



Healthy Municipalities, Cities and Communities

The Executive Committee of the Healthy Municipalities, Cities and Communities Network meets in Peru

Marilyn Rice, Regional Adviser in Healthy Municipalities, Cities and Communities, SDE/HS, PAHO/WHO

The Executive Committee of the Network of Healthy Municipalities, Cities and Communities of the Americas met on December 14 and 15 to devise strategies and an action plan for strengthening national networks of Healthy Municipalities and Communities, as well as the Network of the Americas. The meeting was organized to coincide with the 3rd National Peruvian Meeting of Healthy Municipalities and Communities, that took place from December 12 to 14, 2005, in Lima, Peru. The event brought together presidents and other representatives of national Healthy Municipalities Networks from various countries such as Argentina, Brazil,

Cuba, Mexico, Paraguay, Peru, Spain, as well as representatives of PAHO from Peru, the US/Mexico border, and Puerto Rico.

Among the actions defined for the next 5 years, the Committee emphasized the need to strengthen existing national networks, as well as to support the creation and sustainability of new national and local networks. Documentation and evaluation of HMC initiatives and of National Networks is considered an essential task in order to reach this objective. The mission of the HMC Network of the Americas is to lead the development and the strengthening of the HMC strategy and to position health promotion at the top of the political agenda. For more information contact Marilyn Rice (ricemari@paho.org)

The Healthy Municipalities Initiative advances in Central America

Marilyn Rice, PAHO/WHO

More than 30 representatives from Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama met in San Jose, Costa Rica, from November 29 to December 1 2005 to participate in the "Central American Workshop on the HMC Strategy and its Participatory Evaluation." The event offered the opportunity to share national experiences among the participating countries, as well as the preparation of an action plan for conducting HMC and participatory evaluation activities in the respective countries.

For more information about the Central-American workshop contact Marilyn Rice (ricemari@paho.org)

Municipalities under the DDT/GEF Project working to eradicate malaria in Central America

Dr. Alfonso Contreras, SDE/HS, PAHO/OMS

The municipalities in the DDT/GEF project demonstration sites are achieving such notable advances in the reduction of the prevalence of endemic malaria that the possibility of achieving its eradication is already being considered.

To further strengthen its work, the Operations Committee of the 8 participating countries agreed to incorporate the Healthy Municipalities and Communities Strategy (HMC) into the DDT/GEF project. The HMC strategy will make it possible to strengthen key components of the project such as gaining political commitment

and developing local policies, and having effective participation from different sectors in planning collaborative activities, establishing indicators for monitoring and evaluation, and recognizing individual contributions in order to encourage the success of all.

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Announcements

• **Supporters of bicycle paths in various cities of the Americas, came together in Bogotá, Colombia, on November 13 2005, and created a working group and the UNITED BICYCLE PATHS NETWORK OF THE AMERICAS. The association of various organizations, private and public, and individuals, have supported the creation of bicycle paths in their municipalities or cities, and are interested in exchanging information and providing mutual support for the strengthening of bicycle paths in the Americas. For more information, visit the United Bicycle Paths of the Americas website: cicloviarios@ciudadhumana.org**

The Healthy Settings Unit team wishes you a Happy Holiday and a Healthy 2006!

IV National Meeting of the Argentine Network of Healthy Municipalities and Communities

Operations Committee of the Argentine Network of Healthy Municipalities and Communities

During the 24 and 25 of August 2005, the IV NATIONAL MEETING OF HEALTHY MUNICIPALITIES AND COMMUNITIES took place in Argentina under the slogan "Social Responsibility in Collectively Building Health", organized jointly by the PAHO/WHO Office in Argentina, the Argentine Network of Healthy Municipalities and Communities and the Ministry of Health and Environment of the Nation. More than 570 people attended. Among the participants were Provincial Ministers of Health, more than 60 Mayors, community leaders, representatives from various government secretaries (Health, Social Action, Education, and Environment), and other municipal staff members such as hospital directors and community health agents from the entire country, universities and NGOs.

The meeting began with the Welcome Statement from the PAHO Representative in Argentina, Dr. José Antonio Pages and from the Under Secretary of Health Relations and Health Research of the Ministry of Health and Environment of the Nation, Dr. Carlos Vizzotti. The keynote speech for August 24 was presented by Dr. Mercedes Juarez, representative of the Commission on Social Determinants of Health of WHO Europe. Afterwards, the panel "Collectively Building

Health: lessons learned, progress, and challenges", was presented by the Minister of Public Health of the Eastern Republic of Uruguay, and the Minister of Housing, Land Management and Environment of the same country, the Director of Health Promotion of Chile, and the Minister of Public Health of the Province of Tucumán.

The Opening Session of the second day was the responsibility of the Minister of Health and Environment of the Nation, Dr. Ginés González García, who made a presentation on "The leadership of the Ministry of Health and Environment of the Nation in institutional health promotion capacity-building."

Following the opening session a panel on the "Social responsibility of Universities, Businesses, and Nongovernmental Organizations in collectively building health", took place with contributions from representatives of each of the following entities: Argentine Business Council for Sustainable Development (CEADS), the American Pan Energy Company; various municipalities, the Mayor of the Healthy Municipality of Rafaela, the University of Moron, the Organization of Ecoclubs, and the Health Services Authority.

In the afternoon, simultaneous

forums were held that addressed the topic of "Citizen Participation in Health. The role of the municipalities," in which healthy municipalities that are members of the Network presented their experiences, followed by discussion among the participants that resulted in the development of an agreement about local areas of intervention.

During the third day, the Special Meeting of the Argentine Network of Healthy Municipalities and Communities took place, attended by 140 representatives of the 104 municipalities that are members of the Network. Dr. María Teresa Cerqueira, Chief of Healthy Spaces Unit, Area of Sustainable Development and Environmental Health, PAHO/WHO, made a presentation on "The importance of networking as a way of strengthening the Region." As a result of the group work, which was based on a participatory diagnosis, the priority problems for regional management were identified and the lines of action for the Regional Planning 2006-2007 were jointly outlined.



IV National Meeting of the Argentine Network of Health Municipalities and Communities

For more information contact:

E-mail: redmunisal@msal.gov.ar

Website: www.msal.gov.ar

Phone: +54-11+4379-9309

Municipalities under the DDT/GEF project working to eradicate malaria in Central America

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The objective of the DDT/GEF project is to eliminate the remaining DDT from Central American countries, while developing alternatives to pesticides to combat endemic malaria in the area.

The initiative to completely eliminate the use of DDT came from the Commission of Environmental Cooperation (CAC) which operates within the framework of the North American Free Trade Agreement. Mexico made the commitment to eliminate its DDT reserves by 2002.

Subsequently in 2003, and under the DDT/GEF project, the initiative was extended to Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama

under the coordination of the Pan American Health Organization (PAHO) through the `Global Environmental Funds` (GEF) financed by the United Nations Environment Program (UNEP). After two years of implementation, the 8 countries met in Costa Rica in September 2005 to monitor their achievements and refine their plans to meet their objectives.

During the Second Annual Meeting of the DDT/GEF Project Operations Committee baseline data documenting the malaria situation was shared. The number of malaria cases continues to be reduced in the project's demonstration sites despite the fact that the use of DDT has been replaced with a strong component of community mobilization.

The countries of Central America are now closer to reaching the Millennium Development Goal number 6 to stop and reverse the trend of malaria growth in the world. In fact, it is expected that the partnership between DDT/GEF and HMC will contribute to furthering the goal of malaria eradication in Central America.

For more information about the DDT/GET Project contact:

Dr. Alberto Contreras: contrera@paho.org

Healthy Municipality in Trinidad and Tobago: an exercise to develop a healthy spaces and community initiative

Gina Watson

PAHO/WHO—Trinidad y Tobago

The HMC Initiative in Trinidad and Tobago was designed within the framework of the Caribbean Charter for Health Promotion (First Caribbean Conference, 1993) and the implementation and evaluation processes of the National Health Promotion Plan (1996-2000) for the promotion of healthy lifestyles and reduction of chronic non-communicable diseases (CNCD) and related risk factors.

The initiative targeted school children, out-of-school youth, adults, elderly and women; with emphasis on school children and persons over 45 years of age. The purpose was to develop, in collaboration with all partners, a Healthy Community Movement/Health Promoting School (HMC/HPS) project that would contribute to improving quality of life and emphasizing health promotion and CNCD prevention and control.

A pilot project was implemented in two communities, with the goal of developing healthy lifestyle practices and healthy environments to improve well-being and the health status of the community. The initiative was based on a multisectoral partnership strategic approach and built on the principles of equity and efficiency. It relied on further developing the current interventions at the community level, but in partnership with all levels, to build institutional strengths and skills, community empowerment and organization, advocacy, information/education and communication, surveillance, research, monitoring and evaluation.

Five strategies were earmarked for the process: policy formulation and implementation, community empowerment, resource mobilization, networking, monitoring and evaluation.

The Eastern Regional Health Authority, with support from the national task force, led the technical process in the community of Plum Mithan, and facilitated the dialogue and consultation with the community.

These community consultations identified needs, concerns, and issues perceived as

affecting health status and quality of life in various dimensions - social, economic, environmental, infrastructure and health-related issues/problems (low immunization coverage, CNCD [adults], dental caries, skin conditions, dengue, drug abuse).

The community assessed its needs and prioritized the following areas:

1. Acquiring a reliable potable water supply system (the community relies on barrels and truck-borne water for supply).
2. Improving access to health services (there is no facility in the community).
3. Developing skills among youth (fish farm training project, developing a self-sustainable youth center, other training).
4. Creating a safe recreation area for children.
5. Training community health education programmers (focus on women's health and school health).
6. Developing an eco-tourism project.

This further contributed to extending partnership and advocacy with and through the Regional Corporations and the organization of sub-committees in support of the Community Village Council.

As a result of the initiative, this rural community of approximately 2,000 inhabitants mainly of East Indian descent, has obtained approval for and or implemented:

1. A water project (currently community tanks were installed to ensure potable water as an intermediate measure).
2. Plum Mithan Outreach Health Service with a reliable transport/shuttle service to the nearest health center, with assigned health personnel (medical officer, pharmacist).
3. Training programs conducted for youth and adults (fish farming, computer literacy and beauty/personal care).
4. Donation of computerized equipment.

5. Job training and placement.
6. Political and social notoriety.
7. Community empowerment with women now occupying leading roles in the community.
8. Youth mobilized and working towards creation of a youth Centre, among others.

After the process was launched at the national level by the Honorable Minister of Health with support of the Mayors' Tool Kit, and with the participation of Mayors and Chairmen of Regional Corporations it has:

1. Moved on to establishing two other pilot sites.
2. Designed and presented a proposal to the Prime Minister to improve the School Health Program and its approval has led to the formation of a National School Policy.
3. Established qualified accessible hearing and vision screening services for 100% of primary schools.
4. Hosted Caribbean meetings related to HCM and sharing experiences among countries with the participation of community representatives.
5. Developed local training and materials for all Regional Health Authorities and a more integrated approach for risk factor management of non-communicable disease.
6. Strengthened the network and partnership with Governmental institutions, NGOs, Community-based organizations and agencies cooperating with the process.

"These community consultations identified needs, concerns, and issues perceived as affecting health status and quality of life."

For more information about the HMC initiative in Trinidad and Tobago contact:

Dr. Gina Watson—watsong@trt.pa.org

A proposal to improve quality of life in Uruguay

Ms. Elsa Ferradini, Coordinator, Area of Population Education

Mr. Horacio Sum – Community Mobilizer, Honorary Commission for the Fight Against Cancer, Uruguay.

As required by the Honorary Commission for the Fight Against Cancer in Uruguay, in 1993 the Area of Population Education was created with the goal of preventing cancer and encouraging its early diagnosis.

The Area of Population Education involves revaluing individual and commu-

nity self-care, taking into account the intersectoral nature of health and recognizing that the health sector is responsible for leading the actions in a coherent and organized manner. This will allow other sectoral and social actors to work in health promotion and to adequately guide prevention, care and rehabilitation. The program promotes the continuity of the educational process within the daily lives of the community, stimulating and coordinating efforts to improve people's quality of life, promoting health and contributing to cancer prevention in Uruguay.

"Our task seeks the continuity of the educational process within the daily lives of the community"

The programming of the Area of Population Education is based on the results of:

1. A survey of national organizations.
2. A population survey of knowledge, beliefs, attitudes and practices related to cancer.
3. Epidemiological data related to the disease in Uruguay and around the world.

Nontraditional methodologies of community work are applied with the

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Healthy Housing Regional Symposium: challenges for the Millenium in the slums of Latin America and the Caribbean

Dr. Marcelo Korc, Regional Adviser for Healthy Housing, SDE/HS, PAHO/WHO

From 3 to 7 September 2005 the Regional Symposium "Healthy Housing: challenge of the Millennium in the slums of Latin America and the Caribbean" was held in Lima, Peru. The Symposium was organized by the Pan American Health Organization/World Health Organization (PAHO/WHO), the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Program for Human Settlements (A-HABITAT), the Latin American Federation of Cities, Municipalities, and Associations (FLACMA) and the Inter-American Network of Healthy Housing (Network VIVSALUD) at the international level, and, at the national level, by the Ministry of Housing, Construction and Sanitation, the Ministry of Health, the National Council of the Environment, the Peruvian Network of Housing, Environment and Health and the Peruvian Association of Toxicology.

Approximately 120 people from over 10 Latin America and Caribbean countries participated in the symposium. More specifically, participants represented the National Health and Housing authorities from Colombia, Costa Rica, Dominican Republic, Mexico, Paraguay, and Peru, local authorities from Ecuador and Peru, national and local coordinators of the

VIVSALUD Network and international cooperation agencies.

The purpose of the Symposium was to promote the synergy of actions in policies, plans, programs and projects related to housing in slums and the Healthy Housing Strategy to improve health and quality of life of the population of Latin America and the Caribbean with the goal of fulfilling the commitment of the Millennium Declaration adopted in the year 2000 and to improve equity in health as promoted by the WHO Commission on Social Determinants of the Health created in May 2005.

The general recommendation of the Symposium was that the countries assume the right to adequate housing as national policy. In particular, it was recommended that the policies, plans, programs, and public housing projects of social interest at the national and local levels:

1. Consider housing in an integrated manner using rural-urban concepts of planning, focusing not only on the physical environment, but also on the home and the community environment, and respecting, insofar as possible, people's culture and customs.
2. Include the concept of healthy housing, which incorporates a residential space that promotes the health of its residents. Healthy housing addresses controllable and preventable risk factors and includes agents that promote

health.

3. Prioritize health and well-being by evaluating the impact on the health of the affected populations.
4. Facilitate the community's participation in the decisions from the beginning of the process.

Based on these recommendations, the VIVSALUD Network developed a regional action plan for the period 2006-07 that includes:

1. Support for policy-making, plans, programs, and public projects that promote housing of social interest and healthy urban development.
2. Strengthening of national and local systems of monitoring of risk factors and health protection associated with housing.
3. Research concerning the relationships between health and housing.
4. Development of community evaluation-action-participation.
5. Development of capacities.
6. Institutional development of the Network.

For more information contact:

Marcelo Korc: korcm@ven.ops-oms.org



BULLETIN OF THE HEALTHY SETTINGS UNITS, AREA OF SUSTAINABLE DEVELOPMENT AND ENVIRONMENTAL HEALTH, PAHO/WHO

525 23rd St, NW
Washington, DC
20037

[www.paho.org]

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Dr. Luiz A. Galvão, Area Manager, Area of Sustainable Development and Environmental Health

Dr. María Teresa Cerqueira, Chief of the Healthy Settings Unit

Marilyn Rice, Regional Adviser for Healthy Municipalities, Cities and Communities

Editor: Maria Cristina Franceschini, Consultant for the Healthy Settings Unit.

Send your suggestions, questions and comments to: francesm@paho.org and ricemari@paho.org

To submit articles for publication in this bulletin, please contact Maria Cristina Franceschini (francesm@paho.org) and Marilyn Rice (ricemari@paho.org).

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A proposal to improve quality of life in Uruguay

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fundamental objective of generating, in the existing institutional and human resources, interest in helping to improve population health. Area Personnel in each department of the country form, guide and support networks of joint work with the community, trying to transfer to organizations the capabilities to improve health. This is accomplished by transferring information and applying the appropriate methodology to each organization and community.

The objective is to promote activities that stimulate people to want to be healthy, to know how to remain healthy, to act individually and collectively in order to conserve health, and to seek assistance when they need it. Operational groups for reflection, exchange of knowledge, and experiences have been formed and have become agents of change in their environment and communities.

Information and continuing education directed toward sensitizing people about life habits, to motivate social reflection



Students march during the Tobacco Smoke-free Day

and to promote healthy practices are the priority topics considered essential for health with regards to cancer: periodic medical exams, keeping knowledge current, taking care of one's body, balanced nutrition, smoke-free spaces and physical activity.

Encouraging results have been observed through the response of hundreds of organizations with whom the program regularly works. Concrete results from twelve years of work can be seen in the creation of buildings, businesses and tobacco smoke-free events; the integration of proposals for recreation, physical activity and healthy diet in educational and social centers; the

incorporation of protective measures against the sun's ultraviolet radiation by specific groups such as lifeguards, physical education professors and construction workers.

The commitment made by the organizations is the result of continuous work that strives for complementarity in order to preserve each organization's profile and identity. Communication, education and community participation strategies are applied that make it possible to involve public and private institutions, the community, teaching centers, trade associations and the media in the implementation, execution and evaluation of outreach, promotional and educational activities.

The multiplicity of the agents involved has made it possible to constitute a work strategy that enables the participation and joint effort of different social actors working to promote an improved quality of life.

For more information contact:

Ms. Elsa Ferradini:

e-mail: edupobl@urucan.org.uy