. 1: STRENGTHEN THE LOCAL POLITICAL, STRATEGIC AND OPERATIVE CAPACITY OF HEALTHY MUNICIPALITIES, CITIES AND COMMUNITIES

Target group: Mayors, local authorities and civil society

General proposal 1.1: Propel local, strategic and intersectoral leadership towards the promotion of health and the SDGs, in collaboration with the national and subnational levels	
Specific Proposals	Suggested Actions
<p>Specific Proposal 1.1.1 Position health promotion for sustainable development as a priority in local political agendas and development plans.</p>	<ol style="list-style-type: none"> a. Formalize the commitment of local governments towards health promotion, tackling the social determinants, and achieving the 2030 Agenda. b. Elaborate a plan and/or program of action for the achievement of the SDGs. c. Develop a communication plan regarding HMCC actions which reaches local communities in all sectors involved in the different levels of government. d. Position mayors as leaders during the implementation of the SDG agenda within the HMCC framework.

<p>Specific Proposal 1.1.2: Encourage intersectoral work geared towards addressing the SDGs and SDHs from a holistic and territorial perspective</p>	<ul style="list-style-type: none"> a. Through institutionalized participation mechanisms, sensitize, mobilize and guarantee the active participation of different sectors of civil society, including of vulnerable groups, regarding health promotion and the achievement of the SDGs. b. Implement intersectoral interventions on the local level within the HiAP framework, and with emphasis on the SDHs and the achievement of the SDGs. c. Direct and/or manage resources within the different government levels, sectors and units for HMCC actions.
<p>Specific Proposal 1.1.3: Reinforce the role of local governments as health promoters and their role in the first level of care/attention. Take the role of the national government into account.</p>	<ul style="list-style-type: none"> a. Promote policy processes focused on SDHs, people, the needs and characteristics of a place, and on strengthening the first-level care b. Incorporate the tackling of SDHs in institutional policies and in the competencies of local institutions related to health. This should fall under the responsibility of local authorities. c. Build ties with and participate in subnational, national, regional or international networks of HMCC
<p>General proposal 1.2: Promote the focus on health promotion</p>	
<p>Specific Proposals</p>	<p>Suggested Actions</p>
<p>Specific Proposal 1.2.1: Create healthy and sustainable settings and lifestyles</p>	<ul style="list-style-type: none"> a. Implement strategies, norms, and/or regulations that create healthy settings and lifestyles; b. Encourage communication and holistic education strategies for health which emphasize the protagonist role of communities in constructing health, promoting sustainable development, and tackling socio-environmental challenges.
<p>Specific Proposal 1.2.2: Promote local, participatory and sustainable development while valuing social and cultural diversity and communal cohesion. Here, keep HiAP in mind as an objective</p>	<ul style="list-style-type: none"> a. Promote interculturality, equity, autonomy and empowerment as fundamental pillars of HMCC actions; b. Consider the promotion of health and wellbeing in productive economic activities, ensuring the rational and careful use of natural resources and envisioning safe and dignified work; c. Coordinate intermunicipal actions to better use shared local resources, and keeping sustainability and HiAP in mind;

ORIENTATION N ° 2: STRENGTHEN THE POLITICAL, STRATEGIC AND OPERATIVE CAPACITY OF NATIONAL AND SUBNATIONAL NETWORKS OF MUNICIPALITIES INTERESTED IN BEING HMCC

Target Group: Network coordinators and other actors involved in the consolidation and administration of subnational and national HMCC

Specific Proposals	Suggested Actions
<p>Specific Proposal 2.1. Establish and maintain a governmental structure of a network <u>in the country or subnational entity</u>, facilitating technical support and strengthening the administrative capacities in health promotion of local governments</p>	<ul style="list-style-type: none"> a. Produce norms, regulations and interjurisdictional agreements with the goal of benefitting the sustainability and institutionalization of healthy municipalities networks; b. Develop strategies and mechanisms to facilitate the relationship between municipalities and networks of HMCC. c. Establish and underline the principles and values of the HMCC Movement, creating protocols and implementing methods to achieve synergy and affinity between networks. This should provide guidance for their members' actions. d. Offer technical support to municipalities and networks of municipalities in the country, for the development and strategic planning of HMCC initiatives with a focus on achieving the SDGs; e. Develop strategies for the identification of continuous improvements in the intersectoral and intermunicipal coordination and strengthening of the national healthy municipalities network f. Promote opportunities for the further integration and socialization of network members' work
<p>Specific Proposal 2.2: Promote and strengthen national and subnational networks committed to the HMCC Movement</p>	<ul style="list-style-type: none"> a. Unite and integrate subnational and national political will to form the collective voice of the HMCC regarding health and wellbeing b. Promote the integration, synergy and better coordination of national and local policies and the development of systems which facilitate the planning and design of joint accounts. c. Develop and implement strategies for communication and the sensitization of mayors, local authorities and civil society in matters of health promotion and the achievement of the SDGs; d. Diffuse and politically promote the HMCC Movement, so that the municipalities of the national network or of subnational or local networks are involved

<p>Specific Proposal 2.3: Promote and strengthen nexuses between cities, municipalities and other networks</p>	<p>a. Develop actions that strengthen the integration of municipalities and networks which form the HMCC Movement;</p> <p>b. Generate and strengthen ties with other networks and relevant initiatives, such as networks focused on healthy settings and PAHO/WHO;</p> <p>c. Develop, actively participate in and diffuse platforms and virtual networks to share experiences</p> <p>d. Contribute to dialogue and mutual learning between municipal networks concerned with similar issues.</p>
<p>Specific Proposal 2.4: Position health as a topic in associations, networks and national agendas.</p>	<p>a. Encourage the appointment of authorities responsible for health promotion and HiAP in the national and subnational networks and in municipalities.</p> <p>b. Systematize and spread scientific evidence and best practices regarding health promotion to optimize the strategic planning and decision making on the local level.</p>

IX. GUIDANCE FOR MONITORING AND EVALUATION

To advance the actions proposed above in a sustainable manner, the involvement of different institutions is necessary in the follow-up and evaluation process. Consider the following recommendations.

Actors	Roles
National Government	<ul style="list-style-type: none"> ● Find ways to make the necessary funds available for municipalities to be able to accomplish their potential as promoters of health in all policies ● Strengthen information systems and monitoring of the social determinants of health, linking them as much as possible to local data bases ● Share results obtained during the implementation of HMCC, SDH and SDGs suggestions with different sectors and civil society; ● Articulate the monitoring and evaluation process with subnational and national networks if such networks exist ● Support social mobilization for the social control of HMCC actions.

Local actors (municipalities, cities and communities)	<ul style="list-style-type: none"> ● In articulation with the national government, find and make available the necessary funding for monitoring and evaluation ● Constantly update and maintain local data bases. If possible this should be done with the national information system; ● Elaborate an intersectoral and participatory evaluation and monitoring plan as part of an HMCC plan of action (see Orientation 1); ● Develop or identify indicators that make achievements and advances towards HMCC actions and the SDGs visible; ● Systematize and document the development of experiences, initiatives and public policies on the local level with the participation of stakeholders and civil society; ● Share the participatory assessment and results found with the various stake holders and civil society; ● Articulate the monitoring and evaluation process with subnational and national networks if such networks exist ● Support mobilization for the social control of HMCC actions.
Civil Society	<ul style="list-style-type: none"> ● Actively participate in the processes of systematization, monitoring and evaluation of HMCC initiatives ● Share the participatory assessment and the results found within the framework of a HMCC strategy, the SDHs and the SDGs with different stakeholders and the civil society; ● Strengthen measures of social control over HMCC actions.
National and subnational networks	<ul style="list-style-type: none"> ● Establish a base line for HMCC in the country or subnational entity based on participatory assessments by the municipalities; ● Elaborate a plan for follow-up, monitoring and evaluation as part of one of the Network's plans of action. ● Support the municipalities in the process of assessment, planning, implementing, evaluating, monitoring and follow-up. ● Support the systematization of the results of evaluations of municipalities and share them extensively on the national and international level.
Latin American and Caribbean Network of Health Promotion Managers (REDLACPROMSA) and/or other regional networks	<ul style="list-style-type: none"> ● Establish mechanisms and instruments for follow-up, monitoring and evaluation of local public policies which address the SDHs, as well as mechanisms that guarantee participation, oversight, and social control over the administration of such policies. ● Offer technical and methodological support to municipalities and networks in the process of diagnosis, planning, implementation, evaluation, follow-up and monitoring; ● Support local and institutional capacity building and strengthening for the monitoring and follow-up of health promotion initiatives.

<p>Collaborating centers of PAHO/WHO and academic institutions</p>	<ul style="list-style-type: none"> ● Offer technical and methodological support to municipalities and networks ● Support the adaptation of knowledge and the results of evaluations to make them suited for local decision making ● Elaborate guides and guiding materials for the policy process; ● Support the generation of competences and strengthening of local and institutional capacities in monitoring and following-up on health promotion initiatives; ● Create opportunities and offer spaces to share results and allow for collective reflection on them;
<p>PAHO/WHO</p>	<ul style="list-style-type: none"> ● Generate opportunities and offer spaces for the exchange of experiences and results of evaluations; ● Offer technical support for networks to conduct the evaluation and monitoring process; ● Support the development of technical material to guide assessment, implementation, evaluation and monitoring; ● Support the strengthening of local and institutional capacities through tools and information on best practices; ● Support advocacy for the application of results of the evaluation in decision-making processes; ● Facilitate the exchange of lessons learned and successful experiences on the national and international level

X. LOOKING AHEAD

The purpose of this document is to offer guidance to bolster the HMCC approach in the Region of the Americas. It works towards the vision of a Network of Healthy Municipalities, Cities and Communities of the Americas formed in the near future. This network will hopefully consider its political, strategic and operational capacity, and its potential for working not only with the global movement of Healthy Cities, but also with international networks of cities and municipalities to reach the SDGs in 2030.

To enable the creation and administration of this network, the engagement of local governments and strengthening of the current HMCC movement in the Americas is key. Additionally, the participation of subnational and national governments, as well as of REDLACPROMSA and the support of PAHO/WHO and its Collaborating Centers are other important aspects that can facilitate the birth of such a network. We suggest certain steps that can be taken to work towards this vision in Appendix Nr. 3.

In the immediate future, to make the creation of a Regional HMCC Network of the Americas possible, it is important that the mayors of HMCC interested in participating in such a network plan in greater detail and strengthen the roles that each could take in monitoring and evaluation, such as:

- a. Develop, strengthen and monitor the health governance mechanisms and membership criteria implemented by the various national and subnational networks
- b. Develop, strengthen and monitor communication and information exchange mechanisms used by different networks and HMCC
- c. Diffuse and widely share information regarding best practices of networks and HMCC in the Region within the region and globally

In the context of the SDGs, it is important to recover the fundamental role of municipalities. This urges the strengthening of planning, implementation, monitoring, evaluation and communication experiences and public policies of HMCC and networks of HMCC in the Region of the Americas. The Healthy Municipalities, Cities and Communities Movement hopes to open collective spaces to place health in all policies in the agendas of all municipal sectors, and to share successful experiences to facilitate collaboration towards achieving the 2030 Agenda and the inclusion of health in all policies.

XI. APPENDICES

Appendix Nr. 1: The SDGs and SDG targets related to health

SDG 1- End poverty in all its forms everywhere

- 1.3 Social protection systems and coverage
- 1.5 Reduce vulnerability and exposure to climate-related extreme events and other economic, social and environmental disasters.

SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

- 2.1. Ensure healthy, nutritious, and sufficient food for all, including infants
- 2.2. End all forms of malnutrition

SDG 3: Ensure healthy lives and promote well-being for all at all ages

- 3.1 Reduce maternal mortality
- 3.2 End preventable infant mortality
- 3.3 End communicable diseases: AIDS, tuberculosis, malaria, neglected tropical diseases, water-borne diseases and combat hepatitis.
- 3.4 Promote mental health
- 3.5 Strengthen the prevention and treatment of substance abuse, and harmful use of alcohol
- 3.6 Reduce the number of deaths and injuries from road traffic accidents
- 3.7 Ensure universal Access to sexual and reproductive health-care services
- 3.8 Universal Health Coverage
- 3.9 Reduce the number of deaths and illnesses from air, water and soil contamination
- 3a, 3b, 3c y 3d - Framework Convention on Tobacco Control (FCTC), development of new vaccines, access to essential medicines, increase in health financing and early warning, risk reduction and management of national and global health risks

SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

- 4.5 Eliminate gender disparities in education.
- 4.a Build and upgrade education facilities that are child and disability sensitive.

SDG 5: Achieve gender equality and empower all women and girls

- 5.2 Eliminate all forms of violence against all women and girls.
- 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights.

SDG 6: Ensure availability and sustainable management of water and sanitation for all



6.1 Universal and equitable access to safe drinking water.

6.2 Access to equitable sanitation and hygiene.

SDG 7: Ensure access to affordable, reliable, sustainable and modern energy for all

7.1 Universal access to energy services.

SDG 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5 Achieve full and productive employment and decent work for all

8.7 Eradicate child labor

8.8 Promote safe and secure working environments.

SDG 10. Reduce inequality within and among countries

10.2 Social, economic, and political inclusion of all.

10.7 Facilitate migration and mobility.

SDG 11. Make cities and human settlements inclusive, safe, resilient and sustainable

11.1 Access for all to adequate, safe and affordable housing and basic services.

11.2 Access to safe transport systems; road safety.

11.5 Reduce the number of deaths caused by disasters.

11.7 Access to safe green and public spaces.

11.b Cities and human settlements.

SDG 12: Ensure sustainable consumption and production patterns

12.4 Significantly reduce the use of chemical products and waste production.

SDG 13: Take urgent action to combat climate change and its impacts

13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation and adaptation

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.2 End violence and torture against children.

SDG 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

17.18 Availability of high-quality, timely and reliable data.

Appendix Nr. 2: DEFINITIONS

Conceptualization of Government Levels

Local:

This document refers to the government level of municipalities, cities and communities as the *local level* due to the vast variety of terms used for government units on this level in the Americas.

National:

Here, the *national level* refers to the government level of the PAHO Member State, hence the administrative authority on top of the governmental hierarchy in a country.

Regional:

The regional government level, refers to the *Region of the Americas*, which includes all countries of the American continent.

Subnational:

This document refers to municipal networks that do not include municipalities from the entire country to *subnational level*. While countries like Mexico have a national HMCC network, for example, there are also subnational networks that only include municipalities from certain parts of the country.

Subregional:

Here we define the *subregional level* as an agglomeration of states within the Region of the Americas which is smaller than the Region of the Americas. The Caribbean or Central America, for example, are subregions within the Region of the Americas.

Appendix Nr. 3: Guidance for the creation of a Regional Network of HMCC in the future

Steps Proposed	Suggested Actions
<p>Step Proposed Nr.1: Create a governance structure for the HMCC Network with the HMCC of the Region of the Americas, incorporating existent networks and new networks linked to municipalities</p>	<ul style="list-style-type: none"> a. Establish procedures, processes, regulations, statutes and financing guidelines which take relationships between local, subnational and national networks into account; b. Strengthen existent national networks and incorporate other networks related to municipalities, while supervising their relationship building and collaboration c. Elaborate a temporary plan of action for a network of the Region of the Americas, based on assessments made by each country; d. Communicate the vision of a HMCC Network of the Americas to municipalities and networks in the Region. e. Support the formation of HMCC networks in the countries of the Region where the Movement is not yet present. Offer similar support for the inclusion of HiAP strategies in plans of action of national and subnational networks of municipalities in the countries; f. Generate professional and collaboration ties between relevant participants and networks interested in health promotion and SDHs. Also create linkages with other government levels and sectors in the States. Use these ties to promote common action, solidarity and cooperation towards better quality of life.

<p>Step Proposed Nr.2: Establish the future HMCSS Network of the Americas as a space for technical and political reference for other networks and national and local governments.</p>	<ul style="list-style-type: none"> a. Promote advocacy among the States and political and institutional actors of interest relevant for the work of the Network; b. Promote the management of knowledge, facilitating the conduct of research and creation of national norms and international treaties which facilitate the intermediation of new ideas, concepts and evidence-based policies. Also use that to promote learning and capacity building opportunities for healthy cities and municipalities strategies; c. Encourage the diffusion and exchange of experiences, administrative models, policies, programs and lessons learned on the local level. During this exchange, recognize the different stages of development and contexts of different governments, facilitating the achievement of HiAP and equity through virtual platforms, publishing reports, face-to-face meetings and the joint search for resources; d. Strengthen institutional capacities and competences to facilitate municipal interventions as means to advance intersectoral policy making and planning. As such, SDH can be addressed by all levels of government and through spaces dedicated to social participation. e. Implement a communication strategy which makes the network's actions visible f. Encourage and support the creation of data base or information systems and public supervision which can be analyses systematically on the regional, national and subnational levels
<p>Step Proposed Nr.3: Collaborate with other networks interested in healthy cities and with national and international agencies, fostering links between existing international networks</p>	<ul style="list-style-type: none"> a. Become associated with the global healthy cities movement and with major international networks of municipalities and associations and networks concerned with related issues. b. Promote the creation of a regional observatory of HMCC networks with open access and repository of materials, best practices, etc. from through which other networks can be contacted.

XII. BIBLIOGRAPHY

- (1) PAHO/WHO. (2005) Municipios y comunidades saludables: La evaluación participativa de los municipios y comunidades saludables: Recursos prácticos para la acción. Available from: <http://publicaciones.ops.org.ar/publicaciones/saludAmbiental/RM/cdsMCS/05/Evaluaci%F3n/Guia%20de%20evaluacion%20participativa%201.pdf>.
- (2) Alessandro L, Munist M. Municipios saludables: una opción de política pública: avances de un proceso en Argentina. Available from: <http://iris.paho.org/xmlui/handle/123456789/6249?locale-attribute=es>
- (3) Data from the regional survey “Avances de la Región en Construir Municipios y Ciudades Saludables para el Buen Vivir”, conducted by the Political Incidence Commission of the RedLACPROMSA (by *Spanish acronym*), July 2017 (material not published)
- (4) Lalonde Marc. A new perspective on the health of Canadians: A working paper. Ottawa (Ontario), Canada: Health & Welfare; 1974 [Accessed on 22th January 2018]. Available from: <http://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf>.
- (5) World Health Organization. Declaration of Alma-Ata [Internet]. International conference on primary health care; from 6th to 12th September 1978; Alma-Ata (USSR). Geneva: WHO; 1978 [Accessed on 27th October 2017]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=19004&Itemid=270&lang=en.
- (6) World Health Organization. Declaration of the International Conference on Health Promotion. Health Promotion in Latin America [Internet]. International Conference on Health Promotion; November 1992; Santa Fe de Bogotá (Colombia). Geneva: WHO; 1992 [Accessed on 2nd January 2018]. Available from: <http://www.bvsde.ops-oms.org/bvsdeps/fulltext/declarationBogota.pdf>
- (7) United Nations. Millenium Development Goals. New York: United Nations; 2000 [Accessed on 22th January 2018]. Available from: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N00/559/54/PDF/N0055954.pdf?OpenElement>.
- (8) Pan American Health Organization. First Meeting of the Regional Urban Health Forum of the Pan American Health Organization; Mexico City, Mexico. Mexico: PAHO; 2008 [Accessed on 2nd April 2018]. Available from: http://www.paho.org/mex/index.php?option=com_docman&view=download&category_slug=ops-oms-mexico&alias=358-primera-reunion-del-foro-regional-de-salud-urbana-de-la-organizacion-panamericana-de-la-salud&Itemid=493
- (9) Pan American Health Organization. Second regional urban health forum & third regional health promotion forum: Final Report. Washington (DC), USA: PAHO;2011.
- (10) World Health Organization. Rio Political Declaration on Social Determinants of Health. World Conference on Social Determinants of Health; from October 19th to 21st 2011; Rio de Janeiro (Brazil) [Accessed on 22nd January 2018]. Available from: https://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf?ua=1

- (11) Pan American Health Organization. Strategy and Plan of Action on Urban Health [Internet]. 51st Directive Council; from September 26th to 30th 2011; Washington (DC), United States of America. Washington (DC): PAHO; 2011 (Document CD51/5, Rev. 1) [Accessed on February 22nd 2018]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=14578&Itemid=270.
- (12) Pan American Health Organization. Plan of Action on Health in All Policies [Internet]. 53rd Directive Council from September 29th to October 3rd 2014; Washington (DC), United States of America. Washington (DC): PAHO; 2014 (Document CD53/10, Rev. 1) [Accessed on February 22nd 2018]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=26798&Itemid=270&lang=es.
- (13) Pan American Health Organization. III Regional Urban Health Forum of the Americas; Medellín, Colombia. Colombia: PAHO; 2015 [Accessed on October 19th 2018].
- (14) United Nations. Transforming our World: The 2030 Agenda for Sustainable Development [Internet]. 70th General Assembly; September 25th 2015; New York (USA). New York: United Nations; 2015 (Document A/RES/70/1) [Accessed on October 27th 2017]. Available from: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1.
- (15) Latin American and Caribbean Network of Health Promotion Managers. Acta de Constitución de la Red Latinoamericana y del Caribe de Gestores de Promoción de la Salud. 1st General Assembly; 2015; Lima (Peru).
- (16) Declaración de Santiago de Chile: Pre-Foro de Alcaldes de las Américas. Camino a Shanghai 2016; 2016. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=41597&lang=es.
- (17) World Health Organization. Shanghai Consensus on Healthy Cities 2016 [Internet]. 9th Global Conference on Health Promotion; from November 21st to 24th 2016; Shanghai (China). Geneva: WHO; 2016 [Accessed on October 29th 2018]. Available from: <http://www.who.int/healthpromotion/conferences/9gchp/healthy-city-pledge/en/>
- (18) World Health Organization. Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development [Internet]. 9th Global Conference on Health Promotion; from November 21st to 24th 2016; Shanghai (China). Geneva: WHO; 2016 [Accessed on October 29th 2018]. Available from: <https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/>.
- (19) Declaración de Valdivia: Acta de Acuerdo de La Seguida Sesión de la Comisión de Alcaldes de América Latina y el Caribe para Municipios Saludables; 2017.
- (20) United Nations. Roadmap for Localizing the SDGs: Implementation and Monitoring at Subnational Level [Internet]. UN Habitat; UNDP; Global Taskforce of Local and Regional Governments; 2016; Quito, Ecuador [Accessed on October 26th 2018]. Available from: <https://unhabitat.org/roadmap-for-localizing-the-sdgs-implementation-and-monitoring-at-subnational-level/>
- (21) Pan American Health Organization. Strategy for Universal Access to health and Universal Health Coverage. 53rd Directive Council, 66th Session of the WHO Regional Committee for the Americas,

Washington, D.C., from September 29th to October 3rd 2014 (Document CD53/5, Rev. 2). Available from:

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=27273&Itemid=270&lang=es.