



**WHO European Healthy Cities Network  
Annual Meeting of WHO European  
National Healthy Cities Networks**

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## **Briefing note on national networks of healthy cities**

The WHO Regional Office for Europe has a dual approach to strengthening healthy cities. The first is through a network of cities from across the European Region that work directly with WHO: the European Healthy Cities Network, currently with 98 member cities. The second is through national networks of healthy cities.

National networks can apply for accreditation by WHO and are then assessed on the basis of criteria linked to the current phase of the European Healthy Cities Network (Phase VI). There are now 29 national networks: 21 WHO-accredited national networks (see Box 1) and eight non-accredited national networks (see Box 2).

**Box 1. WHO-accredited national networks**

Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Norway, Poland, Portugal, Russian Federation, Spain, Sweden, Turkey, United Kingdom of Great Britain and Northern Ireland.

**Box 2. Non-accredited national networks**

Bosnia and Herzegovina, Cyprus, Estonia, Latvia, Slovakia, Slovenia, Switzerland, Ukraine.

National networks provide a platform for sharing and learning, supporting towns and cities to create the political, technical and administrative environments in which innovative projects can be developed and delivered. National networks provide countries with a rich resource of implementation-based public health knowledge and expertise. They can function as implementation vehicles for national health and development priorities, strategies, plans, and agendas, as well as for global agendas such as the United Nations 2030 Agenda for Sustainable Development.

National networks create an effective platform for giving visibility to local issues of health and well-being, and for facilitating cooperation across different levels of government. They maximize limited local resources by providing local governments with direct support through training, opportunities to share best practices, and access to national and international expertise. Their functions and achievements have made national networks fundamental to the success of the WHO European Healthy Cities Network.

## Different models of national networks

The table below outlines different models of national networks. It provides a guide only; each country context is different, and each requires a model suited to the particular demands, challenges, and opportunities that this context creates.

Type	Advantages	Disadvantages
<p><b>Independent</b> <i>The network is not a part of or subject to the influence of any other organization</i></p>	<ul style="list-style-type: none"> <li>• Independent voice and decision-making</li> <li>• The network can freely promote the views of cities and pursue partnerships regardless of changes in the political and policy environment</li> <li>• Highly responsive to city needs</li> <li>• The four networks with this type of organization all have full-time coordinators</li> </ul>	<ul style="list-style-type: none"> <li>• No direct access to in-kind resources for staff and coordination costs</li> <li>• Heavy reliance on external funding and membership fees</li> </ul>
<p><b>City-led</b> <i>A network city hosts the coordination and provides network leadership</i></p>	<ul style="list-style-type: none"> <li>• Independent local voice but influenced by the lead or host city</li> <li>• Highly responsive to city needs</li> <li>• The host city takes on the coordination costs</li> <li>• The coordinator has close contact with the political leader of the network</li> <li>• The coordinator has keen insight into the everyday challenges of running a healthy city</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in local political leadership and economic decisions can negatively influence the resources available to the network</li> <li>• The host city may not be geographically central, or be the country's capital, making it more difficult to establish national contacts and partnerships</li> <li>• The coordinator often works for the network part time as part of another full-time role in the host city</li> </ul>
<p><b>Institution-led</b> <i>The national network is organizationally part of a host institution (such as a school of public health or an association of local authorities) that provides leadership</i></p>	<ul style="list-style-type: none"> <li>• The network benefits from the reputation and respect of the institution or organization, adding credibility to the network</li> <li>• The host institution provides access to in-house expertise on research, training and evaluation</li> <li>• The host takes on coordination costs</li> <li>• The host has a strong understanding of national issues and access to consultation processes</li> <li>• The network benefits from the organization's existing partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Academic institutes rely on research grants and external funding, which can have high administrative costs</li> <li>• Healthy cities may lose priority in resource allocation</li> <li>• There is a risk (but this is not the rule) that national priorities alone define the work of the network, making it simply an implementation network, rather than cities identifying and articulating their collective needs and priorities</li> <li>• Developing understanding between cities and national institutions and forming mutually beneficial relationships can be time-consuming initially; but in the long term this produces advantages, such as by bridging research and practical policy implementation</li> </ul>

<p><b>Ministry-led</b> <i>The national network sits within a government ministry (for example the health, interior, or local government ministry) that provides a budget, oversight, and leadership</i></p>	<ul style="list-style-type: none"><li>• The host ministry takes on coordination costs and provides a direct budgetary contribution to the network</li><li>• The network benefits from political leadership, as well as direct communication with and access to the ministry and government</li><li>• The network benefits from the influence and prestige of the ministry</li><li>• The government and political leadership are fully aware of the network and its activities</li></ul>	<ul style="list-style-type: none"><li>• The network has less independence from the government</li><li>• The network can be used as a political tool, meaning that priorities are not necessarily those of healthy cities</li></ul>
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