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Editorial

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Urbanization has been rapidly increasing during the past two decades and it is estimated that by 2030, two thirds of the world's population would be living in urban areas (1), exposing the population to a large number of environmental, social, cultural, economic and behavioural

factors that impact population health and wellbeing (2).

In response to such challenges, the Healthy Cities concept was instigated in 1977 that, along with the Alma Ata Declaration and commitment of countries at the Thirtieth World Health Assembly in Geneva, Switzerland (3), would empower communities to lead socially and economically productive lives. A number of policy documents from the World Health Organization (WHO) and other bodies suggested introducing new approaches to managing cities and addressing health challenges, focusing more on health determinants and prevention than medical interventions (4).

In 1984, the idea of Healthy Cities was discussed at the “Beyond Health Care” conference in Toronto, Canada, where emphasis on promoting community participation and inter-sectoral action was advocated, in order to resolve city-wide issues in a holistic manner. As the Healthy City concept was widely accepted globally and had been established in all six WHO Regions, WHO launched the Healthy Cities Programme in 1986 as a long-term international initiative to place health high on the local political agenda, and to engage the international community in promoting the health and well-being of city dwellers through the collaborative efforts of the public, private, voluntary and community sectors (5).

This paradigm shift towards a more integrated approach to health has grown over the last few decades. Accordingly, the WHO Regional Office for Eastern Mediterranean Region (WHO/EMRO) adopted the Healthy Cities Programme in 1990, as a dynamic movement and a multi-sectoral platform, to facilitate commitment at the highest political level to formulate a common vision with a focus on public health development involving all stakeholders, including the civil society.

The Eastern Mediterranean Region (EMR) Healthy Cities Programme started in the Islamic Republic of Iran and then expanded to 12 other countries (Afghanistan, Bahrain, Egypt, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Saudi Arabia, Sudan and United Arab of Emirates) with different implementation phases. WHO/EMRO continued to provide technical support to its Member States to assess and prioritize their needs and develop their plans of action.

Currently, the Healthy Cities Programme receives WHO support for multi-sectoral collaboration, enhancing community participation, improving public health among EMR populations towards achieving the Sustainable development Goals-2030 (SDG-2030), Universal Health Coverage (UHC) in line with WHO’s 13th General Programme of Work (GPW13) 2019–2023 (6). In

addition, the Healthy Cities Programme promotes community empowerment and enhances community participation in assessment of needs and effective planning in line with the WHO/EMRO Regional Director's Vision 2023 "Health for All by All" (7).

Since the implementation of the Healthy Cities Programme entails innovative actions addressing health determinants, WHO/EMRO developed guidelines for programme implementation. This incorporated 80 indicators under 9 domains in line with social determinants of health (SDH) and SDGs, including: community organization/mobilization for health development; intersectoral collaboration; availability of information; environmental health; health development; education and literacy; skill development and capacity building; microcredit activities; and emergency preparedness and response (7). Other WHO regions are looking to adapt these indicators within their own context in order to have a unified path for global Healthy Cities Programme implementation.

To facilitate networking and experience exchange, WHO/EMRO established the Regional Healthy Cities Network (RHCN) during 2012, which also offers an interactive website (8). Currently, 77 cities have joined the RHCN with a population of over 22 million from 13 countries of the Region. Sharjah (United Arab Emirates) was the first city to be officially recognized by WHO/EMRO as a "Healthy City" in 2015, followed by five cities in Saudi Arabia and one city each in Bahrain, Kuwait and Oman during 2018–2019. More EMR cities are ready for evaluation, currently performed by WHO and external experts against the 80 indicators (referred to above), and awarded the title of "Healthy City" upon achieving at least 80 % of indicators. Awarded cities are re-evaluated every three years.

In spite of widespread acceptance of the Healthy Cities Programme, it still faces various challenges due to different reasons including: lack of institutionalization of the Healthy Cities Programme's concepts and methodologies as integral parts of health and development sectors; lack of documentation and evidence building at the local level; focus of health information systems mainly on morbidity and mortality data, rather than including disaggregated equity and SDH indicators; and insufficient partnership with potential partners such as nongovernmental organizations, donors, UN agencies, academic and research institutions.

Currently, the Healthy Cities Programme is one the highest priorities of WHO's agenda in the Region for 2019, and is managed within WHO/EMRO in its new division of Healthier Populations (after being hosted within the division of health systems followed by division information, evidence and research), with plans for close collaboration with other WHO divisions, technical programmes, and specialized environmental protection agencies, considering its cross-cutting nature. To scale up the programme in the EMR, focus is being

directed at fostering its resources; strengthening its governance, leadership and management structure; building evidence for informed policy-making with regards to health and wellbeing; using the programme as a platform to promote health and improve prevention; early detection and management of public health problems; enhancing community/civil society empowerment in needs assessment and programme implementation; establishing RHCN networking with other regional networks; and reviewing/updating Healthy Cities Programme indicators to align with SDGs and GPW13.

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