



**BALTIC REGION HEALTHY CITIES ASSOCIATION**  
WHO Collaborating Centre  
for Healthy Cities and Urban Health  
in the Baltic Region



# **BALTIC REGION HEALTHY CITIES ASSOCIATION**

## **Annual Plan 2010**

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## INTRODUCTION

In 2010 the Baltic Region Healthy Cities Association focuses on the promotion of the Phase V in the WHO Healthy Cities networks in Europe. This plan is built on taking in consideration the Phase V themes and re-designation process of the cities. Baltic Region Healthy Cities Association continues as WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region. Various institutions globally are designated as WHO Collaborating Centres. The re-designation process of the Collaborating Centre status of the Association will be started during the year as the current status is ending in December 2010.

Health is everyone's business, and health is promoted most effectively when many sectors work together and learn from each other. The backbone for all activities of the Baltic Region Healthy Cities Association is the WHO Healthy Cities approach. It offers comprehensive policy and planning solutions to urban health problems. Healthy Cities engages local governments in health development through a process of political commitment, institutional changes, capacity building, partnership-based plans and concrete actions. The principles have been implemented since 1987, and they are coordinated by the WHO Regional Office in Europe.

This plan introduces the scenario of the Association on various levels: strategic approach, framework of actions and concrete activities for the year 2010.

*Part I* is the framework of the Baltic Region Healthy Cities Association conducting the activities and including vision and mission. Furthermore the WHO Healthy Cities principles and themes for Phase V (2009-2013) are presented. The activities of the Baltic Region Healthy Cities Association are strongly built on these aspects. The organisation and operational environment of the Baltic Region Healthy Cities Association are introduced.

*Part II* presents the practical activities of the Baltic Region Healthy Cities Association for year 2010. They are divided into two main areas and seven projects.

*Part III* describes the planned and applied financing for the year 2010.

# PART I: Framework of the Baltic Region Healthy Cities Association's Activities

Year 2010 is the 2<sup>nd</sup> year of Phase V in WHO Healthy Cities network in Europe.

Baltic Region Healthy Cities Association has been a WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region since 2002. The status was re-designated in 21.12.2006 for a period of four years. In 2010 the Association will apply for the re-designation of the WHO Collaborating Centre status, as the current is ending in December 2010. As an addition to WHO, the activities of the Association are based on close collaboration, support and official agreements with the City of Turku, other member organisations and Ministry of Social Affairs and Health in Finland.

In 2009 the cities have applied to be designated as an official member city of WHO Healthy Cities network in Europe. It is possible to apply for designation until the end of June 2010. However, at the same time the implementation of the Phase V themes, which started in 2009, continues.

## 1 HEALTHY CITIES NETWORKS IN THE BALTIC SEA REGION

At the end of 2009 there were 12 cities or regions officially designated in the Healthy Cities network in 10 countries around the Baltic Sea (Figure 1.). The National Healthy Cities Networks in different countries, all together around 200 cities or regions, are included in the Healthy Cities collaboration as well as other cities interested in joining these networks. There are totally 1200 cities or regions from more than 30 countries in WHO European Healthy Cities. More information on the WHO Healthy Cities is available at [www.euro.who.int/healthy-cities](http://www.euro.who.int/healthy-cities)

Figure 1. WHO Healthy Cities network and National Healthy Cities Networks in the Baltic Sea Region



## **2 WHO HEALTHY CITIES THEMES IN PHASE V**

The Phase V overarching goal of Healthy Cities is **Health and Health Equity in All Local Policies**.

Health as a core in city policies and a precondition for development is valued. Cities should systematically address the health impacts of policies and strategies as well as health inequalities, social inclusion and the needs of the vulnerable groups.

Following the main goal, three core themes and several topics are identified for the cities to work on. The themes offer an opportunity to work on urban health issues. Topics, that are of particular concern to individual cities and/or challenging for innovative public health actions, are especially emphasized. Healthy Cities encourages and supports experimentation and new ideas.

Themes and topics 2009-2013:

### **1. Creating caring and supportive environments**

A healthy city is a city for all its citizens: inclusive, supportive, sensitive and responsive to their diverse needs and expectations. The topics are: age friendly cities, migrants, children, women, homecare, urban primary health care, social networking, empowerment and participation.

### **2. Healthy living**

A healthy city provides conditions and opportunities that support healthy lifestyles. The topics are: prevention of non communicable diseases, tobacco free cities, physical activity, nutrition, alcohol and drugs, mental health and stress, violence and injuries, healthy settings, happiness and wellbeing.

### **3. Healthy urban environment and design**

A healthy city offers a physical and built environment that supports health, recreation and well-being, safety, social interaction, mobility, a sense of pride and cultural identity and is accessible and responsive to the needs of all its citizens. The topics are: climate change and global changes, healthy urban planning and design, economic development, creativity and liveability, housing and regeneration, preparedness and response to public health emergencies, transport and health, exposure to noise and pollution.

In health promotion, more is achieved by collaboration and partnership than by everyone acting separately.

## **3 STRATEGY AND ORGANISATION OF THE BALTIC REGION HEALTHY CITIES ASSOCIATION**

The vision and mission guide all activities of the Association. The strategy was created in 2006-2007 and it is planned to be assessed and updated in 2010 in line with the plans and terms of reference of the re-designation of the Collaborating Centre status.

### **Vision**

Baltic Region Healthy Cities Association as WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Sea Region is an important producer and intercessor of health and well-being innovations in the region.

### **Mission**

The aim of the Baltic Region Healthy Cities Association is to promote health conditions in urban areas in the Baltic Sea Region and to support the programmes of WHO, which concentrate on urban health issues.

### **Principles and values**

The following Healthy Cities principles and values (Zagreb declaration 2008) guide the work of the Association.

**“Equity:** addressing inequality in health and paying attention to the needs of those who are vulnerable and socially disadvantaged; inequity is inequality in health that is unfair and unjust and avoidable causes of ill health.  
**Participation and empowerment:** ensuring the individual and collective right of people to participate in decision-making that affects their health, health care and well-being. Providing access to opportunities and skills development together with positive thinking to empower citizens to become self-sufficient.  
**Working in partnership:** building effective multisectoral strategic partnerships to implement integrated approaches and achieve sustainable improvement in health.  
**Solidarity and friendship:** working in the spirit of peace, friendship and solidarity through networking and respect and appreciation of the social and cultural diversity of the cities of the Healthy Cities movement.  
**Sustainable development:** the necessity of working to ensure that economic development is environmentally and socially sustainable – meeting the needs of the present in ways that do not compromise the ability of future generations to meet their own needs.”

## Terms of reference

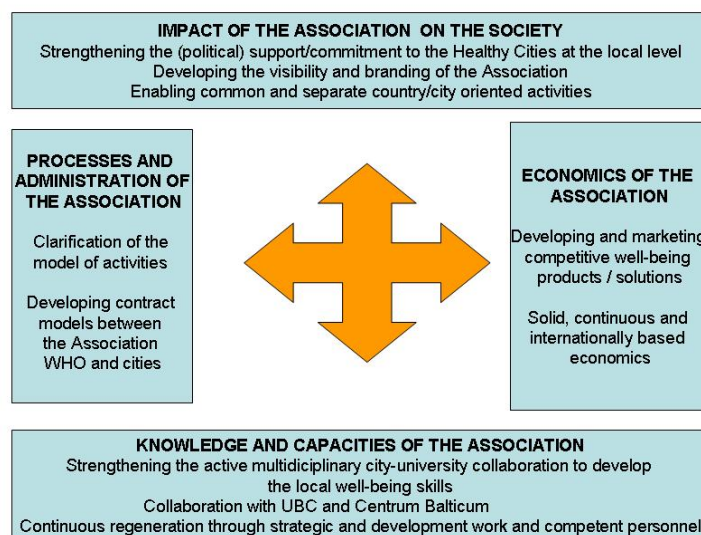
In order to promote the health of the cities WHO and the Baltic Region Healthy Cities Association have agreed on the cooperation for the Collaborating Centre to:

- Support the cities in implementing WHO Healthy Cities goals and motivate new cities into joining the networks;
- Network with appropriate local institutions and organisations, and, thereby build and strengthen the capacity of health and well-being expertise;
- Increase the visibility of the Healthy Cities operations and communication;
- Build and maintain an information system of best practices and the state of well-being in cities belonging to the Baltic Sea Region Healthy Cities networks;
- Network with appropriate local, national and international health and well-being experts to share the best practices and expertise.

## Strategy map

The re-designation of the Collaborating Centre status in 2006 encouraged the Association to develop a strategy. The Balanced Score Card, BSC, by Norton & Kaplan was chosen as a tool for this development. BSC is a management system that enables organisations to clarify their vision and strategy and translate them into action. The Balanced Score Card suggests that the organisation is viewed from four perspectives: learning and growth-, process-, customer- and financial perspectives. The strategy map was developed by the Board of the Association in 2006. Updating of the strategy will be discussed in 2010.

Figure 2. Strategy map of the Association



November 2007

The strategy process was an important one in itself, and the strategy-map describes the outcome of the process. All activities and projects of the association are viewed through the four perspectives and critical success factors, which form the base for the development and measurement of the activities of the association.

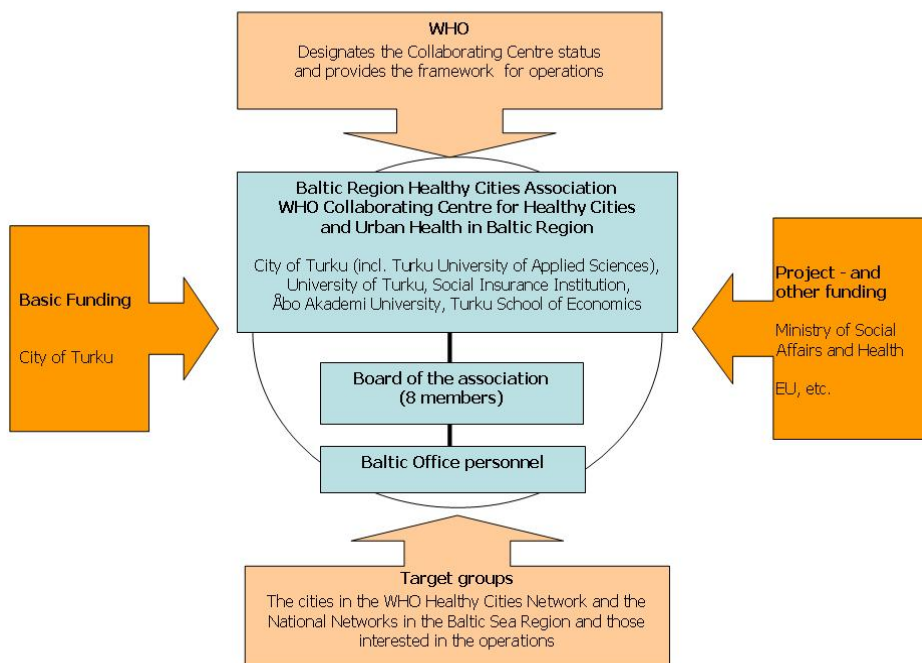
## Organisation and operational environment of the Association

The Collaborating Centre is administratively organised as the Baltic Region Healthy Cities Association. It was founded in 1998. The members of the Association are the City of Turku, University of Turku, Social Insurance Institution of Finland, Åbo Akademi University and Turku School of Economics (Figure 3.). These member organisations of the Association provide the necessary expert services and other services as requested. The Association maintains the Baltic Office. It is supervised and governed by the Baltic Region Healthy Cities Board, and the practical operations are carried out by the office personnel together with the member organisations and other partners. The head of the Office is Executive Director. The statutory meeting of the Association, held twice a year, represents the highest authority in the Association's affairs.

In 2010 the Association will continue the development of the new organisational model, process of updating and modernising its statutes, administration and membership composition in co-operation with City of Turku, other member organisations and together with the WHO Collaborating Centre re-designation process.

WHO is the organisation that designates the Collaborating Centre status. It provides the framework of the activities of the Association. The activities are addressed to the cities in the WHO Healthy Cities Network and the National Networks in the Baltic Sea Region and those interested in the operations. Main target groups are politicians and other decision-makers of the local governments, civil servants and officers of local and national administrations, Healthy Cities co-ordinators, and researchers and experts in universities and institutions.

Figure 3. The Operating Environment of the Association in 2010



## Evaluation

The evaluation of the activities of the Association includes the aspects of the awareness, skills and possibilities of the cities to promote Healthy Cities and health. The evaluation is mainly carried out as internal processes based on the goals of each project/activity; quantitative and qualitative indicators are used.

The following methods, for example, are used to evaluate the activities:

- Process descriptions of the projects and activities;
- Amount and content of meetings/seminars and participants;
- Amounts and descriptions of the results, outcomes of the projects and activities;
- Questionnaires and feedback from the cities, member organisations and collaboration/project partners;
- Using the information from the WHO Annual Reporting templates of the cities.

The EU co-funded projects are evaluated according their project plans.

## PART II: Operational entities and activities in 2010

The Part II of the Annual Plan presents the practical activities of the Baltic Region Healthy Cities Association (Association) for year 2010. They are developed to support the Phase V of WHO Healthy Cities Networks main and core themes (see page 4). The activities of the Association are divided according the collaborating centre terms of reference into two operational entities and seven practical activities illustrated in the figure 4.

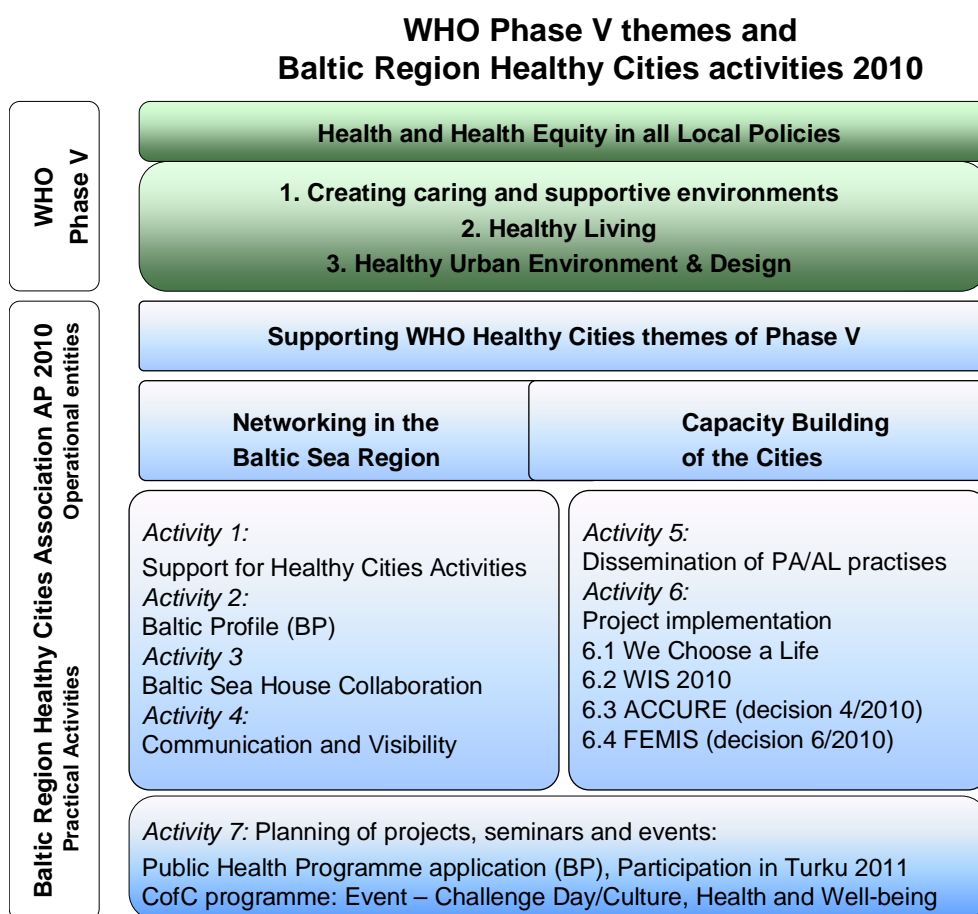
All activities of the Association support the WHO Healthy Cities themes for Phase V (2009-2013). The overarching theme, Health and Health Equity in All Local Policies, and three core themes were decided by WHO in 2008 and are:

1. Creating caring and supportive environments
2. Healthy Living
3. Healthy Urban Environment & Design

These three themes are divided under several topics subthemes for cities to decide where to concentrate their efforts.

The Association will focus on the themes familiar from the previous years. The year 2010 will set a new scene for the Association to select new priorities among the new Healthy Cities themes according the feedback from the network cities, WHO and member organisations. The activities of the Association continue to concentrate in 2010 on the topic of physical activity / active living and prevention of HIV and AIDS. The themes will be discussed and altered during 2010 in accordance with updating the model of operations and re-designation of the WHO Collaborating Centre status of the Association.

Figure 4. WHO Phase V Healthy Cities themes and priorities/projects of Baltic Region Healthy Cities Association in 2010.



# 1 NETWORKING IN THE BALTIC SEA REGION

## General background

Networks are an outcome of social participation, shared values and trust. It is common to build international activities on networking based on needs of partners. The needs might vary, but networks offer a platform to achieve something that nobody is able to achieve on their own. WHO Healthy Cities have a common interest to put health into the agenda of the decision making of the city. Networking is a possibility to share the ideas and lessons learnt – a platform for exchange of experiences and best practices.

The values are described in Health 21 and Health in All Policies (HiAP) WHO documents. The HiAP highlights that “health is largely determined by factors outside the health care domain. Efforts to integrate health considerations into societal policy-making with the aim to improve population health are being made almost everywhere, both at the community level as well as at the national, regional and local levels.<sup>1</sup>”

Participation in the Network gives the cities an opportunity to share and exchange the experience in the field of health promotion and health equity. In order to make the comparison of situation in the cities possible they create and report about their activities in so called “city health profile” according to WHO standards. Healthy Cities project has listed key indicators, which are used in the city health profiles. Their aim is to monitor health in cities, giving a contribution to the health policy of the city. WHO has defined city health profiles as reports that “identify in writing and graphs health problems and their potential solutions in a specific city”. In Phase V (2009-2013) cities will continue to create learning environments for individuals, politicians and organizations to learn about health and health and equity in all local policies in the network. City health profile is an important base in establishing a city health development plan. It has also been in the background while developing the Baltic Profile by the Association. Baltic Profile is an information platform which serves the Healthy Cities from Baltic Sea Region to share the experience and learn from each other.

## Context of the Association

The role of the Association is to increase the awareness of the decision makers about the importance of health at the local level. The Association has contacts with local, national and international institutions with expertise on health and wellbeing supporting Healthy Cities networks. To promote the health of the cities, WHO together with the Association, have agreed to work with local institutions and organisations. The work will focus on sharing the best practices and expertise. E.g. member organisations of the Association (City of Turku, University of Turku, Åbo Akademi University, Turku School of Economics and Social Insurance Institution of Finland) provide expertise to support the Healthy Cities’ goals in the region. They have competence on various research fields. In previous years the Association has organised several projects and activities together with them.

The operational area of the Association is the whole Baltic Sea Region. Important partners of the Association are the cities in WHO Healthy Cities network and National Healthy Cities networks. Furthermore, networks like Union of Baltic Cities, especially Environmental and Sustainable Development Secretariat, Commission on Sports, Commission on Health and Social Affairs, Baltic Sea Region University Network and partners at the Baltic Sea House in Turku. The ideology is distributed through and with support of those institutions.

The Association aims at strengthening the Healthy Cities Network in the Baltic Sea Region. One of the methods of support to its development is maintaining and improving of the Baltic Profile. Baltic Profile is an information platform which serves the Healthy Cities from Baltic Sea Region to share the experience and learn from each other. The Association started to build up the Profile in 2002. The first step was to collect diverse information about the Healthy Cities work and experiences. The aim is a profile, which would include more than Healthy City indicators. The Association continued the development in 2003 together with the Turku School of Economics. A web-service was established in October 2004. Since that, the European Healthy Cities meetings and Baltic Sea Region Healthy Cities co-ordinators meetings have been used to strengthen the engagement on the development of the platform. In 2007 the development of the profile continued with a new web-site and electronic questionnaire. They ease the collection and input of the information. Maintaining and developing the Baltic Profile serves

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<sup>1</sup> European Observatory on Health Systems and Policies, Health in All Policies: Prospects and potentials. Retrieved 2007-22-11 from [http://www.euro.who.int/observatory/Publications/20060915\\_2](http://www.euro.who.int/observatory/Publications/20060915_2)

the Healthy Cities network as well as the goals of WHO and the Association. This work will be continued during 2010. The Association will on the one hand invite cities to update their information provided on the website and on the other hand it will expand the Baltic Profile for the use of whole European Network.

## **Goal**

The overall objective of the networking projects is to strengthen the role of health promotion and Healthy Cities by using the expertise of the Association in the collaboration with the cities, various networks and projects.

The specific objectives are to

- Raise the awareness of local decision makers on health, sustainable development and wellbeing
- Support Healthy City coordinators (empowerment) to strengthen the sustainability and permanence of the Healthy Cities
- Involve new people from different sectors of the cities to the activities of the Association
- Developing the Baltic Profile model further and widening it into the European network

## **Activities 2010**

### ***Activity 1. Support for Healthy Cities activities***

A special attention in 2010 is paid to the Baltic countries: Estonia, Latvia, Lithuania. This is, on one hand, due to the economical crisis, which has hit them heavily, thus they need assistance to maintain health promotion in the core of their policies and decision making. On the other hand, the amount of Healthy Cities has been limited in these countries and also some National Healthy Cities Networks require strengthening.

In Estonia special attention is on social aspects and developing Finnish-Estonian co-operation in the area of health promotion, and among it working against substances abuse, promoting sexual health and prevention HIV infections. There are good possibilities doing this because, firstly, Estonia is an important co-operation area of the Finnish Social- and Welfare Ministry and Association can carry out practical health promotion projects in line with the goals of the Ministry. Secondly, Turku and Tallinn are European Capitals of Culture in 2011. The Association is already strongly linked in realisation of the welfare and accessibility themes, which are in core of the Capital of Culture programmes in both cities.

In Latvia and Lithuania the attention is paid to increase the awareness of health and strengthening the role of health promotion and Healthy Cities. The yearly Healthy City coordinators' meeting in 2010 is likely be organised in Lithuania. During the meeting, training to the coordinators on Phase V themes will be provided according the expressed needs with a support from the WHO experts. The model used in Latvia in 2008 will be followed.

If the ACCURE-project (see page 13) receives EU funding, it will give added value to the Finnish-Estonian-Latvian co-operation between the cities of Jurmala, Pärnu, Tallinn and Turku in line with the Healthy Cities theme of equity.

The Association will focus on the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) programme and its core themes on communicable and non-communicable diseases (HIV/AIDS etc.) in co-operation with the Russian network cities and national network. Russia is chairing the NDPHS partnership group in 2010, co-chaired by Finland. The Association will work on building projects related on HIV/AIDS prevention to support the concrete activities of the NDPHS and in that way support the Finnish leadership of the programme.

Furthermore, during 2010 the Association will widen and strengthen the co-operation with Healthy Cities and National networks, especially in Finland, but also with other Scandinavian countries. This is planned to be done as visits to the network cities and to the meetings of the National Networks, which will be increased. The Association will serve the Finnish National Network by acting as the main link for the WHO networks in 2010. The Association supports benchmarking/peer review of the best practises between the networks cities and different activities are organised to support this work.

### ***Activity 2. Baltic Profile – Profiling Healthy Cities in the Baltic Sea Region***

The Baltic Profile aims at making the information about health promotion visible and available in Healthy Cities around the Baltic Sea Region. The goal is to support city health development planning and decision making on health promotion. The Baltic Profile offers a possibility to learn from each other and to develop health integrated planning. It makes activities and state of the health and wellbeing in a city visible. Information from the annual reports of the cities will be utilised.

During the year 2010, the development of the Baltic Profile will concentrate on building a project for the whole European Healthy Cities network utilising and widening the Baltic Profile model. Funding will be applied from the EU Public Health Programme (see Activity 7.1).

In 2009 the Association conducted the survey among the Healthy Cities coordinators from the Advisory Committee about their satisfaction of exchanging the information and experience in the network. The results were used to prepare the project proposal presented to coordinators for the first discussion in June 2009. The key idea is to create a communication platform in the Internet, using the BRHCA website, which would give the chance for all members of European Healthy Cities movement to share ideas, learn from each other and exchange the experiences about development of health policies. It would also serve WHO experts in their work as well as local policy makers and other target groups.

Cities and WHO experts will be encouraged to participate in the development of the platform and to update the information. Electronic system would be build with sufficient capacity which would allow storing the big amount of information during the five years of Phase V of WHO European Healthy Cities Network, in co-operation with the WHO password protected website information.

### ***Activity 3. Baltic Sea House Collaboration***

The City of Turku launched the Baltic Sea House (BSH) in August 2008. The organisations who share the same premises are Centrum Balticum, Baltic Region Healthy Cities Association, UBC Environment and Sustainable Development Secretariat and Valonia, Service Centre for Sustainable Development and Energy Issues of Southwest Finland. The Association and the UBC Environmental and Sustainable Development Secretariat have already shared the same premises since 2006. The organisations working at the BSH have a strong competence to support the strategic development on health and sustainable development in the city level.

Collaboration with the actors in BSH was strengthened in 2009 with common meetings, which will continue in 2010. A common communication strategy and visibility actions promoting the Baltic House will be developed together. The Baltic Sea House gives an opportunity to widen and strengthen the competence of the association with sustainable development knowledge and spread Healthy Cities message into new networks.

The Association and Valonia plan and realise the World Health Day 2010 together. The day will focus on urbanization and health. With the campaign "1000 cities - 1000 lives"; events will be organized worldwide calling on cities to open up streets for health activities. Stories of urban health champions will be gathered to illustrate what people are doing to improve health in their cities. The World Health Day is traditionally on 7th April, but the campaign can be organised on between 7 – 11 April 2010 <http://www.who.int/world-health-day/2010/en/index.html>

It is also planned that the Boards of the association and UBC (Environment and Sustainable Development Secretariat, Health and Social Affairs Secretariat, Sports Secretariat) will have a common meeting in order to strengthen their co-operation. New project applications of the Association, UBC and other BSH actors are prepared and the collaboration will focus especially on the Aalborg Charter and Commitments.

### ***Activity 4. Communication and Visibility***

The visual outlook of the Association was renewed in 2007. During last years promotional materials (poster, brochure, exhibition wall, e-newsletter) were produced and the website was maintained and updated. However, the communication strategy of the Association needs to be developed further in 2010 in order to meet challenges of the visibility in highly diversified environment of NGOs, organisations and other actors in Baltic Sea Region and Europe. The strategy will be elaborated simultaneously with the process of development of the Association, which shall be completed in 2010. The target groups of the communication activities must be identified and both long-term strategy and short-term action plan of systematic communication will be created. The aim is to increase the visibility of the Association and its actions at the local level in Turku and in Finland, and on the international level in Baltic Sea Region and in Europe.

Promotional activities agreed in the Associations Annual Plan for 2009-2010 will be executed by publishing version of the Association brochure in Finnish language, continuous updating of the website and updating of the contact database. Moreover, the need for another promotional materials (e.g. roll-up) will be recognized. WHO's documentation of the Phase IV evaluation and Phase V requirements will be translated into languages used in the Baltic Sea Region according to the needs expressed by national coordinators.

Association's website will be maintained and updated on the regular basis. The actions to make the information published in the website more visible and available for interested parties will be undertaken. The activities will include for example linking to the other websites and portals, collaboration with the communication units of the member organisations, approaching the journals/newspapers at an individual level. They will be accompanied by sending the e-newsletter every second month as planned and executed in 2009.

## 2 CAPACITY BUILDING OF THE CITIES

### General background

WHO Healthy Cities approach values the importance of health in the decision making and activities of cities. It seeks to build a strong local level movement for promotion of health equity, well-being and public health. The city health development plan (CHDP) is a tool to put health to the political agenda and embed health as a part of all activities in a city. Healthy Cities has developed this and several other tools to support this work for example, health profiles and health impact assessment.

The WHO Healthy Cities programme engages local governments in health development through a process of political commitment, institutional change, capacity building, partnership-based planning and innovative projects. It promotes comprehensive and systematic policy and planning with a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health. It also strives to include health considerations in economic, regeneration and urban development efforts.

Capacity building is much more than training and includes the following:

- Human resource development, the process of equipping individuals with the understanding, skills and access to information, knowledge and training that enables them to perform effectively.
- Organizational development, the elaboration of management structures, processes and procedures, not only within organizations but also the management of relationships between the different organizations and sectors (public, private and community).
- Institutional and legal framework development, making legal and regulatory changes to enable organizations, institutions and agencies at all levels and in all sectors to enhance their capacities.<sup>2</sup>

### Context of the Association

The Association aims at strengthening the knowledge, abilities and skills of local authorities in the field of health promotion and improve institutional structures and processes such that the organizations can efficiently meet their goals in a sustainable way. In order to do this the Association

- Builds up and applies funding for projects
- Provides trainings, meetings, seminars on WHO themes with a focus on for example at HIV/AIDS/sexual health, physical activity/active living and prevention of substances abuse.

The capacity building activities are especially targeted to cities/countries where there is a special need for it, for example in Estonia, Latvia, Lithuania, Russia.

In 2008 and 2009 the Association has been looking for EU (and other) funding possibilities and actively working to prepare project proposals for them. Important aspect in this has been that the projects support the Healthy Cities themes and include as widely as possible the member cities and networks. By doing this, the Association is able to support the promotion of WHO/Healthy Cities subthemes with projects. Additionally events and seminars are planned and organised to support the realisation of Healthy Cities themes.

### Goal

The goal of capacity building of the cities is to enhance the competence of decision-makers to place health as a core of the decision making of the cities. This will be done by:

- organising conferences, meetings and seminars,
- apply for project/other funding to support the implementation of Healthy Cities themes,
- offering tools as well as disseminating and collecting the best practises from the network cities.

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<sup>2</sup> Urban Capacity Building Network: <http://www.gdrc.org/>

The following projects support the capacity building of the cities. Some of them are in a planning phase and adjusted according to the needs from the cities. From the point of view of the association, it is important to have several initiatives under development for possible funding from EU and other sources.

## **Activities 2010**

### ***Activity 5. Dissemination practises and experiences in physical activity/active living***

The membership in the health-enhancing physical activity (WHO/HEPA Europe) network offers the Association, as an addition to the Healthy Cities networks, a wider perspective and new sources of information. It is a possibility to receive up-to-date scientific information to be shared with the cities as well as a platform to the experiences of the cities.

In practise the Association offers through the HEPA network and the UBC Commission on Sports and their annual meetings opportunities and arenas for the Healthy Cities and national networks to present and disseminate their best practises and experiences of promoting physical activity/active living. The Association will act as an intermediate organisation and has at the same time a possibility to collect more comprehensive information for the Baltic Profile.

In 2010 the association develops together with TAFISA (The Association For International Sport for All) and Finnish Sport for All Association (Kunto ry) "3 AC – Active Cities, Active Communities, Active Citizens" concept and it will be presented and linked to the Physical Activity / Active Living theme in the Healthy Cities network. In practise the Association will

- collect case studies and information from East-European cities and countries, regarding physical activity promotion of young people / youth to be presented in the HEPA network and the and their annual meetings
- link WHO's Healthy Cities and HEPA work to the Sport for All and TAFISA's development on Active Cities programme

The experts from the cities are invited to present the practises and experiences. The association acts as an active communication channel to provide information of the possibilities and finding "right people to right place". The precondition to realise the activity is, firstly, to collect actively the information and negotiate with the cities/project who, when and how they can participate in the activity.

### ***Activity 6. Project Implementation***

#### ***6.1. We Choose a Life – Youth against HIV/AIDS***

"We Choose a Life – Youth against HIV/AIDS" is a two year project carried out between March 2008 and March 2010. Baltic Region Healthy Cities Association is a Lead Partner of the project. Project Consortium consist of four Russian cities: City of Cherepovets, City of Izhevsk, City of Stavropol, City of Dimitrovgrad and EU partners and subcontractors: Union of the Baltic Cities Environment and Sustainable Development Secretariat (UBC), Municipal Public Health Department Rotterdam Rijnmond (GGD), World Health Communication Associates (WHCA) and Cuwaert Health Promotion Advice and Action (C-HPAA). The project is co-financed by European Commission under TACIS Institution Building Partnership Programme and project partners.

The project introduces and support development and implementation of best approaches aiming at engaging youth in HIV/AIDS prevention activities. The overall aim of the project is to reduce the disease burden related to HIV/AIDS amongst youth and decrease the HIV/AIDS incidence in the partner cities.

Three training modules and study visit were the core elements of the project. As a final outcome of the project the handbook on youth involvement will be produced. Additionally each city prepared Strategic Action and Campaign Plan on HIV/AIDS prevention.

The project ends in March 2010 after finalising all project activities. The final conference takes place in Moscow on 2-4. February 2010. The outcomes, including a Handbook on Youth Involvement and action plans of the cities will be presented in the conference. The financial and narrative reporting will be done during Spring 2010.

## **6.2. WIS 2010, Well-being in the Information Society**

WIS 2010, Well-being in the Information Society – Navigating the Fragmented Innovation Landscape will be organised 18-19 August, in Turku. The goal of the international series of WIS is to combine best practices and tools from Healthy City networks with recent multidisciplinary research on well-being in the information society. The aspects are discussed among the political, scientific and management leaders to create a common understanding of the concept. The expertise of the member organisations of the Association and the network cities is made visible in the WIS 2010 conference. Areas of particular interest in WIS 2010 conference include

- e-Health
- Urban planning for health and sustainable development
- Measuring and documenting health and well-being
- Empowering and educating citizens for healthy living and equal opportunities
- Governance for health
- Safe and secure cities

The association takes part in the planning and realising of the WIS 2010 seminar in the management and organisational groups by providing coordination/secretariat services as well as developing, maintaining and updating the [www.wis.fi](http://www.wis.fi) website. The conference is organized by the University of Turku and Baltic Region Healthy Cities Association – WHO Collaborating Centre for Healthy Cities and Urban Health in co-operation with Åbo Akademi University, Social Insurance Institution of Finland and Turku University of Applied Sciences. WIS 2010 is expected to have around 100 participants.

## **6.3. ACCURE – Improving the ACcessibility of the CULTural and REcrational services**

The disabled people, ageing population and people with special needs require more attention in city planning and service production. Their needs should be fulfilled in the services in the cities to ensure equity. The access to the culture and recreation is limited for many of these vulnerable groups because of technical barriers, insufficient visibility and marketing of the accessible places and low awareness of the problems.

ACCURE project brings together four cities: Jurmala, Pärnu, Tallinn and Turku, who share similar problems and challenges in the field of equal access to culture and recreation. The project aims on developing the well-being and social cohesion in Central Baltic programme area by improving the accessibility of cultural and recreational services and touristic offer in the project cities. It is realized in cooperation within and between the local authorities. One partner, Baltic Region Healthy Cities Association coordinates the project together with City of Turku (Lead Partner), with above mentioned city partners and the support of organizations of people with disabilities and Capital of Culture 2011 Foundations in Tallinn and Turku.

The actions of ACCURE focus on developing the knowledge and experience on accessibility of city planners and people responsible for recreational and cultural services, providing missing equipment, joint cross-border promotion of accessible places and organizing of events and conferences to raise the awareness of local communities. A Handbook collecting all knowledge and lessons from the project will be published and disseminated. ACCURE tests new approaches to accessibility and allows the flow of experience and knowledge over the borders. The results can be used in more than one region. Consequently, it contributes to the realization of the vision of Central Baltic programme area as an attractive place to live and visit.

The decision regarding the funding will be known in April 2010. Shall a decision be positive, the project will start on 1<sup>st</sup> June 2010 and it will last until 30<sup>th</sup> November 2013 (30 months). Funding is applied from the Interreg IV A Central Baltic programme.

## **6.4. FEMIS – Fight HIV/AIDS feminization in North-West Russia**

Baltic Region Healthy Cities Association is the coordinator (Lead Partner) of the project. The partners are (1) Women's Health in St. Petersburg (NGO), (2) City of Cherepovets/Healthy Cities, (3) Novgorod Centre for AIDS Prevention and Control "HELPER" and (4) Murmansk Regional Centre of Preventive Treatment and Control of AIDS. City of St Petersburg, Public Health Committee and Regional (North-West) non-governmental organisation

"AIDS, Statistics, Health" are Associates. They all share the concern of spreading of HIV and AIDS epidemic and its feminization. The EU partner in FEMIS is HIV Foundation/Finnish AIDS Council and subcontractor CUWAERT Health Promotion Advise and Action (The Netherlands).

The overall objective of the FEMIS project is to contribute in stopping and curbing the feminisation of HIV and AIDS especially among women with disability in four cities/regions of North-West Russia. Moreover, FEMIS will work towards enhancing the life situation of women already HIV positive in the aforementioned cities/regions. The specific objective of the project is to improve capacities and collaboration of health professionals and policy makers working on the HIV and AIDS prevention and treatment measures for HIV positive women and women with disability. The project duration is 36 months including six training sessions, opening and final conferences, three coaching visits to each partner city/region, one study trip to Finland and several local workshops and actions. Funding is applied from the EU TACIS Institution Building Partnership Programme.

The association will prepare the full application of the project to be submitted in April and a decision for funding is known in Autumn 2010.

## ***Activity 7. Planning of project, seminars and events***

### ***7.1. Creating a Communication Platform for European Healthy Cities Networks***

Cities in the European Healthy Cities Network report to the WHO about their activities. Nonetheless, the information provided in the annual reports is not used efficiently enough – it is stored by WHO on a password protected website, but not processed and published for the practical use of the cities and the broader circles dealing with health and health promotion.

The key idea is to create a communication platform in the Internet, using the Baltic Profile (see Activity 2) model and Association's website, which will give the chance for all members of European Healthy Cities movement to share ideas, learn from each other and exchange the experiences about development of health policies. It will also serve WHO experts in their work as well as local policy makers and other target groups.

As the result of the project *a communication platform* for all European Healthy Cities, WHO experts and other actors interested in health promotion will be created. That will be the first communication channel which will gather all cities from the network together. Thanks to that the knowledge and experience about health development will be shared between the cities and on the same time information for WHO experts will be provided what will improve their research about Healthy Cities Project. In addition to that, the new ideas will be generated and new actions in the cities will be undertaken, inspired by the examples presented on the website and thanks to the open discussion. Consequently, implementation of the WHO policy will be enhanced, what will support the WHO European Healthy Cities movement and promotion of the health policies in the cities.

Funding for the project will be applied from the EU Public Health programme in Spring 2010. WHO European Office, WHO European Healthy Cities Networks' and National Networks' Coordinators, WHO Experts will be asked to play as partners. Estimated budget is 600 000 for three years.

### ***7.2. Participation in Turku 2011 Capital of Culture programme***

The Association will contribute to the Turku 2011 Capital of Culture with 2 activities. They will be planned and developed during 2010.

Firstly, the Association is committed to organise one of the monthly events, which are part of the "Art for the Heart" project (managed by the City of Turku Cultural Services department). The event will follow the model of Challenge Day and engage at least Turku and Tallinn. Other cities from Baltic Sea Region will also be invited to participate in the happening. Challenge Day's vision is that every child lives in a world where they feel safe, loved and celebrated. The planning of the event will be done in close co-operation with the "Art for the Heart" stakeholders. The event is related to the ACCURE (see Activity 6.1) project.

Secondly, the University of Turku organises "Culture, Health and Well-being conference 2011" which is part of University's Turku 2011 project ("TIUKU"). The aims of this conference are (1) to define the link between culture, health and well-being, (2) to discuss the methodological problems of the field, and (3) to figure out what well-being, healthy life, and happiness are consisted of. The Board of the Association has decided to begin the negotiations how to participate in the conference development. The continuation of the work will be discussed during 2010.

## PART III: Funding for operations 2010

The operations of the Association are financed by the City of Turku, Ministry of Social Affairs and Health, member organisations and other sources – mainly EU funding. These cover the costs of the projects as well as personnel and maintenance of the office. Table 1 describes the profit and loss accounts and the plan of finances for the year 2010.

Table 1. Budget 2010 with trends of profit and loss account (2008-2009)

	Profit and loss account 2008	Estimated profit and loss account 2009	Budget 2010
<b>INCOME</b>			
City of Turku	80 000	80 000	80 000
MSAH Project funding	60 000	60 000	80 000
Other project funding	61 654	10 613	
<i>We Choose a Life</i>		107 640	46 000
<i>ACCURE</i> (*)		-	22 000
<i>FEMIS</i> (*)		-	20 000
Member fees		2 700	2 700
<b>Income total</b>	<b>204 334</b>	<b>261 546</b>	<b>250 700</b>
<b>COSTS</b>			
Personnel costs	111 257	121 204	146 000
Other fixed costs	16 345	12 801	20 000
Variable costs	57 161	114 587	85 000
<b>Costs total</b>	<b>184 763</b>	<b>248 592</b>	<b>251 000</b>
<b>PROFIT/LOSS FOR THE PERIOD</b>	19 235	(**) 12 995	-300

(\*) Decisions of funding will be made in April and August 2010, (\*\*) "Earmarked" for *We Choose a Life* project to be used in 2010

Table 2. The distribution of the funding to the projects

FUNDING FOR OPERATIONS 2010 (€)	FUNDING FROM MEMBERS*	MSAH ** APPLIED AMOUNT	PROJECT FUNDING ***	TOTAL FUNDING 2010
<b>Networking in the Baltic Sea Region</b>				
Activity 1 Support for Healthy City activities	21 000	20 000		41 000
Activity 2 Baltic Profile	17 000	10 000		27 000
Activity 3 Baltic Sea House Collaboration	4 000	5 000		9 000
Activity 4 Communication and visibility	4 000	5 000		9 000
<b>Capacity Building of the cities</b>				
Activity 5 Dissemination of PA/AL activities	7 700	10 000		17 700
Activity 6 Project implementation				
6.1. <i>We Choose a life – youth against HIV/AIDS</i>	8 000	-	46 000	54 000
6.2. <i>WIS 2010</i>	4 000	5 000		9 000
6.3. <i>ACCURE</i>	-	10 000	22 000	32 000
6.4. <i>FEMIS</i>	-	-	20 000	20 000
Activity 7 Planning of projects, seminars and events	17 000	15 000		32 000
<b>TOTAL FUNDING FOR 2008</b>	<b>82 700</b>	<b>80 000</b>	<b>88 000</b>	<b>250 700</b>

\* City of Turku and member fees, \*\* Ministry of Social Affairs and Health, \*\*\* TACIS/IBPP and Central Baltic