Thematic tool 1

What do we know: Cities are key actors in context of health crisis and resilience

Phase 1 of the enactment process: Raising awareness of the role of Cities in Lifelong learning for Health

Raising awareness of the Lifelong Learning for Health → Developing a policy toward a healthy and resilient city → Putting the learning for health policy into action

The questions this sheet answers

- What was the contribution of cities in the management of the pandemic?
- What are the levers for building healthy and resilient cities?

Articles of the Yeonsu declaration

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Summary

Building healthy and resilient cities requires developing people's capacities to be empowered to increase control over, and to improve, their personal health and that of the community. Lifelong learning is a key asset for individuals and population health.

Arguments to raise awareness

During the pandemic, cities were the epicentres of infection and the frontlines for dealing with the vast implications of this public health emergency. The health crisis has led all cities in the world to put public health issues at the top of their agenda. What is true for the covid 19 pandemic is also relevant for health crises in general.

There is a need for cities to employ two kinds of measures in context of health crisis.

- **The first group of measures are those targeting the living conditions that influence health.** They should be co-ordinated local plans aiming to ensure continued provision of essential services (emergency medical and surgical services, sexual and reproductive health services, drug and alcohol misuse services, vaccination, public transport, energy supplies and repairs, housing, communication, water, sanitation etc) and implementation of protection and prevention measures for all the population.

- **The second group of measures is linked to the development of the population’s capacity, to empower citizens with multi-faceted tools to face the crisis.** The objective of these measures is to give everybody the means to take care of their own health in an autonomous and responsible way (scientifically validated knowledge about the health crisis, protection, capacity to implement the protection measures for oneself and for all, good use of the health care system...) through appropriate information and education.

Local governments and populations have needed to quickly learn new skills and acquire knowledge in response to the spread of the virus and its consequences. To reach all citizens, cities had to find complementary channels and modalities to inform and educate people in a timely and effective manner. In many contexts, this has meant harnessing the power of ICT and distance learning. In some cases, the concept of the city as a brand and a shared identity has been used to underline the mutual dependency and responsibility that citizens have to each
other, and to enhance compliance. This shows the potential to create social capital at the city level.

Data show that the crisis has enabled a large proportion of the population to acquire health skills but there are important disparities in COVID-19-related knowledge, attitudes and behaviours according to people's knowledge and skills related to health in general. Major inequalities exist within and between countries.

Activity – What did the City do during the pandemic that helped residents to cope? Who was involved? How effective were these initiatives?

Examples:
Thematic tool 2

What do we know about Cities’ contribution to people’s health and well-being? (YD articles 11,12,13,16,17,18)

Phase 1 of the enactment process: Raising awareness of the role of the Cities in
Lifelong learning for Health

The questions this sheet answers

- What do we know about what influences the health of populations?
- What can a city do for the health and well-being of its residents?

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Summary

Health determinants are personal, social or environmental factors that have an impact on the health of individuals or populations. Cities’ policies and practices have the potential to influence
many of these factors. Beyond the measures targeting the living conditions that influence health, cities’ contribution to skills development is crucial. Lifelong learning is a key asset for individuals and population health.

**Arguments to raise awareness**

The legitimacy of cities in learning for health is strongly influenced by the knowledge we now have of what determines the health of populations, which go far beyond health crisis management.

The main reason why municipal policies appear to have a key role to play in the field of health is the recognition of the influence of social and environmental determinants of health. Health determinants are personal, social or environmental factors that have an impact on the health of individuals or populations. Access to quality health care is only one of them. These health determinants interact with each other and define the living conditions that influence health. Cities’ policies and practices have the potential to influence many of these factors:

- Factors related to representations of health, personal behaviours and lifestyles that are influenced by education and the patterns of social relations in communities and in society at large. These relationships can be favourable or unfavourable to health. Disadvantaged people tend to show a higher prevalence of behavioural factors such as smoking or poor diet and will also face greater financial constraints in choosing a healthier lifestyle.

- Relational and community networks including social and group influences: embeddedness in a community, culture, presence or absence of mutual support in adverse situations.

- Factors related to living and working conditions, access to essential services and facilities: water, housing, health services, food, education and the relationship to the local environment. Poorer housing conditions, exposure to more dangerous and stressful working conditions and poor access to services create differential risks for the socially disadvantaged.

- Factors related to commercial determinants, including the regulation and enforcement of outdoor product advertising policies and the placement of products in schools and other municipal and community locations. Unhealthy products have been found to be disproportionately advertised in places close to deprived populations.

- Socio-economic, cultural and environmental conditions encompass factors that influence society as a whole. The economic situation of the country, the social context and the labour market affect all other determinants.
The way in which health determinants affect the health of city dwellers is complex. However, the control of health determinants is often outside the responsibility and capacity of the health sector. Therefore, in order to take effective actions to solve urban health problems, it is necessary to integrate the efforts of various sectors. These sectors include not only the health, social and education departments of governments, but also non-governmental organizations, private companies as well as the communities themselves. Developing this integrated, intersectoral approach with community participation is a key objective.

The COVID-19 crisis makes visible the importance of the non-medical determinants of health and the need for a paradigm shift in the role of the cities in the control of the epidemic. Due to the proximity of citizens and local resources, cities can take action immediately and in a contextualized way, thus responding to emergencies and addressing citizens’ needs more efficiently, especially the needs of vulnerable groups. Many cities have actively developed and implemented innovative and contextual measures. Beyond the measures targeting the living conditions that influence health, cities’ contribution to skills development is crucial.

Activity – Review of relevant municipal policies for consistency

Examples:
**Thematic tool 3**

What do we know: Limited health knowledge and skills significantly affect health.

Phase 1 of the enactment process: Raising awareness of the role of the Cities in Lifelong learning for Health

The questions this sheet answers

- Why is it important to master health knowledge and skills?
- Why do people need to learn about health throughout their lives?

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Summary

Limited health knowledge and skills significantly affect health. This is true at all ages of life that’s why learning for health must be lifelong. Health knowledge and skills are unevenly distributed across the population. Building healthy and resilient cities requires developing people’s capacities to be empowered to increase control over, and to improve, their personal health and that of the community. Lifelong learning is a key asset for individuals and population health.

Arguments to raise awareness

Evidence shows that there is a strong link between health status and the ability of citizens to find, understand, evaluate and use information to manage their health. People with inadequate health knowledge and skills (health literacy) had poorer understanding of COVID-19 symptoms, were less able to identify behaviours to prevent infection, and experienced more difficulty finding information and understanding government messaging about COVID-19 than people with adequate health knowledge and skills. More broadly, limited health knowledge and skills is associated with less participation in health-promoting and disease detection activities, riskier health choices (such as higher smoking rates), more work accidents, poor management of chronic diseases (such as diabetes, HIV infection and asthma), poor adherence to medication, increased hospitalization and rehospitalization, increased morbidity and premature death.

When people think of learning about health knowledge and skills, they think of children and young people in school, but in fact it is a lifelong process, and the health literacy of older people, for example, is a significant challenge. Low health knowledge and skills of older people is consistently associated with increased hospitalisations, greater emergency care use, lower use of mammography, lower receipt of influenza vaccine, poorer ability to demonstrate taking medicines appropriately, poorer ability to interpret labels and health messages, poorer overall health status and higher mortality.

Research shows that people with good health knowledge and skills participate more actively in economic prosperity, have higher earnings and employment, are more educated and informed, contribute more to community activities, and enjoy better health and well-being. The proximity of cities’ governments with the population, the social interventions they implement, their capacity to generate and support non-formal educational processes make cities key players in
equitable learning for health. They have joint responsibility to reduce barriers to people accessing services. All regions, low, middle and high-income countries would benefit from promoting health knowledge and skills especially where people lack immediate service provision. Supported by good governance, promoting health literacy could mitigate some of the setbacks that intensive urban development is having on the planet.

Limited health knowledge and skills follows a social gradient and can further reinforce existing inequalities; data show that higher health knowledge and skills implies that people can better deal with fake news. People with limited health knowledge and skills most often have lower levels of education, are older adults, are migrants and depend on various forms of public welfare transfer payments. This is linked to the fact that systems, including health systems, are placing information burdens on populations. As such, people with higher levels of health knowledge and skills are more likely to adopt healthier behaviours, to make health-promoting decisions for their health, and to access and use relevant resources including information, services and universal health coverage. Health knowledge and skills are also linked to general literacy.

**Activity- What services do we provide and how could we reduce barriers for people with limited health knowledge and literacy?**

**Example**
Thematic tool 4

The COVID-19 crisis as an eye-opener for lifelong education issues related to health and well-being: building resilience with the population

Phase 1 of the enactment process: Raising awareness of the role of the Cities in Lifelong learning for Health

The questions this sheet answers

- Why are cities legitimate in developing learning for health policies?
- Why does the commitment of cities not mean moving towards a “sanitarisation” of society?

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Summary

The pandemic has highlighted that one cannot implement public health measures without, or indeed against, the goodwill of the population. The population is not the “problem”, it is part of the solution to the health crisis.

Arguments to raise awareness

Cities had a major role in developing the population’s capacity to promote individual and collective health

The pandemic has highlighted that one cannot implement public health measures without, or indeed against, the goodwill of the population. The population is not the “problem”, it is part of the solution to the health crisis. Even if the primary role of cities has not historically been to implement health policies, it is now widely recognized that cities could have a more central role, because factors that influence people’s health and well-being go far beyond the health care system. The pandemic revealed the fact that, beyond these environmental dimensions, the cities also had a major role in developing the population's capacity to promote individual and collective health. Education and learning are at the very core of what makes “health for all” possible. The crisis, therefore, has been an eye-opener regarding lifelong health education issues. A place-based lifelong learning culture could play a key role in building resilience for individuals, communities and cities.

Building resilience WITH the population

Individuals build their capacity to take care of their health throughout their lives, and much of it is place-based and local to where they live. They learn through their family but also through their community, school, workplace, cultural, sport, health care settings and all kinds of media. However, the implementation of lifelong learning in the field of health and well-being faces operational difficulties. Cities’ capacities to lead, collaborate in or host “learning for health and well-being” policies and interventions vary significantly depending on the political, economic and social context. It cannot be assumed that there is only one model. Implementation of sustainable learning for health policies must be based on: genuine participation of the population; having the means to reach all the people and communities, especially the most vulnerable; taking into account the diverse social and cultural interactions with health issues; appreciating the norms and perceptions of subpopulations; having a well-trained municipal
health workforce etc. These challenges are common to all cities but are more acute in the countries most afflicted by poverty and conflict.

Activity – What were our successes during the pandemic?

Examples:
Thematic tool 5

What can we say to people who think that this is not the role of cities?

Phase 1 of the enactment process: Raising awareness of the role of the Cities in Lifelong learning for Health

The question this sheet answers
- What can we say to people who think that this is not the role of cities?

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Summary

The contribution of cities to health is based on vision of health as a means, not an aim in an emancipatory perspective. The lifelong learning for health policy of cities is dependent on political, cultural and socio-economical contexts, which is why it is not possible to implement a
standard approach, but rather to enact a capacity building process in a specific context. It is important to make the difference between the emergency regime and the ordinary regime, the ability of people to make free and responsible choices is at the heart of the lifelong learning for health’s ambition.

Arguments to raise awareness

There is no consensus on the role of city councils in the implementation of policies and interventions targeting non-medical determinants of health.

➢ Health as a means, not an aim

Obviously, although health is a central dimension of everyone's daily life, it is not the very object of living nor an ultimate aim. It is a resource which permits people to lead an individually, socially, culturally and economically fruitful life. The circumstances in which everyday life takes place shape people’s capacity to lead healthy lives. People’s knowledge and skills are one among multiple factors that influence the health of individuals and populations. From the point of view of local policies, the perspective of learning for health and well-being is a means to fulfil people’s lives.

➢ An ambition to empower people and populations

As stated in the article 13 of the Yeonsu declaration, the aim is to strengthen citizenship for health in recognition of the wider societal impact of health issues and the common good of global health, giving learners more agency to act with ethical and social responsibility when it comes to their own health and the health of their communities. Lifelong learning for health takes place in a health promotion perspective which is the process of enabling people to increase control over their health and its determinants, and thereby improve their health (WHO, 1986).

➢ Differences in the autonomy of cities regarding health and education policies

Local authorities' ability to act depends on political circumstances - the level of decentralisation coupled with the extent to which the national government supports the activities of local governments (Clark et al., 2020). When cities have a wide field of responsibilities (environment, education, health, social interventions) they lead initiatives related to learning for health. When the power is in the hands of the state, in centralized countries, it is more difficult for cities to take initiatives in learning for health. In fact, depending on the social and political context, cities can contribute to the health of their residents in different ways. In interaction with public
(especially the Governments/States) and private actors, cities have a pivotal role in learning for health. This is not to say that they do everything. In fact, what shapes learning for people's health includes policies and interventions which are driven by cities, others in which they are partners or collaborators, and others in which they host the initiatives (cf. thematic sheet X).

- Cities’ resources and priorities

The range of human and non-human resources available to cities is a major issue. In many cities, the needs and problems of neighbourhoods are enormous: problems meeting basic needs - such as lack of access to drinking water and sanitation, poor-quality housing with overcrowding, scarcity of formal job offers, lack of adequate public transport and poor access to social protection - is combined with low access to diagnostic tests, hospital services and technologies, as well as fragile health systems and epidemiological surveillance networks, scarce resilience and a lack of studies about health systems preparedness to face the pandemic. This analysis is common to many cities in the global south, even where there is a political framework creating the conditions for learning from health policies at the city level. The learning for health policy must be adapted to the means of the cities. There is no kit to be implemented, but an approach that mobilises the different sectors. For example, health knowledge and skills are necessary for the educational success of pupils, so it is possible to orient the organisation of schools and pedagogy to improve skills. The same applies to sports clubs, where the issue of health can play a significant role. Concerning home help and care, it is the daily activity of professionals with the elderly or disabled that is the main driver of Lifelong Learning for Health. They may, however, engage in a “host” situation for initiatives led by the state or national or international NGOs.

- From emergency state to ordinary regime

The COVID-19 crisis has led many cities around the world to adopt initiatives that educate the population more broadly about health. The question of the sustainability of the commitment of the cities in learning for health after the crisis is still unanswered. In fact, the COVID crisis has allowed everyone to perceive that public health is based on two distinct modes of action. The ‘exceptional/emergency’ regime is activated in the event of a health crisis and organises the response to a specific threat, including by generating a disruption in social organisation and limiting the freedom of individuals. The ‘ordinary’ state is based on interventions on the multiple environmental, social and individual factors that influence health. The aim is to create the conditions for health for all, with reference to a wide variety of cultures, contexts and...
individual and collective relationships to health. Since most of these health determinants fall within fields other than the health care system, promoting health and reducing inequalities requires the implementation of coherent intersectoral approaches at the local level. Cities are key actors in times of crisis as well as in ordinary times. The specificity of educational time (a long-term perspective), which is measured in years and thus differs greatly from political time and even more so from media time (more often focused on short term dynamics), is to impose a strategic vision. It is the commitment of all the actors in the life of the city in the long term that allows cities to be resilient. It is therefore necessary to think about learning for health in the ordinary regime as well as in the exceptional regime. In the aftermath of the pandemic, some cities have put measures in place that will sustain for the long term.

**Activity**-Who is likely to criticize our approach?

*What is our message to them?*

*How should we engage them?*

**Examples:**