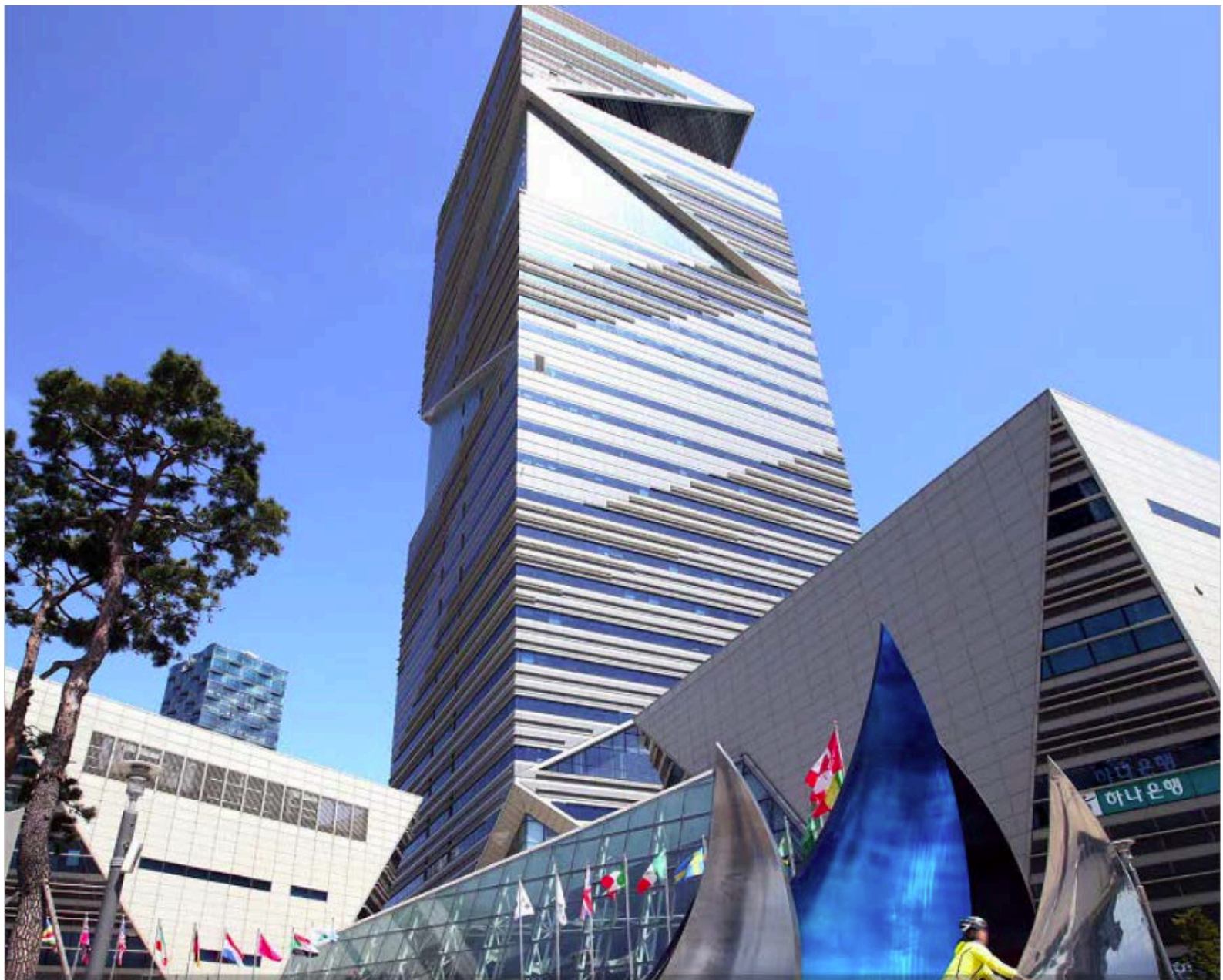


Enactment guide  
of the  
Yeonsu Declaration for  
Learning Cities



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## Executive Summary

Mayors, deputy mayors, officials, representatives from 229 learning cities in 64 countries worldwide, education executives, education experts, representatives of UN agencies, the private sector, and regional, international and civil society organizations convened both online and in person in Yeonsu, Republic of Korea, from 27 to 30 October 2021 for the fifth International Conference on Learning Cities. At the end of the conference, a declaration was issued. It includes a set of commitments to build healthy and resilient cities.

This guide aims to assist municipal teams in the concrete enactment of this charter. It is intended for learning cities or healthy cities - in that case it is one of the components of these existing city projects - but also for all cities that want to implement a Lifelong Learning for Health policy.

This guide proposes a 3-step enactment process that aims to develop a Lifelong Learning for Health Policy; 1- Raising awareness of the role of the Cities in Lifelong learning for Health; 2- Developing a policy toward a healthy and resilient city and 3-Putting the learning for health policy into action. It is completed by 30 thematic tools.

The Lifelong learning for Health policy can be formalised through the creation of a Health Learning Pathway. The pathway makes explicit - and simultaneously formalizes - the content, the learning approaches of the learning opportunities offered throughout people's lives. It is focused on the development of capacities for awareness and understanding of complex issues, critical judgement and action skills. The pathway also has a communication purpose by making what is done for health in the city explicit to citizens, partners and professionals. The development of the pathway is based on four key action principles 'Valuing, Sharing, Aligning, Improving' because the approach is first of all to value the educational work carried out by the formal, non-formal and informal settings, to make it known among stakeholders, to organise it into a coherent pathway and then to identify the gaps and take the necessary initiatives to fill them.

This guide is accompanied by a series of webinars to support cities in their efforts to operationalize the declaration.

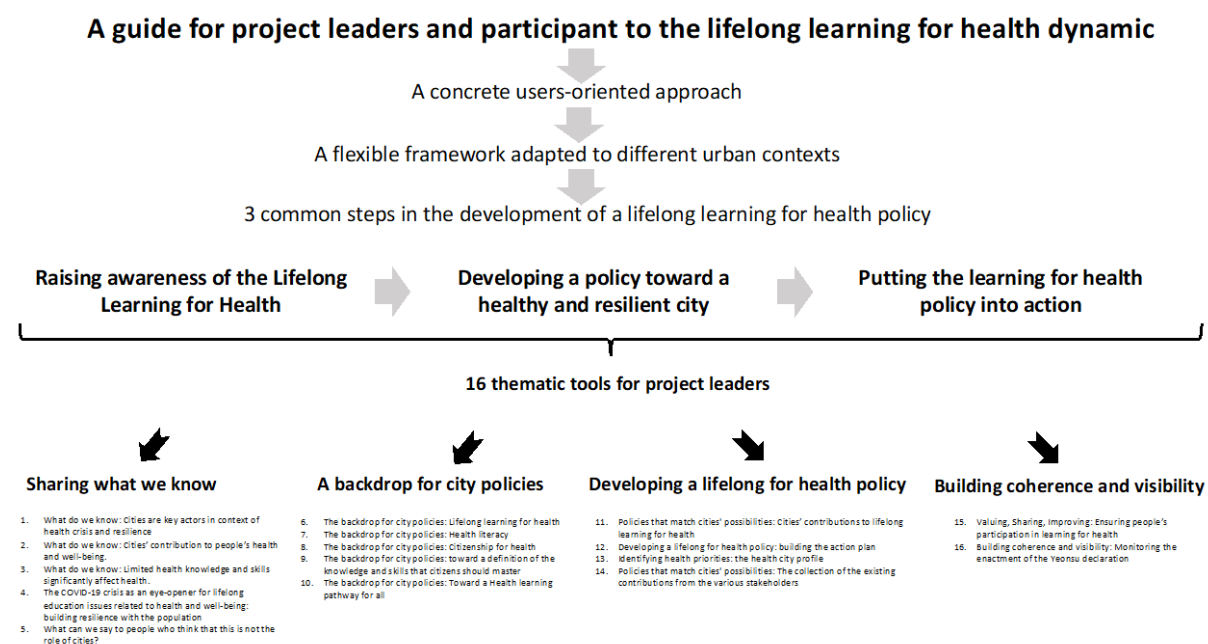


Figure 1: Visual overview

## Introduction

With more than half of the global population residing in cities, in almost all countries affected by the COVID-19 pandemic, cities have been the epicentres of infection and the frontlines for dealing with the vast implications of this public health emergency (UIL, 2020; OECD, 2020). The present health crisis has led all cities in the world to put public health issues at the top of their agenda (WHO, 2020a).

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 (WHO & UN-Habitat, 2016). Urban planning, transport, housing, social services and water supply are all major determinants. Regarding the relationship between health and place, neighbourhoods – and, by extension, cities – have been described to “essentially involve the availability of, and access to, health-relevant resources in a geographically defined area” (Bernard et al., 2007).

The pandemic revealed the fact that, beyond these environmental dimensions of health, 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 (WHO, 2020b). 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.

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. Evidence shows that for a learning for health policy to be sustainable, several factors need to be combined- 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 (Brown & Brown, 2020).

Mayors, deputy mayors, officials, representatives from 229 learning cities in 64 countries worldwide, education executives, education experts, representatives of UN agencies, the private sector, and regional, international and civil society organizations have convened both online and in person in Yeonsu, Republic of Korea, from 27 to 30 October 2021 for the fifth International Conference on Learning Cities (ICLC). At the end of the conference, a declaration was issued. It includes a set of commitments to build healthy and resilient cities. This guide aims to assist municipal teams in the concrete implementation of this declaration.

Knowing that lifelong learning policies and practices can contribute towards the development of healthy and resilient learning cities, this enactment guide of the Yeonsu declaration addresses how cities can promote lifelong learning for health opportunities for their citizens. It is intended for learning cities or healthy cities but also for all cities that want to implement a Lifelong Learning for Health policy. It has been developed with a wide range of people involved in city management, education and public health from the five continents. It is not intended to be a magic wand, but simply to support those involved in Lifelong Learning for Health policy to carry out their project, whatever their political or socio-economic conditions.

This document is called « the enactment guide of the declaration », not the implementation guide of the declaration. Indeed, due to the diversity of political, legal, economic, cultural and social contexts of cities around the world, it is not possible to propose a policy programme that is adapted to each situation and that can be implemented. In each city, it is necessary to create

a dedicated policy that builds on the declaration but also all the contextual elements and to put it into action<sup>1</sup>.

This guide offers a step-by-step approach. It consists of four parts:

- A backdrop for the enactment of the declaration
- The content of a Lifelong Learning for Health Policy
- Implementing a Lifelong Learning for Health Policy
- A toolbox for city leaders

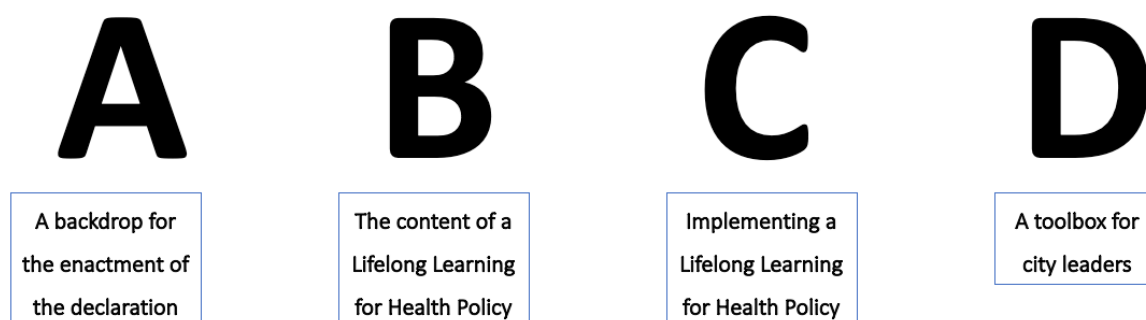
It can be used in different ways depending on the context, means and objectives of the cities. It is not always necessary to read the whole guide. A large proportion of readers will simply pick and choose from the various paragraphs of the guide the elements that interest them. We hope that everyone will find something to feed the city's reflection on the implementation of a health learning pathway.

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<sup>1</sup> Enactment is the act of putting something into action (Cambridge Dictionary).

## How to use the guide

The guide is made of four sections that could be used independently. Section D includes some of the elements from sections B and C and contextualises them.



The first section is there to set the scene. It takes a stock of what has to be known about the key elements (content of the declaration, definitions, recommendations for implementation). Leaders who are familiar with lifelong learning and the declaration can skip it.

The second section is about the lifelong learning for health policy and the health learning pathway. It makes the articles of the declaration more concrete and explains all the concepts. The third part is about policy definition and implementation. It can be skipped by teams that already have integrated lifelong learning or health policies.

Finally, the last part is made up of tools whose aim is to answer leaders' operational questions. Depending on the context and the specific problems of the cities concerned, project leaders may choose to use one or other of the sheets.

On the basis of exchanges with the cities involved in the preparation of the guide, we have identified three main situations.

The first situation is that of cities that do not have a fully structured policy framework for health and lifelong learning. It is then possible to use the guide in its entirety (A, B, C and D) both to develop the capacities of the teams and to create a common culture among those involved.

The next two concern cities already involved in lifelong learning policies, such as the UNESCO GNLC cities, and those with experience in health policies, such as the WHO healthy cities. In these cases, the lifelong learning for health policy will be one of the components of an already existing policy. The cities of the GNLC could go directly to the thematic tools (section D). The WHO healthy cities could use the sections A, B and D.

## Enacting the Yeonsu Declaration

### How to use the guide



# Section A

A backdrop for the enactment of the declaration

This section includes

- (1)-An orientation to the declaration - “The Yeonsu declaration: a roadmap”
- (2)-a set of definitions relevant to the implementation of Lifelong Learning for health policy “Definitions”
- (3)- what is known about the key components that condition the success of a municipal Lifelong Learning for Health policy “Lessons learnt from Global experiences”.

### The Yeonsu declaration: a roadmap

The declaration comprises 28 articles. The first 6 articles constitute a preamble, articles 7 to 20 constitute the heart of the declaration and describe the commitments taken by the participants in the conference. The last 8 articles propose a set of ways to implement the declaration.

The 14 articles that describe the commitment to building healthy and resilient cities through lifelong learning (7 to 20) can be organized into two parts. Ten of them describe the policy to be developed and 4 describe how to put the learning for health policy into action at the city level.

The following table summarizes the article of the declaration.

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

### *1. Developing a policy for a healthy and resilient city*

#### *a. Building a local lifelong learning for health policy to contributing to achieve the SDGs*

7. demonstrating the political will necessary to place lifelong learning for health and the development of resilience at the centre of our cities' agendas, recognizing the influence this has on developments within the city as well as the resonance of such leadership at national and international levels.

20. strengthening our efforts to achieve the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development and assert the contributions of learning cities to all 17 Sustainable Development Goals, particularly SDG 3 ('good health and well-being'); SDG 4 ('ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'); SDG 5 ('gender equality'); SDG 8 ('employment and decent work'); SDG 11 ('make cities inclusive, safe, resilient and sustainable') and SDG 13 ('combat climate change').

#### *b. Health literacy and citizenship for health as the key components of lifelong learning for health*

11. establishing a new paradigm for learning for health in cities: a concept which includes mental health and well-being and a personal and societal resource for health literacy and citizenship for health;

12. as a dimension of learning for health, promoting health literacy in the city – meaning the ability to locate, understand and critically evaluate health information, including through technology, and to apply that information to solve health issues – and supporting local people to identify false information and reduce its impact on health-related decision-making.

13. strengthening 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.

c. Lifelong learning for health involves the contribution of formal, non-formal and unformal education

16. recognising the contributions of the formal education sector, including schools, universities and Technical and Vocational Education and Training (TVET) institutions, to learning for health and resilience in cities throughout and beyond the COVID-19 pandemic, namely their adaptability in ensuring the continuation of learning and their provision of health education.

17. building the capacities of local non-formal learning providers, recognizing the positive impact of early childhood care and education on health, as well as the long-term roles of youth and adult learning centres and organizations in creating learning opportunities for health awareness and promoting the use of technology for health literacy.

18. making use of informal spaces within our cities for learning for health and to develop resilience, including homes, local neighbourhoods, workplaces, green spaces, public transport, municipal buildings and the digital sphere.

d. Lifelong learning for health as a major asset to build resilient cities

9. implementing, in response to crises, co-ordinated local plans for the preservation and provision of essential services, including emergency medical services, sexual and reproductive health services, education, public transport, housing and sanitation.

14. strengthening resilient cities in terms of community resilience – multi-sectoral planning involving local people, and bottom-up and top-down policies and practices to foster long-term resilience in communities – as well as the resilience of local learning systems, particularly with regard to the continuation of learning in cities during crises, as well as ways of protecting learning systems in the face of future disruption through innovation and technology.

2. *Putting the learning for health policy into action*

a. Ensuring people's participation in learning for health



10. working with and empowering local people to develop capacities to protect their own health by providing an array of educational tools for the acquisition of knowledge about the virus, transmission prevention, self-protection and effective use of the healthcare system.

19. broadening the scope of stakeholder involvement in lifelong learning at the city level so that the health sector is well represented, including health professionals, practitioners and experts, as well as stakeholders in the field of urban design in the knowledge that city planning decisions impact health and learning.

#### b. Paying attention to cultural and contextual factors in policies and practices

8. paying attention to the specific contextual factors of each of our cities in order to implement policies and initiatives for learning for health in a way that involves everyone in the city and considers local communities' social and cultural perceptions of health-related issues, including Indigenous knowledge.

#### c. Ensuring that the needs of vulnerable people are taken into account

15. ensuring that learning opportunities involve and respond to the needs of vulnerable populations, including children, understanding that vulnerabilities are often intersectional, meaning individual learners may experience multiple forms of disadvantage at the same time, and that people with lower levels of education often have lower levels of health literacy.

# The Yeonsu declaration: a roadmap

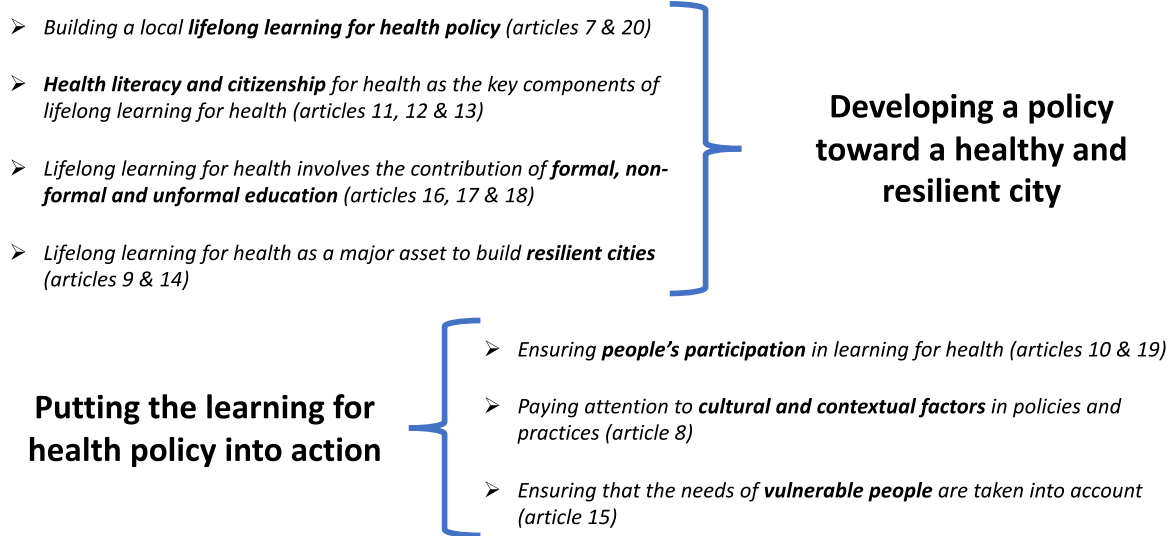


Figure 1: The structure of the Yeonsu declaration

The declaration thus constitutes a roadmap for the implementation of a Lifelong Learning for Health policy. This guide proposes a three-phase approach to the enactment of the declaration in the various city contexts. Phase 1 starts with awareness raising and establishment of an intersectoral initial task force for a Lifelong Learning for Health policy and ends with gaining strong commitment and support of the local government. Phase 2 works to develop organizational structure, working mechanisms, plan of action, and capacity for the project. Phase 3 implements the established plan of action and continues to develop sustainable mechanisms to ensure learning for health in the city.

Of course, this is only an option since one can consider that some elements of Phase 3 need to come earlier, to engage the people making the plan and to use that learning to devise messaging to promote awareness.

## Glossary

### *Co-design*

Co-design is the act of creating with stakeholders specifically within the design development process to ensure the results meet their needs and are usable.

### *Diversity*

People's differences which may relate to their race, ethnicity, gender, sexual orientation, language, culture, religion, mental and physical ability, class, and immigration status (UNESCO, 2017).

### *Equity in education and lifelong learning*

Ensuring that there is a concern with fairness, such that the education and lifelong learning of all people is seen as being of equal importance (UNESCO, 2017).

### *Global citizenship*

Global citizenship refers to a sense of belonging to the global community and a common sense of humanity, with its presumed members experiencing solidarity and collective identity among themselves and collective responsibility at the global level. Global citizenship can be seen as an ethos or a metaphor rather than a formal membership. Being a framework for collective action, global citizenship can, and is expected to, generate actions and engagement among, and for, its members through civic actions to promote a better world and future (UNESCO, 2021).

### *Health citizenship*

Health is not just a matter of individual behaviour. It is a matter of public decisions and collective commitment. People need to be able to understand their rights and responsibilities, to be aware of the effects of their thoughts and actions on other people and the world at large, to be committed to social decisions related to health and to contribute to building healthy living environments (Paakkari & Paakkari, 2012). The determinants of health transcend national barriers; health is in fact a common good of humanity that can only be ensured for all through a common commitment (Jourdan, 2012).

### *Health determinants*

Health determinants are the personal, social or environmental factors that have an impact on the health of individuals or populations. These health determinants interact with each other and define the living conditions that influence health. The determinants can be organised into five categories. 1-Irreducible individual characteristics that influence health; 2-Factors related to representations of health, personal behaviours and lifestyles that are influenced by the patterns of social relations in communities and in society at large; 3-Relational and community networks including social and group influences; 4-Factors related to living and working conditions relate to access to essential services and facilities; 5-Socio-economic, cultural and environmental conditions encompass factors that influence society as a whole.

### *Health inequalities*

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups (WHO, 2018).

### *Health learning pathway*

A health learning pathway is an organized and coherent lifelong succession of learning experiences of a varied nature. The pathway mobilizes all the actors of the city beyond school and healthcare services, integrating formal, non-formal and informal contributions. The pathway makes explicit - and simultaneously formalizes - the content, the contributors and the pedagogical methods of what is offered to the people. It is focused on the development of capacities for awareness and understanding of complex issues, critical judgement and action skills. The pathway also has a communication purpose by making what is done in the city explicit to families, partners and professionals.

### *Health literacy*

Health literacy is linked to literacy in general and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course (Kickbusch et al.,

2013). Health literacy is a shared responsibility and providers have to be mindful of the skills needed by the public to navigate health systems and to remove barriers to them doing so.

### *Healthy city*

A Healthy City is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential (WHO).

### *Inclusion in education and lifelong learning*

A process that helps to overcome barriers limiting the presence, participation and educational achievement of people (UNESCO, 2017).

### *Indicators*

An indicator is an estimate (a qualitative or quantitative measurement with some degree of imprecision) of a given dimension of the Lifelong Learning for Health Policy.

### *Intercultural translation*

A term coined by Boaventura Santos (2014) as an alternative to both universalism and strict relativism. Intercultural translation process seeks to identify differences and similarities to develop new forms of cultural knowledge.

### *Intervention*

An intervention is a programme, service, policy or product that is intended to ultimately influence or change people's social, environmental, and organisational conditions as well as their choices, attitudes, beliefs, and behaviour (Bowen et al., 2009).

### *Learning city*

A learning city promotes lifelong learning for all. UNESCO defines a learning city as a city that effectively mobilizes its resources in every sector to promote inclusive learning from basic to higher education; revitalizes learning in families and communities; facilitates learning for and

in the workplace; extends the use of modern learning technologies; enhances quality and excellence in learning; and fosters a culture of learning throughout life. In doing so, the city enhances individual empowerment and social inclusion, economic development and cultural prosperity, and sustainable development (UIL UNESCO, 2021a).

### *Lifelong learning*

Lifelong learning is rooted in the integration of learning and living, covering learning activities for people of all ages (children, young people, adults and the elderly, girls and boys, women and men), in all life-wide contexts (family, school, the community, the workplace, and so on) and through a variety of modalities (formal, non-formal and informal), which, together, meet a wide range of learning needs and demands. Realizing the potential of lifelong learning requires political commitment and the development of cross-sectoral and multi-level policies. It also requires the recognition, validation and accreditation of skills acquired in non-formal or informal environments (UIL UNESCO, 2021b).

### *Lifelong Learning for Health*

Lifelong learning for health is a process that aims to enable people to protect and promote their individual health - and that of their family - on the one hand, and to provide them with the knowledge, skills and capabilities necessary for actively participating in decisions about health as citizens on the other hand (Jourdan et al., 2021).

### *Participation*

The involvement of stakeholders in the learning process implies that everyone with a stake in the intervention has a voice and an active role in the development and/or implementation process, with more or less influence on decision-making. People are considered to have the needed skills to act in the process. Based on the participation ladders, the level of participation can be described as ranging from representative to consensus levels (Mygind et al., 2015).

### *Proportionate universalism*

Actions of sufficient scale and intensity to be universal but also proportionately targeted to reduce the steepness of the inequality gradient (Marmot, 2010).

### *Targeted approach*

Apply to a priority sub-group within the broader, defined population. Eligibility and access to services are determined by selection criteria, such as income, education status, health status, employment status or neighbourhood (NCCDH, 2013).

### *Universal approach*

Apply to an entire population. Eligibility and access are based simply on being part of a defined population without any further qualifiers such as income, education, class, race, place of origin, or employment status (NCCDH, 2013).

## Lessons learned from Global experiences

A review, including case studies of cities on different continents (UIL UNESCO, 2022) was conducted in preparation for the fifth international conference on learning cities by the UNESCO Chair 'Global Health & Education'. Based on the contributions of the members of the GNLC and the community of the UNESCO Chair 'Global Health & Education', the guidelines of WHO on health literacy and healthy cities and the IUHPE document on Urban Health Promotion (IUHPE, 2016) we summarised what is known at this time about the key components that influence the success of a municipal Lifelong Learning for Health policy.

A learning for health policy at the city level has to be part of a comprehensive intersectoral approach whose aim is to address the determinants of health, hence the health promotion approach is relevant (WHO, 1986). A whole of society approach to learning for health at the city level is needed through:

- **Municipal Policy:** Integrating learning for health into all municipal policies, including implementing international and national programmes, action plans and digital strategies. Checking that other municipal practices do not conflict with health development e.g. acceptance of funding from manufacturers of unhealthy commodities.
- **Education:** Using learning for health as a framework for improving formal health education in schools, with policies aiming to support non-formal initiatives and informal programmes of adult education throughout the lifespan.
- **Whole Setting Approach:** Develop strategies in various in-person and virtual settings such as: primary care, hospitals, schools, communities, workplaces, media, social networks, innovative apps...
- **Communication, Health Information and Language:** Adopting policies based on plain language communication tools, but also other means of communication such as images, photographs, graphic illustrations, apps, audio and videos, providing signage and communication documents in minority languages, and creating transparent, consumer friendly environments, and easy to understand social media strategies. Using the city brand to underline collective action.



- Capacity Building: Supporting professionals, vocational and higher education institutions, networks, and all parties interested in learning for health, developing easy access online resources and databases, implementing and supporting contact points and working groups.
- Participation: Facilitating genuine participation of the whole population (young and old, well and infirm, affluent and deprived, digitally connected and others) to the definition and implementation of learning for health policies as a key condition of their success.
- Collaboration: Cross-sector collaboration to improve learning for health. Using municipal policies and city cohesiveness as platforms to develop stronger links between institutions, associations and private sector organisations and with a wide range of stakeholders.
- Empowerment and Inclusion: Positioning learning for health as an empowerment tool for a health agenda which can be promoted through a multi-strategic approach at individual, community and society level. A sustainable approach that leaves no one behind. Inclusion of all on an individual and population level, regardless of their culture, linked to participation.
- Health Equity Agenda and Social Justice: Exploring associations at the intersections of health equity, health inequalities, and learning for health to improve health equity and health for all. Using proportionate universalism as the practice approach to address hard to reach groups.
- Intervention research: Developing the links with research bodies in order to implement intervention research aiming to produce knowledge and support change toward health literacy and citizenship for health (modified from IUHPE, 2016).

# Section B

The content of a Lifelong Learning for Health Policy

This section includes 1- Things to know about Lifelong Learning for Health, 2- The knowledge and skills that citizens should master to contribute to gain control over their health and that of the community, 3- a way to make the lifelong learning for health policy concrete through the creation of a Health Learning Pathway for All, 4- The organization and people of the city that could contribute to the Lifelong Learning for Health, and 5- The contribution of municipalities in learning for health.

### Lifelong Learning for Health

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 (Nutbeam, 1998). The circumstances in which everyday life takes place shape people's capacity to lead healthy lives. People's knowledge and skills are one of 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 (Jourdan, 2012).

Learning for health and well-being refers to two embedded dimensions. Learning for health aims to enable people to protect and promote their individual health - and that of their family - on the one hand, and to provide them with the knowledge, skills and capabilities necessary for actively participating in decisions about health as citizens on the other hand (Jourdan et al., 2021). What is expected from all citizens is to be able to take care of themselves and to contribute to building and maintaining healthy urban environments. Hence, it is both a personal asset for health and a societal health resource (IUHPE, 2018) (figure 1).

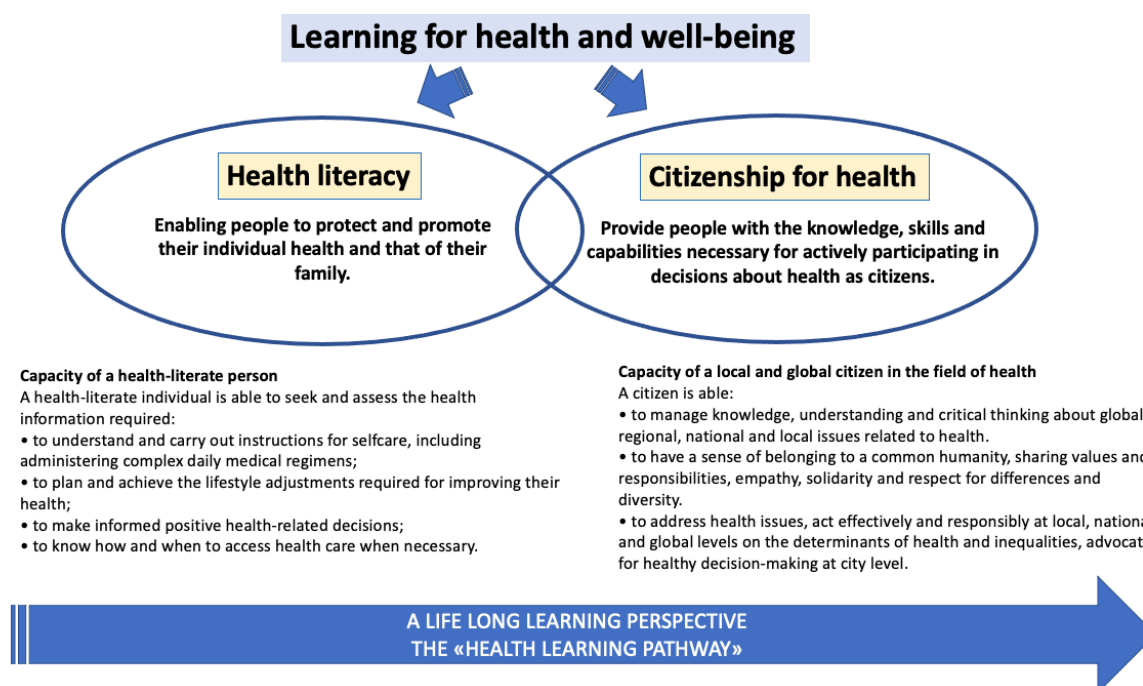


Figure 2: Learning for health aims to enable people to protect and promote their individual health - and that of their family - and to provide them with the knowledge, skills and capabilities necessary for actively participating in decisions about health as citizens

### *Learning for health in order to contribute to building people's capacity to manage their own health*

First, learning for health is a way to contribute to building people's capacity to manage their own health. It means that people should be able to access, understand, appraise and apply health information in order to make judgements and take everyday decisions concerning health care, disease prevention and health promotion to maintain or improve quality of life across the life course (Kickbusch et al., 2013). The necessary combined knowledge, motivation and competences are often called 'health literacy' (Saboga-Nunes et al., 2021).

Within health literacy, eHealth literacy is defined as the ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem (Norman & Skinner, 2006). Many of the educational responses of cities during the COVID-19 pandemic aimed to equip the population with such knowledge and competences (UIL, 2020). For example, leveraging eHealth literacy skills, and more specifically, media literacy, was shown to be of great value to help mitigate the detrimental effects of erroneous information on vaccination decision-making (Dib et al., 2021).

### *Learning for health as a key component of citizenship education*

Second, learning for health is a key component of citizenship education. Health is not just a matter of individual behaviour. People need to be able to understand their rights and responsibilities, to be aware of the effects of their thoughts and actions on other people and the world at large, and to be committed to social decisions related to health (Paakkari & Paakkari, 2012). The determinants of health transcend national barriers; global health is in fact a common good of humanity that can only be ensured for all through a common commitment (Jourdan, 2012).

The pandemic revealed the interdependence of countries globally (Peralta-Santos et al., 2021). It also showed that while the manifestation of inequity in individual countries or regions is bound up in the local-to-global interface of historical, economic, social and political forces, COVID-19 disproportionately affects marginalised communities (Büyüm et al., 2020). There are links between health and global economic and social structures - especially mechanisms of exploitation and oppression. Understanding these relationships is needed to be able to act on the determinants of health. Health is thus one dimension among others of global citizenship within the framework of the SDGs (Nikolitsa-Winter et al., 2019). Learning for health aims to develop the citizenship agency of the people, to contribute to the development of their ability to act in an ethically responsible way, and to take social responsibility. The objective is to give the means to learners to take informed decisions and actions at the individual, community and global levels (UNESCO, 2021). It is part of a process of empowerment (WHO, 1986). This education process includes cognitive (knowledge, critical thinking...), socio-emotional (values and responsibilities, empathy, solidarity, respect...) and behavioural dimensions (act effectively and responsibly at local, national and global levels...) (Nikolitsa-Winter et al., 2019).

Many cities are leading or participating in programmes aiming to strengthen community confidence to combat the pandemic through global citizenship education (Nikolitsa-Winter et al., 2019). *“Health citizenship requires a combination of personal and social responsibility from individuals, but even more so it requires the institutions of society to promote choice, empowerment, self-management, responsiveness and participation in health and well-being.”* (Cayton & Blomfield quoted in Kickbusch et al., 2013). Healthy and resilient cities require citizens who are able to take care of their own health and well-being, contribute to collective health actions and commit to building healthy environments locally as well as globally.

### *Health literacy and citizenship for health are intimately linked*

Most health issues have both an individual and a collective dimension, thus the two dimensions (health literacy and citizenship for health) are intimately linked. For example, understanding vaccination, its indications, contraindications and adverse effects, and knowing how and when to be vaccinated are all part of health literacy. Identifying the collective challenges of protecting the most vulnerable and participating in the public debate on access to vaccination for all are citizenship skills (Jourdan, 2021c, 2021d). On a similar theme, in the case of the front-of-the-pack label (Nutriscore), it is a question of knowing how to use the nutritional information available on packaging to make healthy food choices, but also to support, in the various countries, the general implementation of labelling systems that are understandable to all (van den Akker et al., 2021). Physical activity as a third example is linked to mobility, road and public safety policies and to people's ability to engage in physical activity appropriate to their personal circumstances (McCormack & Shiell, 2011).

Building health skills and abilities is a lifelong process. No one is ever fully health literate and competent. Everyone at some point needs help in understanding or acting on important health information or navigating a complex system (Kickbusch et al., 2013). The pandemic itself has produced new personal and collective dilemmas where health literacy skills need to be applied to rapidly emerging challenges. Learning for health could be shaped into a dynamic and responsive health learning pathway that integrates these two intertwined dimensions (Jourdan, 2017).

## The knowledge and skills that citizens should master

To build a Lifelong Learning for Health policy, we must start from the knowledge and skills that citizens should master to contribute to gain control over their health and that of the community. In order to define what these knowledge and skills are, we need to rely on what we know about the factors that condition health, the determinants of health.

If this has not already been done, and in order to identify the determinants of health specific to the city, it is possible to conduct a “City Health Profile” prior to identifying the key competences. Cities could find resources to establish such a profile on WHO website<sup>2</sup>.

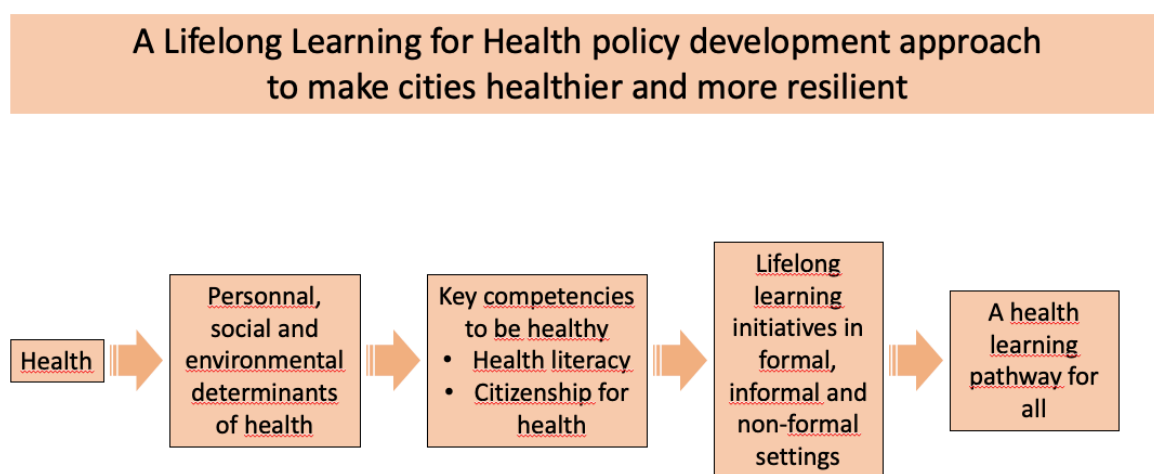


Figure 3: From health determinants to the knowledge and skills that citizens should master

Health determinants are the personal, social or environmental factors that have an impact on the health of individuals or populations. These health determinants interact with each other and define the living conditions that influence health:

1. Factors related to views on health, personal behaviours and lifestyles (personal health).
2. Relational and community networks including social and group influences (social health).
3. Socio-economic, cultural and environmental conditions (environmental health).

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<sup>2</sup> <https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/membership/become-a-member/how-new-cities-can-get-started/city-health-profiles>

Nine key competencies, linked to these 3 families of health determinants, have been identified (Self-knowledge; Autonomy; Lifestyle; Decision-making; Communication; Critical thinking; Resources; Belonging; Rootedness). These knowledge and skills related to each of the determinants of health are learned at different ages of life but are of differential importance (Jourdan, 2021b). For example, while development self-knowledge skills are crucial during infancy and childhood, work on the adequate use of the health care system is important during adulthood and old age.

In a Health Learning Pathway, these competences can be organised in the following way:

#### *Personal health.*

1. Self-knowledge: ability to know oneself, self-awareness, self-evaluation skills
2. Autonomy: ability to stand back, self-management skills, risk and stress and time management
3. Lifestyle: basic knowledge of health behaviours, ability to identify the link between behaviour and health, evaluating the future consequences of present actions
4. Decision-making: ability to make free and responsible choices in relation to health, negotiation/refusal skills and assertiveness skills

#### *Social health.*

5. Communication: ability to build respectful relationships, to take part in a group, to understand other points of view, to identify the emotions of others, problem solving skills
6. Critical thinking: ability to distance oneself from social pressures, from the media, social networks, advertising, peers, understand health related issues
7. Resources: ability to identify and make appropriate use of social and health support (individuals and services), information gathering skills

#### *Environmental health.*

8. Belonging: ability to know, understand and take place within one's social and cultural environment
9. Rootedness: ability to know the physical environment (air, water, housing, transport, land use) and its interaction with health, identify the role of each individual in creating healthy environments (at local to global levels)





## Making the lifelong learning for health policy concrete, moving toward a Health Learning Pathway for All

The Lifelong learning for Health policy can be formalised in many different ways. We propose here to make it explicit through the creation of a Health Learning Pathway.

Lifelong learning in the field of health is shared between primary, secondary and tertiary education institutions, health settings, home care and help, leisure settings, social networks, mass media, peers and families. The challenge of bringing coherence to all these different contributions to learning for health is a major one and involves thinking in terms of a 'pathway' that links the different educational inputs (Jourdan, 2017). This challenge of coherence is directly linked to those of inclusiveness and equity because marginalized communities and vulnerable people do not have the same access to health learning opportunities as the rest of the population. The aim of such a pathway is to support all people, throughout their lives, to develop healthy and self-determined lifestyles and to enable them to contribute to the collective effort to bring about changes that will benefit the health of all. It is a means to empower people.

The term "learning pathway", or "educational pathway", does not refer to a universally accepted definition. Rather, they are expressions that come from common language and which, in education, cover a wide variety of meanings.

From the point of view of municipal policies, a learning pathway can be defined as an organized and coherent lifelong succession of learning experiences of a varied nature. The pathway mobilizes all the actors in a person's life setting beyond school and healthcare services, integrating formal, non-formal and informal contributions. The pathway makes explicit - and simultaneously formalizes - the content, the contributors and the pedagogical methods of what is offered to the people. It is focused on the development of capacities for awareness and understanding of complex issues, critical judgement and action skills. It is the enactment, in a given context, of an educational ambition that finds concrete expression in a local setting. The pathway also has a communication purpose by making what is done in the city explicit to families, partners and professionals.

This pathway has to be anchored in lifelong learning for sustainable development (UNESCO, 2018) together with environment, media, and digital learning. The health learning pathway has to be linked to all policies and interventions aiming to promote health and well-being and - more broadly - sustainable development.

For each of the ages of life (perinatal and infancy, childhood and adolescence, adulthood, old age), the pathway is made of four sections. The first one describes its objectives, the three other describes the initiatives enacted in the formal, informal and non-formal educational settings respectively. Inside These 3 sections are systematically organised according to health determinants. Indeed, the aim is to draw on all the knowledge and skills that citizens need to master in order to act on these different health determinants and to organise the learning activities corresponding to the different ages of life. Most of these competencies are common to other aspects of daily life and citizenship.

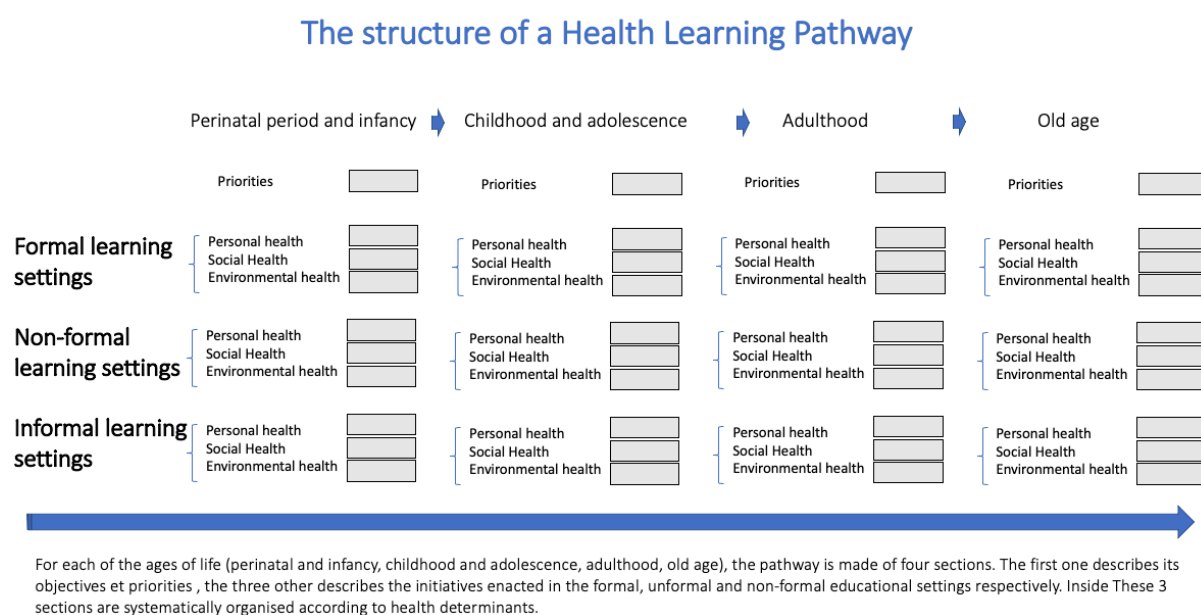


Figure 4: An overview of the structure of a health learning pathway. The different areas actually vary greatly in importance depending on the mandate, strengths and weaknesses of the different sectors.

## The contributions of different forms of learning about health

The rapid evolution of ways people have to access to knowledge has changed the balance between formal, non-formal and informal education. Health information is directly accessible via smartphones, tablets and computers, which represents considerable progress in terms of information democracy but also exposes people to fake news.

It is evident now that a person's education in the field of health is not limited to formal education in the school context. This is one component of a much broader educational dynamic that develops throughout life.

Non-formal education is organised according to identifiable pedagogical objectives for a normally voluntary audience. It may include programmes for adult literacy, education of out-of-school children, social skills, health or environmental education, development of vocational skills and general culture. This educational process is experience and action based, starting from the needs of the participants. Non-formal education or training is mostly provided by municipalities (libraries, museums, afterschool programmes), associations, non-governmental organisations or faith-based groups.

Informal education is a diffuse form of education in which each individual acquires attitudes, values, skills and knowledge from everyday experience and at random from the educational influences and resources of his or her environment. Informal education takes place in the family, but it also refers to the systematic and cumulative aspects of learning related to everyday experience (work, leisure, travel, media, social networks, medical interactions with the healthcare system, etc.). This learning is not subject to strict programming and takes place outside organised institutions and structures (Jourdan, 2021a).

This paradigm shift led to the emergence of the concept of the 'learning society' which considers learning as a continuum that takes place well beyond the early stages of school, secondary, and postsecondary education, and in formal and informal settings outside institutions. A learning society occurs within the overall context of political systems (formal educational institutions, informal and community training infrastructure); health systems (social determinants of health); governance systems (gender equality, ethnic equality, indigenous knowledge); digital systems (online and blended learning, social media, job placement platforms, digital media, democratizing digital learning with inclusive opportunities); and environmental sustainability (education for sustainable development and climate change, food security and well-being) (Ra et al., 2021).

## The City's key players in learning for health

During the pandemic, the three forms of education were mobilized. Although, in many countries, municipal governments have little or no jurisdiction over the formal schooling system, they are usually responsible for a number of non-formal learning spaces (such as community learning centres, libraries and museums) and often support various community learning initiatives (such as learning neighbourhoods, study circles or family learning). Furthermore, cities can cooperate with partners from a variety of sectors to design, develop and implement non-formal and informal learning programmes. In many cases, cities also support their schools through intersectoral programmes and capacity building initiatives. Cities can thus support and potentialize the activity of the formal sector (UIL, 2020).

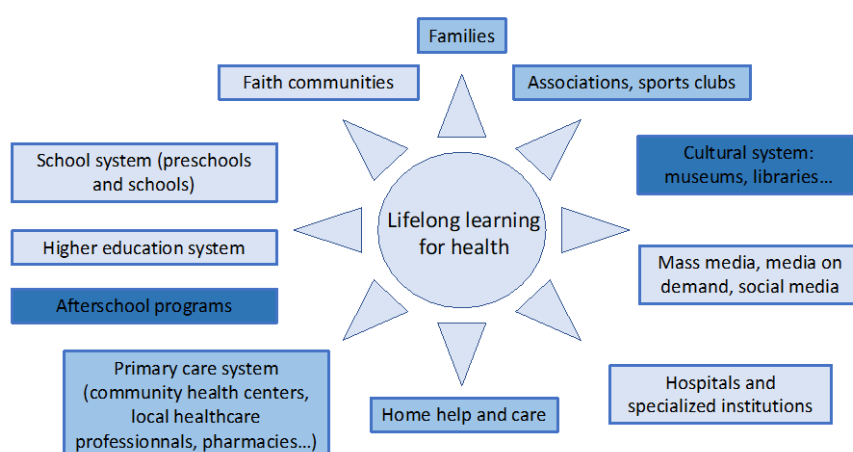


Figure 5: The City's key players in learning for health

## The contribution of municipalities in learning for health

Highlighting the diversity of spaces in which people learn for their health shows how cities could be a pivotal enabling body. In addition, cities are well placed to contribute to tackling the inequalities linked to poverty, gender, origin and migration because they can influence many of the social, educational and economic determinants of health. That's why identifying the gaps in existing education resources and planning initiatives to fill these gaps could lead cities to play a crucial role in Lifelong Learning for Health. The health learning pathway could help to build coherence among all the initiatives and make visible the resources that people can access.

The following table provides examples of possible city interventions to support lifelong learning for health and strengthen the health learning pathway.

Settings	Potential role of the municipality
<b>Formal</b> Primary, secondary and tertiary education settings	<ul style="list-style-type: none"><li>Supporting health education initiatives</li></ul>
<b>Non-formal</b> Afterschool programs, cultural system (museums, libraries), primary care system, home help and care, hospitals and medical specialized institution (ETP), associations, faith communities, sports clubs, companies, public services, unions...	<ul style="list-style-type: none"><li>Mobilization of stakeholders, creating platforms for collaborations</li><li>Strengthening afterschool learning programmes</li><li>Organizing libraries, museums and other cultural initiatives to support learning</li><li>Contribution to education capacity building of the community health services</li><li>Supporting lifelong learning initiatives</li><li>...</li></ul>
<b>Informal</b> Print media (municipal medias, posters, flyers...), broadcasting (radio and television), exhibitions, websites, social media, unformal learning within education, health and social interventions (families, health services, associations, faith communities, sports clubs, museums, libraries, homeless shelters, companies, public services, unions...	<ul style="list-style-type: none"><li>Mobilization of stakeholders, creating platforms for collaborations</li><li>Supporting family learning</li><li>Supporting digital learning for health, posting in streets and waiting rooms...</li><li>Supporting lifelong learning initiatives</li><li>...</li></ul>

The fact that cities have a pivotal role in learning for health does not mean 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. Depending on their mandate, policy direction and capacity (human resources, funding...), cities could have different roles.

- Cities are leaders in learning for health when they organize libraries, museums and other cultural initiatives to support learning for health, create afterschool educational programmes, play a role as a platform for collaboration between public and private stakeholders, integrate learning for health

in their communication strategies especially when they take innovative initiatives in the field of ICTs (applications, microlearning strategies...).

- Cities are partners in learning for health when they support the social and health services, education institutions, associations, and sports clubs in shared learning for health initiatives.
- Cities are collaborators in learning for health when they support, financially or in-kind, initiatives on learning for health of the civil society and health and education institutions.
- Cities are hosts for learning for health when they welcome programmes and interventions implemented by the State or NGOs on their territory without being involved in the management or the support of the programme. Nevertheless, they facilitate the implementation of such initiatives through administrative authorisations, such as provision of premises.

# Section C

Implementing a Lifelong Learning for Health Policy



This section includes 1- The description of four key action principles for the implementation of a Lifelong Learning for Health Policy, 2- The presentation of a three-step process to implementing a Lifelong Learning for Health Policy and the characterisation of the three phases, 3- Phase 1 (Raising awareness of the Lifelong Learning for Health and preparing the project), 4- Phase 2 (Developing a policy toward a healthy and resilient city) and 5- Phase 3 (Putting the learning for health policy into action).

#### An approach to implementing a Lifelong Learning for Health Policy: The key action principles

The UNESCO Institute for Lifelong Learning has produced several procedural guidelines for developing a learning city, by using experiences from different parts of the world (UIL UNESCO, 2015). Creating and implementing a Lifelong Learning for Health policy is part of the same overall approach. Of course, there is no single model applicable to all cases. The resources available to cities are extremely diverse. Being in a conflict zone (war or civil war) also influences the capacity of cities to act. Health issues also differ considerably. For example, intestinal worms are a major cause of school absenteeism in some countries and are a public health priority to maintain learning, while in others it is a minor problem. Moreover, the level of autonomy of cities in terms of education and health differs considerably with the political cultures and the level of decentralisation of the countries concerned. Many cities depend on national or regional initiatives, UN programmes or NGOs and have very few resources to carry out such projects. Lifelong Learning policies cannot be built on the same basis.

However, everywhere there are public and/or private initiatives in the field of education, whether formal, non-formal and informal. The challenge in developing a Lifelong Learning for Health policy is to make the most of existing interventions, identifying them, enhancing them, making them visible, aligning them within a coherent policy and enriching them through training, dedicated resources or specific programmes. This might be summarised by a succession of action verbs: 'Valuing, Sharing, Aligning, Improving'.

These action principles could be common to the various context and be used as a common framework for the development and implementation of a Lifelong Learning for Health policy.

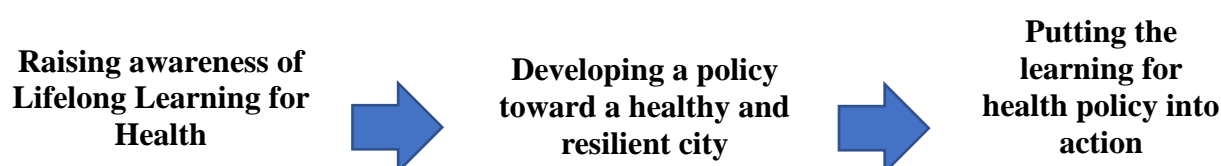
However, when developing Lifelong Learning for Health policies, this common framework should be applied flexibly in light of local political, economic and social considerations. Projects need to meet local circumstances, and the sequencing of activities will differ from setting to setting.

## An approach to implementing a Lifelong Learning for Health Policy: A three-step process

The following section describes the steps in the development of a Lifelong Learning for Health policy, whether it is a component of a Learning City or Healthy City policy or an independent project. The process is divided into three phases.

- Phase 1 (Raising awareness of Lifelong Learning for Health and preparing the project) starts with awareness raising and establishment of an intersectoral initial task force for a Lifelong Learning for Health policy and ends with gaining strong commitment and support of the local government.
- Phase 2 (Developing a policy toward a healthy and resilient city) works to develop organizational structure, working mechanisms, plan of action, and capacity for the project.
- Phase 3 (Putting the learning for health policy into action) implements the established plan of action, continues to ensure the visibility of the policy and develop sustainable mechanisms to ensure learning for health in the city.

This section partly follows the approach developed by WHO Regional Office for the Western Pacific (WHO WPRO, 2000).



*Table 2: An approach to developing a Lifelong Learning for Health Policy*

Phase 1 Raising awareness of the Lifelong Learning for Health and preparing the project

- Raising awareness of the role of the Cities in Lifelong learning for Health
- Establishing an intersectoral initial task force to oversee the Lifelong learning for Health strategy
- Building support mechanisms
- Gaining strong commitment of the local government and key stakeholders

Phase 2 Developing a policy toward a healthy and resilient city

- Carrying out an inventory of existing contributions to Lifelong learning for Health in the City
- Developing an action plan for a comprehensive Health Learning Pathway for All
- Integrating activities at formal, non-formal and informal settings to gain wider impacts

Phase 3 Putting the learning for health policy into action

- Implementing the planned activities taking into account the diversity of cultural and socio-economic contexts
- Monitoring and evaluating implementation
- Making the policy visible and ensuring its sustainability

## Phase 1 Raising awareness of the Lifelong Learning for Health and preparing the project

- Raising awareness of the role of Cities in Lifelong learning for Health
- Establishing an intersectoral task force to oversee the Lifelong learning for Health strategy
- Building support mechanisms
- Gaining strong commitment of the local government and key stakeholders

### Raising awareness of the role of Cities in Lifelong learning for Health

It is not inevitable that a city would commit to a Lifelong Learning for Health policy. Indeed, there is no consensus on the role of cities in health and many cities often have no legal competence in health. Raising awareness of the Lifelong Learning for Health concept and approach is an important first step in developing intersectoral collaboration and integrated planning whether it is a component of a Learning City or Healthy City policy or an independent project.

Use of the communication tools of the city, local media, social networks, websites, meetings, educational workshops, and webinars led by UIL (<https://uil.unesco.org/>) can provide people with a chance to explore the Lifelong Learning for Health concept and approach, and then consider its applicability to their context (formal, informal, non-formal education settings).

**→ Thematic tools 1 to 5 can help you to carry out this first essential step.**

### Establishing an intersectoral task force to oversee the Lifelong learning for Health strategy

Once awareness of the Lifelong Learning for Health concept has been raised and a degree of local political support gained, the next step is to find a group of people sufficiently interested in, and willing to spend time on, developing a local Lifelong Learning for Health policy. A local intersectoral task force should be set up with people from this group (citizens, policy makers, social workers, educators, health professionals, urban planners...). This task

force could be made up of people involved in the Learning City or Healthy City policy where one exists, or it could be an independent entity.

Its tasks are to gather information about the city, make a preliminary analysis of the local situation, establish contact with key individuals working on health and urban development, convince potential supporters, and prepare a plan for the full development of the Lifelong Learning for Health policy.

Capacity building is important for developing and implementing effective actions for Lifelong Learning for Health policy. This can be achieved through the use of local, national, and international expertise. UIL, UNESCO chairs and universities actively involved in urban health and/or education issues could provide technical support.

### Building support mechanisms

Gaining access to, and establishing good communication with, executive decision-making structure of a city is crucial, as these decision-makers can provide resources and legitimacy to the project. Their support is important for achieving integrated planning and action in various settings. Decision-makers in local government play the most crucial role in developing and implementing a Lifelong Learning for Health policy. National and/or provincial/state support in terms of technical expertise available at those levels are also important. UIL, UNESCO chairs and universities could also provide required technical support.

### Gaining strong commitment from the local government

Political support for the Lifelong Learning for Health initiative is vital. Mayors and other local councillors and politicians need to be convinced of the value of a Lifelong Learning for Health policy for their city. Gaining a strong commitment of the local government to the project is an important step towards incorporating the health agenda into city-wide strategies. It facilitates the integration of all concerned departments, attracts various agencies, and involves many supporters.

## Phase 2 Developing a policy for a healthy and resilient city

- Carrying out an inventory of existing contributions to Lifelong learning for Health in the City
- Developing an action plan for a comprehensive Health Learning Pathway for All
- Integrating activities at formal, non-formal and informal settings to gain wider impact

### *Carrying out an inventory of existing contributions to Lifelong learning for Health in the City*

Identifying existing activities is the starting point for developing a lifelong learning policy for health. Efforts to improve urban health and education will be more effective if such integration is achieved, because it will involve the people in charge of the various initiatives, avoid duplication and increase cooperation and coordination at the city level. Integration will lead to cost-effective solutions, synergy between activities, and substantial benefits in terms of resources sharing. It is necessary to take a broad view of the type of initiatives that have to be included, as they include formal, informal and non-formal education.

The management of the population's health determinants is effective if various efforts are integrated, developmental work is carried out in the most efficient order, and diverse strategies are coordinated (formal, informal and non-formal interventions). Intensive efforts should be made to incorporate existing community activities/projects which fit into the Lifelong Learning for Health Policy. The planning process provides a good opportunity to develop and share the vision of the city and to involve people in the community in a co-design activity as well as to disseminate the Lifelong Learning for Health vision.

This stage consists of taking stock of the various public or private, institutional or non-formal contributions to Lifelong learning for Health. It is then possible to draw up the initial version of the Health Learning Pathway that gives a comprehensive view and some background information on the actors, the contexts and the nature of the education initiatives carried out in the city. In addition to the current status, past trends as well as future projections could be included.

The process of developing an initial version of the Health Learning Pathway requires the involvement of multiple sectors, in order to facilitate further intersectoral collaboration in the

planning and implementation of the project activities. Direct community participation enhances the quality of the initial version of the Health Learning Pathway. Information gathered by and with people in the community reveals different aspects of the city and everyday life of the population. It also gives information on the way in which people in the field understand these initiatives. There are many activities that can help to involve the population beyond surveys and neighbourhood meetings (for example taking a tour of the city, co-designing a poster with young people ...).

The initial version of the Health Learning Pathway presents reliable information in a user-friendly and publicly understandable manner. This is a tool to facilitate information sharing among concerned people, including executive level decision-makers and lay people.

**→ Thematic tools 14 and 15 can help you to carry out this essential step.**

The initial version of the Health Learning Pathway supplies baseline data of the city. Periodic revision of the pathway enables evidence-based evaluation of the project. Therefore, the successive versions of the Health Learning Pathway serve as an essential tool to support the planning cycle: plan, do, see.

#### *Developing an action plan for a comprehensive Health Learning Pathway for All*

The process of building the options within the pathway takes time and planning. Well-designed, feasible plans lead to effective and sustainable development of the project as well as to specific outcomes. An action plan describes strategies for the development and implementation of a Lifelong Learning for Health policy and leads to the definition of a Health Learning Pathway. It brings together partnerships among the public, private and voluntary sectors, and focuses on the capacity building of the population.

Planning is a cyclical process and requires feedback with regard to implementation of the plan.

- The initial step is to understand the situation. This step includes information gathering, analysis, and evaluation.
- The second step is to set a plan for the development and implementation of a Lifelong Learning for Health policy in collaboration with various stakeholders.



- Then, the plan should be implemented to achieve its goals. After the implementation of the planned activities, there should be information gathering, analysis, and evaluation. If need be, the project should be revised and the revised plan should be implemented in the next cycle.

### *Understand the situation*

Various concerned groups from different sectors, including the community, should be involved in this step as it would enable their views on health and health knowledge and skills issues to be heard. Their involvement will also help to identify the gaps and available resources.

Different activities are carried out in this step. Examples include compilation of existing information, establishing a vision of the city, doing a field survey of specific health and environmental issues, analysis of health determinants, assessment of needs, development of actions and activities, identification and allocation of available resources, monitoring, evaluation, reporting, development of an initial Health Learning Pathway with the existing initiatives, etc.

Communication, negotiation, and discussion during this process will raise an awareness of the need to have a Lifelong Learning for Health policy. Various types of information technology can be used to share information among the concerned groups, including the beneficiaries in the community. The local media are a useful resource in this regard.

**→ Thematic tools 12, 13, 14, 15 can help you to carry out this essential step.**

### *Set a plan*

An action plan identifies priority health problems in the city and lifelong learning actions/activities to resolve these problems. It is the responsibility of the local coordinating mechanism to identify these problems and actions.

An action plan incorporates and coordinates a series of activities and does not develop disparate single-issue “projects”. It also coordinates elemental lifelong learning for health activities within the city (schools, workplaces, markets, hospitals, communities, home help and care, media, social networks etc.).

An action plan serves as a tool to stimulate partnerships between various groups, agencies and settings in the city by identifying joint activities. Roles of concerned groups should be identified in individual activities. This identification facilitates good collaboration among the groups in achieving the goals. Cross-sector collaboration could be improved through municipal policies and city cohesiveness as platforms to develop stronger links between institutions, associations and private sector organisations and with a wide range of stakeholders.

Action plans should include activities to facilitate community participation. Activities carried out in the community on the basis of a common perception of the priority health issues can make a Lifelong Learning for Health policy sustainable.

An action plan is used to mobilize and best allocate resources. Efforts to use existing resources efficiently and efforts to expand available resources are effective if the action plan can demonstrate achievable, useful outcomes. Learning for Health has to be integrated into all municipal policies, including implementing international and national programmes, action plans, commercial activities and digital strategies.

The action plan leads to the drafting of a coherent Health Learning Pathway. The three main activities are 1- organize the existing initiatives and 2- plan the implementation of additional learning interventions to fill the gaps (including the needed resources and capacity building) and 3- develop its implementation strategy.

The capacity building dimension of the plan is critical. It means supporting professionals, institutions, associations, and all parties interested in learning for health, developing easy access online resources and databases, and implementing and supporting contact points and working groups.

This also the case of the participation dimension. The plan has to make clear how the genuine participation of the whole population (young and old, well and infirm, affluent and deprived, digitally connected and others) in the definition and implementation of learning for health policies will be facilitated.

Without an understanding of the local situation, the organizers of a Lifelong Learning for Health policy can attain only limited success. Because cities have diverse characteristics which often change rapidly, it is essential that diverse partners work together on the same platform. An action plan toward a Health Learning Pathway serves as a common platform for all partners.

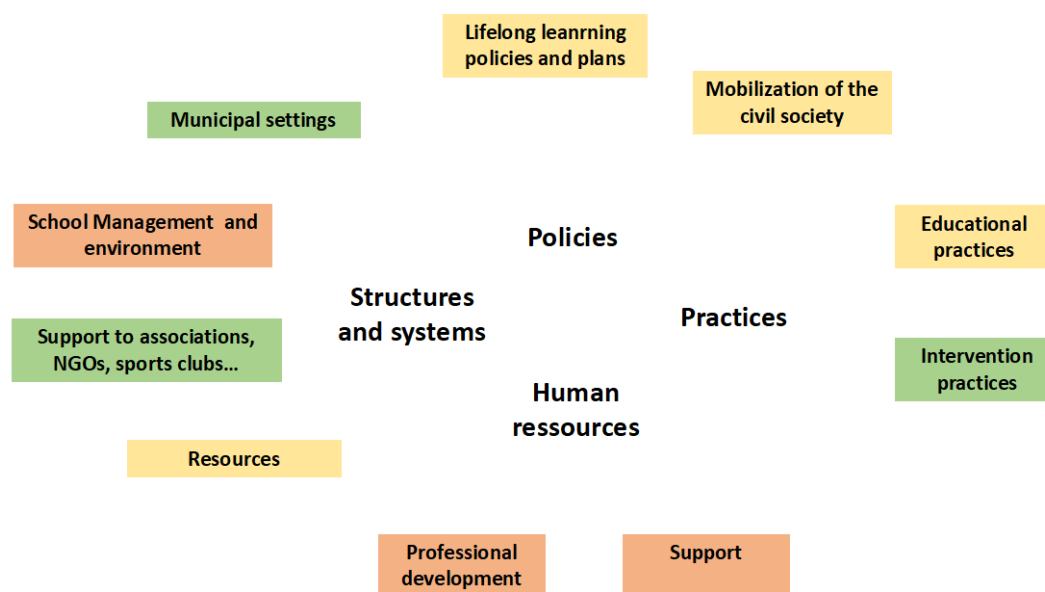
There are usually many plans and strategies in existence prepared for different issues faced by the city. It is important to ensure that the introduction of the Health Learning Pathway action plan complements (not conflicts with) other plans. Integration or at least linkages between the Lifelong Learning for Health policy and other plans for the city (learning city, healthy city...) should contribute to greater consistency in decision-making, mutual reinforcement and avoidance of duplication of efforts.

Similarly, a consistency between the action plan and the city-wide development plan should also be achieved. This consistency will strengthen the effective implementation of the Lifelong Learning for Health policy. If the city-wide development plan does not clearly address priority health learning issues, one of the important tasks of the Lifelong Learning for Health policy will be to advocate and facilitate the raising of such health issues in the city-wide development.

A local plan focuses on activities in the city and the community, rather than on regional and global concerns. There are some government policy-making functions and services controlled by national ministries. These functions and services remain beyond the responsibility of the city government and should be taken into consideration in preparing the local plan.

In the process of delineating activities of a Lifelong Learning for Health policy, the experiences of other cities - both within the country and abroad, though the GNLC - provide practical examples of how to make the plan influential and feasible. Moreover, developing the links with research bodies in order to implement intervention research aiming to produce knowledge and support change toward health literacy and citizenship for health.

There are many ways to organize the action plan. To be effective, a “wish list” is not enough; the enactment process has to be based on a change management strategy. We have to understand the *Modus Operandi* of the education systems (Bryk, 2015) to be able to influence it. Four levers have to be activated (1) policies; (2) structures & systems; (3) human resources; (4) practices (SHE, 2018; UNESCO, 2017). Based on the literature and our experience, we propose to organize the plan following these four components and ten domains of action.



→ Thematic tool 12 can help you to carry out this essential step.

### *Implement the planned activities*

Local government staff in related sections are encouraged by the taskforce to re-orient their activities in accordance with the action plan. Partners outside the local government are expected to collaborate with the local government in implementing activities identified by the plan. All potentially relevant groups are encouraged to participate in the process of developing and implementing an action plan.

The community is closely involved in the implementation process. Awareness is raised by participation in the activities. The experience of participating in local activities is a step towards participating in decision-making.

The progress in implementing individual activities is monitored by groups responsible for the activities. They study if they are fulfilling their responsibility, if they are making progress, and if they are encountering any unexpected difficulties (for example: How do we ensure a no blame, open learning culture, if things are going wrong? Will people hide things so that their funding continues? etc). In addition to periodic meetings of the concerned groups, occasional

meetings and information exchange, as and when necessary, are useful to facilitate collaboration.

The progress of the overall action plan is monitored. Periodic reporting of individual activities is useful to comprehend the overall progress and to identify areas requiring further coordination of activities.

→ Thematic tools 13 to 16 can help you to carry out this essential step.

### Phase 3 Putting the learning for health policy into action

- Implementing the planned activities taking into account the diversity of cultural and socio-economic contexts
- Monitoring and evaluating implementation
- Making the policy visible and ensuring its sustainability

#### *Implementing the planned activities taking into account the diversity of cultural and socio-economic contexts*

A range of education activities at the city and local levels are implemented, some already existing, others new. The success of the implementation lies in the coherence of the pathway and the fact it left no one behind. Genuine respect of the social and cultural values of communities; broad-based participation of various sectors and the community often ensures successful implementation of the planned activities.

There is a need to explore associations at the intersections of health equity, health inequalities, and learning for health to improve health equity and health for all. An approach based on proportionate universalism should be relevant especially to address hard to reach groups. It means that actions have to be of sufficient scale and intensity to be universal but also proportionately targeted to reduce the steepness of the inequality gradient (Marmot, 2010). This combines an intervention openly available to all people with specific targeting strategies for those most in need of it. During the COVID-19 crisis, as emergency education measures are intended for all citizens including the most vulnerable, governments found complementary channels and modalities to reach and ‘educate’ in a timely and effective manner (UIL, 2020).

Universal approaches that apply to the entire population and targeted approach that apply to a priority sub-group could also be implemented but it must be accompanied by constant monitoring of the impact on inequalities.

Inclusion of all individuals and populations, regardless of their culture and socioeconomic conditions, is a major challenge. There are many levers that can be activated to improve the inclusiveness of policies. The use of appropriate language is one of them. Cities should adopt policies based on plain language communication and education tools, but also other means of communication such as images, photographs, graphic illustrations, apps, audio

and videos, providing signage and communication documents in minority languages, and creating transparent, consumer friendly environments, and easy to understand social media strategies.

While implementing the planned activities, observations and records should be made on changes in the city's lifelong learning offer and process indicators for analysis in the next step: monitoring and evaluation.

**→ Thematic tool 15 can help you to carry out this essential step.**

### Monitoring and evaluating implementation

The monitoring and evaluation of results of the implementation of the planned activities are crucial for the management of the Lifelong Learning for Health policy. The outcomes of the monitoring should lead to periodic revisions of the Health Learning Pathway, and the revised pathway should be disseminated to the people involved in the project as well as to the community. An analysis of changes to the lifelong learning offer will provide information about the impacts of the policy and will suggest necessary revisions to the action plan.

Evaluation of the Lifelong Learning for Health policy is important because it:

- monitors the progress of the project.
- demonstrates the effectiveness of a Lifelong Learning for Health policy, including cost effectiveness.
- provides individuals involved in the project with feedback.
- ensures a commitment to relevant, inclusive and equitable educational practices.
- provides a basis for planning by identifying local contexts.
- accounts for disbursement of resources to funding bodies, policy makers, associations and communities.
- understands how the project operates.
- improves practice for future use and reference; and
- determines outcomes achieved by the project.

As with the evaluation of all educational policies, the difficulty lies in the fact that these are long-term projects. It is therefore important both to evaluate long-term developments

(health indicators, regular surveys, etc.) and to identify short-term effects (quick wins). A lifelong learning policy is a long-term developmental activity which seeks to change the ways in which organizations work and attempts to put health and lifelong learning on the top of their agendas. Such policy is complex by nature, it consists of multiple actions at different levels. Consequently, the evaluation has to be similarly complex. Evaluation of a Lifelong Learning for Health policy often uses both quantitative and qualitative measures. The project is usually evaluated in terms of changes in people's representations of health, the ways people deal with health problems as well as changes in the health/quality of life outcomes. The action plan for a Lifelong Learning for Health policy should be revised and amended in light of information from the project evaluation and the changing situation within the city. The planning process should be dynamic. Any feedback from the evaluation should enable the project to be responsive to the changing needs and situation of the community. Consequently, information about the city and Health Learning Pathway should be periodically revised and the action plan reviewed in light of new information.

A Lifelong Learning for Health policy needs to determine why an evaluation is required, as this will indicate whether the evaluation should be internal or external. For instance, if the purpose is to report to a funding body, then the input from an external assessor is likely to have more credibility. If the evaluation is designed to improve implementation, then the project staff may be able to do this. The most effective evaluation is likely to be one which combines internal and external perspectives on the project. The people undertaking evaluation need to have a good understanding of the variety of processes used in the project (especially community participation and collaboration across sectors), an expertise in lifelong learning and of the perspective on positive health. They have to be skilled at synthesizing complex information and integrating and developing conflicting perspectives from multiple sources. They should be able to write in an engaging and lively way so that the evaluation data can be presented to the project in a way that maximizes the chances of it being used.

Certain actors in a successful Lifelong Learning for Health policy should be engaged in a process of critical reflection about the progress of their project. This exercise should enable the project to be adjusted and changed in response to experiences. It is important that project



managers keep the project open to review and assessment. Time and resources need to be put aside for this activity.

There is currently no established procedure or framework to evaluate Lifelong Learning for Health policies. We suggest dividing the evaluation into three distinct stages:

Stage One: Short-term (or primary) impacts and implementation.

Stage Two: Medium-term (or intermediate) health and well-being outcomes.

Stage Three: Long term Health and development outcomes.

The policy development and implementation works effectively with the use of indicators and appropriate mechanisms for assessment, monitoring and evaluation. A set of indicators to show the progress of implementation ought to be reviewed periodically. The exact choice of indicators will depend on local circumstances and priorities of the Lifelong Learning for Health policy.

A mechanism must be established for regular review and evaluation of the action plan implementation. An annual progress review meeting should be helpful. A system of periodic reporting, assessment and evaluation will facilitate timely and appropriate revision of the action plan.

**→ Thematic tool 16 can help you to carry out this essential step.**

#### [Making the policy visible and ensuring its sustainability](#)

To implement activities, resources should be mobilized. Participation from the community, the local government, and other groups and agencies with their resources; introduction of technologies and academic expertise; and training of the participants -- all contribute to the expansion of capacity of the project.

Mechanisms to secure political commitment, intersectoral collaboration, community participation, visibility of the policy, finance, human resources, information sharing, awareness building, and national and international networking assure sustainability. Continuing training programmes and opportunities to develop the personal skills of the project staff are essential.

The action plan ought to be shared by as many people in the city as possible. Publicizing the Health Learning Pathway contributes to raising awareness about the health and education situation of the city. Promotion of the action plan raises awareness across sectors. The media have a crucial role to play in promoting the plan and raising awareness about the contribution of lifelong education to the health of the population. Other important strategies are workshops aimed at the transfer of technical skills, web pages, video channels, post on social networks, community meetings...

People's awareness of the Lifelong Learning for Health policy should be raised by activities with community participation. The commitment of the executive level of the city is also crucial. For example, a foreword for the action plan written by the mayor may indicate a strong commitment of the highest level of the local government to the action plan. Sustainability depends on keeping the values, vision and concept of Healthy Cities alive. Special events, international visits and celebrations are important for achieving the sustainability of a project.

**→ Thematic tool 16 can help you to carry out this essential step.**

## Conclusion: learning for global health in cities

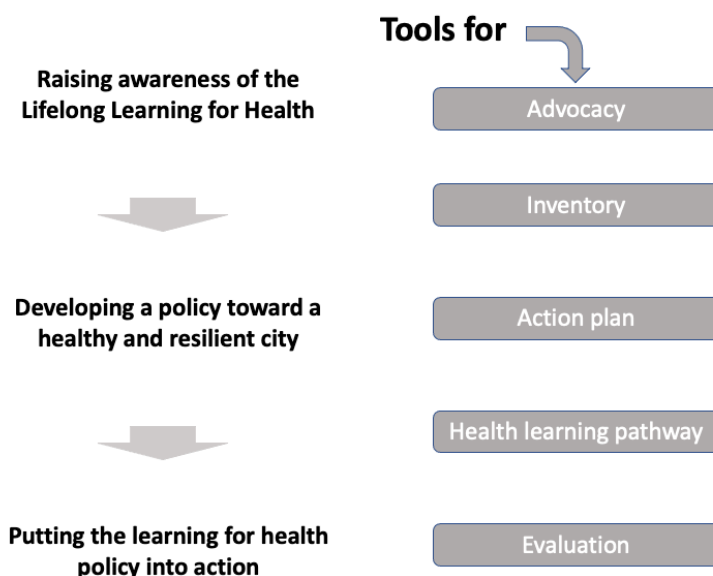
The COVID-19 crisis has made clear how close interactions between the sectors of education and health could point the way to sustainable lifelong learning about health rooted in the lives of cities. Better synergy between these sectors can contribute positively to the lives of individuals, communities and societies. It can help reduce inequalities and support human development, not only improving good health and well-being, but also enhancing learning and personal growth, as well as fostering healthy and resilient communities (WHO, 2015). It is now possible to draw on the experiences of cities during the pandemic to make progress with the implementation of sustainable learning for health policies. To move forward, there is a crucial need for knowledge production and sharing. UNESCO learning cities will play a key role in advancing learning for health in cities as they are ecosystems of innovation accustomed to intersectoral collaboration (city board, services, civil society, associations, schools and universities...). *“As the world continues to respond to and recover from the COVID-19 pandemic, it is expected that the work of learning cities and communities will continue to contribute to the development of lifelong learning policies and strategies in connection with learning for global health and future resilience.”* (UIL, 2021)

# Section D

Toolbox for city leaders

This thematic toolkit aims to meet the needs of Lifelong Learning for Health policy project leaders. It is a step-by-step approach that addresses the following phases: advocacy, inventory, action plan, health learning pathway, evaluation.

## Resources for enacting the Yeonsu Declaration



### Structure

Each sheet is made up as follows:

- theme
- place in the enactment of the Lifelong Learning for Health policy
- question answered by this sheet
- concrete tools for implementation
- A summary of the key ideas
- Practical activities that can be carried out by the city
- Examples of initiatives in cities around the world

These sheets are only tools intended to support project leaders; they are in no way a method that can be used everywhere. Each city's situation is extremely different, and each project is anchored in a well-defined political, socio-economic and cultural context.

Each tool refers to one of the articles of the declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

#### List of the thematic tools

1. What do we know: Cities are key actors in context of health crisis and resilience
2. What do we know: Cities' contribution to people's health and well-being.
3. What do we know: Limited health knowledge and skills significantly affect health.
4. The COVID-19 crisis as an eye-opener for lifelong education issues related to health and well-being: building resilience with the population
5. What can we say to people who think that this is not the role of cities?
6. The backdrop for city policies: Lifelong learning for health
7. The backdrop for city policies: Health literacy
8. The backdrop for city policies: Citizenship for health
9. The backdrop for city policies: toward a definition of the knowledge and skills that citizens should master
10. The backdrop for city policies: Toward a Health learning pathway for all
11. Policies that match cities' possibilities: Cities' contributions to lifelong learning for health
12. Developing a lifelong for health policy: building the action plan
13. Identifying health priorities: the health city profile
14. Policies that match cities' possibilities: The collection of the existing contributions from the various stakeholders

15. Valuing, Sharing, Improving: Ensuring people's participation in learning for health

16. Building coherence and visibility: Monitoring the enactment of the Yeonsu declaration

## 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



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

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
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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?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
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19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

## 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?

## Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

## 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?

## Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

## 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?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

### 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:*



## Thematic tool 6

### The backdrop for city policies: Lifelong learning for health

Phase 2 of the enactment process: Developing a policy for a healthy and resilient city



The question this sheet answers

- What is lifelong learning for health?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

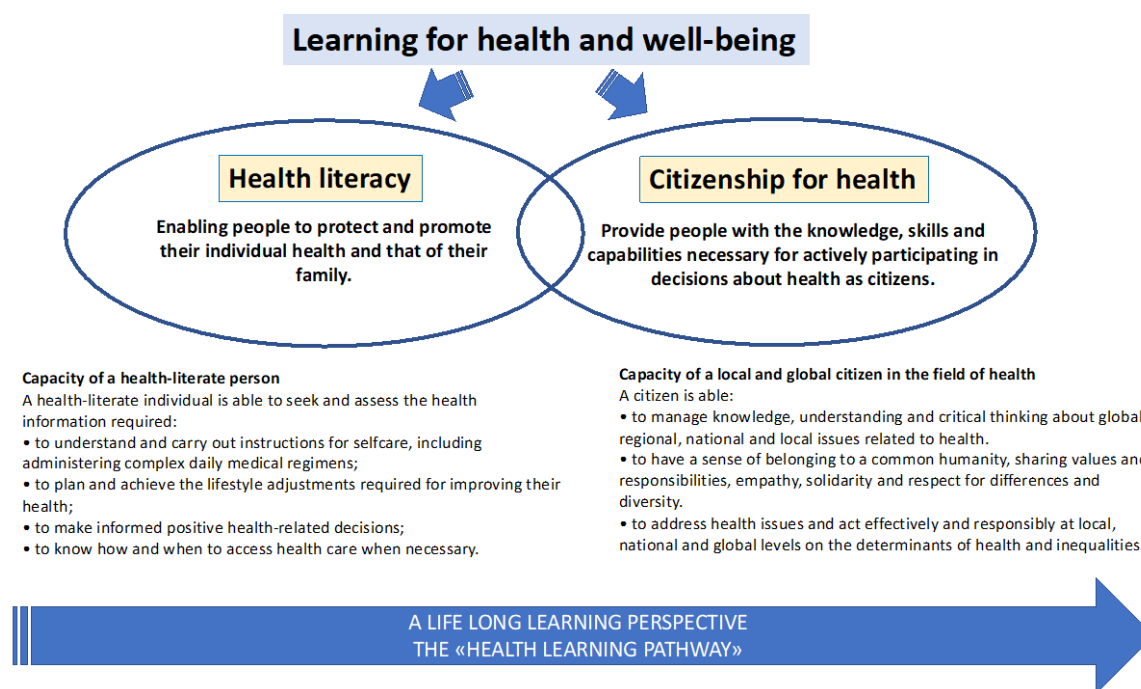
### Summary

Learning for health and well-being refers to two embedded dimensions. Learning for health aims to enable people to protect and promote their individual health - and that of their family - on the one hand, and to provide them with the knowledge, skills and capabilities necessary for actively participating in decisions about health as citizens on the other hand

### Building a Lifelong learning for health policy

Learning for health and well-being refers to two embedded dimensions. Learning for health aims to enable people to protect and promote their individual health - and that of their family - on the one hand, and to provide them with the knowledge, skills and capabilities necessary for actively participating in decisions about health as citizens on the other hand. What is expected from all citizens is to be able to take care of themselves and to contribute to building and maintaining healthy urban environments. Hence, it is both a personal asset for health and a societal health resource. First, learning for health is a way to contribute to building people's capacity to manage their own health. It means that people should be able to access, understand, appraise and apply health information in order to make judgements and take everyday decisions concerning health care, disease prevention and health promotion to maintain or improve quality of life across the life course. The necessary combined knowledge, motivation and competences are often called 'health literacy'.

Second, learning for health is a key component of citizenship education. Health is not just a matter of individual behaviour. People need to be able to understand their rights and responsibilities, to be aware of the effects of their thoughts and actions on other people and the world at large, and to be committed to social decisions related to health (Paakkari & Paakkari, 2012). The determinants of health transcend national barriers; global health is in fact a common good of humanity that can only be ensured for all through a common commitment (Jourdan, 2012).



*Learning for health aims to enable people to protect and promote their individual health - and that of their family - and to provide them with the knowledge, skills and capabilities necessary for actively participating in decisions about health as citizens*

*Activity: Construct your own health learning pathway – where did you get your information from? How did you develop your skills? What would you still like to know? What will you need to know as you get older, both for you and those around you?*

*Examples:*

## Thematic tool 7

### The backdrop for city policies: Health literacy

Phase 2 of the enactment process: Developing a policy toward a healthy and resilient city



The question this sheet answers

- What is health literacy?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

### Summary

'Health literacy is linked to literacy and entails people's knowledge, motivation and competencies to access, understand, appraise and apply information to make judgements and

take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain and improve quality of life during the life course.’ (Sorensen & Brand, 2014)

### Building a Lifelong learning for health policy

Lifelong learning for health is a way to contribute to building people’s capacity to manage their own health. It means that people should be able to access, understand, appraise and apply health information in order to make judgements and take everyday decisions concerning health care, disease prevention and health promotion to maintain or improve quality of life across the life course (Kickbusch et al., 2013). The necessary combined knowledge, motivation and competences are often called ‘health literacy’ (Saboga-Nunes et al., 2021).

Within health literacy, eHealth literacy is defined as the ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem (Norman & Skinner, 2006). Many of the educational responses of cities during the COVID-19 pandemic aimed to equip the population with such knowledge and competences (UIL, 2020). For example, leveraging eHealth literacy skills, and more specifically, media literacy, was shown to be of great value to help mitigate the detrimental effects of erroneous information on vaccination decision-making (Dib et al., 2021).

Table 1 The dimensions of health literacy

	<b>Access/ find/obtain information relevant to health (13 items)</b>	<b>Understand information relevant to health (11 items)</b>	<b>Appraise/ Judge/evaluate information relevant to health (12 items)</b>	<b>Apply/use information relevant to health (11 items)</b>
<b>(47 items)</b>				
<b>Healthcare (16 items)</b>	Ability to access information on medical and clinical issues (4 items)	Ability to understand medical information and derive meaning (4 items)	Ability to interpret and evaluate medical information (4 items)	Ability to make informed decisions on medical issues (4 items)
<b>Disease prevention (15 items)</b>	Ability to access information on risk factors for health (4 items)	Ability to understand information on risk factors and derive meaning (3 items)	Ability to interpret and evaluate information on risk factors for health (5 items)	Ability to make informed decisions on risk factors for health (3 items)
<b>Health promotion (16 items)</b>	Ability to update oneself on determinants of health in the social and physical environment (5 items)	Ability to understand information on determinants of health in the social and physical environment and derive meaning (4 items)	Ability to interpret and evaluate information on health determinants in the social and physical environment (3 items)	Ability to make informed decisions on health determinants in the social and physical environment (4 items)

*Note:* Number of items in the HLS-EU-Q47 for each cell was added into the original table of Sørensen et al (2012) for this publication.

*Source:* Sørensen et al (2012)

WHO defines a health-literate city as follows (WHO, 2017). A health literate city:

- recognizes at the highest political level the importance of becoming and remaining health literate and gives this priority through policies and interventions;
- strives systematically to improve the health literacy of its people, its communities, various social groups and its institutions and services;
- has leaders who understand the high relevance of health for the well-being of the city overall and the need to continually invest in and enhance the social assets of the city, including health

literacy, community resilience, community empowerment and participation and social networking;

- is committed to intersectoral work across government because decision-makers in many sectors understand the high relevance of health and seek health co-benefits and synergy in their policies in cooperation with the health sector;
- provides individuals and communities with skills and knowledge because healthy people and communities are one of the key assets of cities;
- aids citizens in navigating through the health, education and social service systems, making the healthy choice the easier choice in settings under city jurisdiction;
- uses a range of media to deliver consistent and understandable messages and applies plain-language principles;
- regularly reviews programmes, encourages innovation and adapts services to the health literacy requirements of the most vulnerable people;
- works with the private sector and the many voluntary organizations in the city as well as adult learning institutions to improve the overall level of health literacy in the city;
- regularly measures the levels of health literacy in the city; and
- is committed to accountability and transparency.

*Activity – How easy is it to access health resources provided by City institutions?*

*Examples*

## Thematic tool 8

### The backdrop for city policies: Citizenship for health

Phase 2 of the enactment process: Developing a policy toward a healthy and resilient city



The question this sheet answers

- What is citizenship for health?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

### Summary

Lifelong learning (the philosophy, conceptual framework and organizing principle of all forms of education, based on inclusive, emancipatory, humanistic and democratic values) is central to equipping us to deal with rapid changes and to build resilience in our societies



## Building a Lifelong learning for health policy

Health is not just a matter of individual behaviour. People need to be able to understand their rights and responsibilities, to be aware of the effects of their thoughts and actions on other people and the world at large, and to be committed to social decisions related to health (Paakkari & Paakkari, 2012). The determinants of health transcend national barriers; global health is in fact a common good of humanity that can only be ensured for all through a common commitment (Jourdan, 2012).

The pandemic revealed the interdependence of countries globally (Peralta-Santos et al., 2021). It also showed that while the manifestation of inequity in individual countries or regions is bound up in the local-to-global interface of historical, economic, social and political forces, COVID-19 disproportionately affects marginalised communities (Büyüm et al., 2020). There are links between health and global economic and social structures - especially mechanisms of exploitation and oppression. Understanding these relationships is needed to be able to act on the determinants of health. Health is thus one dimension among others of global citizenship within the framework of the SDGs (Nikolitsa-Winter et al., 2019). Learning for health aims to develop the citizenship agency of the people, to contribute to the development of their ability to act in an ethically responsible way, and to take social responsibility. The objective is to give the means to learners to take informed decisions and actions at the individual, community and global levels (UNESCO, 2021). It is part of a process of empowerment (WHO, 1986). This education process includes cognitive (knowledge, critical thinking...), socio-emotional (values and responsibilities, empathy, solidarity, respect...) and behavioural dimensions (act effectively and responsibly at local, national and global levels...) (Nikolitsa-Winter et al., 2019).

Many cities are leading or participating in programmes aiming to strengthen community confidence to combat the pandemic through global citizenship education (Nikolitsa-Winter et al., 2019). *“Health citizenship requires a combination of personal and social responsibility from individuals, but even more so it requires the institutions of society to promote choice, empowerment, self-management, responsiveness and participation in health and well-being.”* (Cayton & Blomfield quoted in Kickbusch et al., 2013). Healthy and resilient cities require citizens who are able to take care of their own health and well-being, contribute to collective health actions and commit to building healthy environments locally as well as globally.

It is likely that the world will face more health crises. Building resilient communities is not independent from other major social and environmental challenges such as the fight for equity and inclusion in all our societies, peace and climate change. Reinforcing the linkages between SDG 3 (Health), SDG 4 (Education and Lifelong Learning), SDG 5 (Gender Equality) and SDG 11 (Sustainable Cities) in municipal policies is a way to gain coherence and sustainability (UNESCO, 2016).

Health issues, and especially COVID-19, disproportionately affect migrants, indigenous people and all marginalised communities (Büyüm et al., 2020; Gosselin et al., 2021). Since the ability to promote one's health and that of his or her family are embedded in, and influenced by, culture, socioeconomic situation and community, learning for health has to take place in multiple ways, and different skills are needed for different situations and contexts. Cities are well placed for facilitating this because of their proximity with the populations and their expertise in social interventions.

So, learning for health should start early in life and continue throughout the life course. Education and lifelong learning are at the heart of the Sustainable Development Goals (SDGs) and indispensable for their achievement. Lifelong learning (the philosophy, conceptual framework and organizing principle of all forms of education, based on inclusive, emancipatory, humanistic and democratic values) is central to equipping us to deal with rapid changes and to build resilience in our societies (Nikolitsa-Winter et al., 2019). Local policies and interventions are not magic wands, but they have a role to play in learning for health within the framework of the SDGs throughout life. This contribution could be shaped into a health learning pathway that integrates health literacy and citizenship for health.

*Where are citizenship for health activities going on in the City at the moment?*

*What more can we do?*

*Examples:*

## Thematic tool 9

The backdrop for city policies: toward a definition of the knowledge and skills that citizens should master

Phase 2 of the enactment process: Developing a policy toward a healthy and resilient city



The questions this sheet answers

- How to define the knowledge and skills targeted by lifelong learning for health?
- What are these knowledge and skills?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
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## Summary

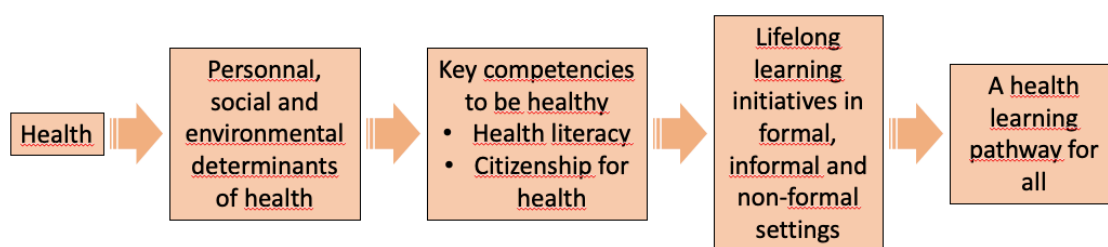
To build a Lifelong Learning for Health policy, we must start from the knowledge and skills that citizens should master to contribute to gain control over their health and that of the community. In order to define what these knowledge and skills are, we need to rely on what we know about the determinants of health.

### Building a Lifelong learning for health policy

To build a Lifelong Learning for Health policy, we must start from the knowledge and skills that citizens should master to contribute to gain control over their health and that of the community. In order to define what these knowledge and skills are, we need to rely on what we know about the factors that condition health, the determinants of health.

If this has not already been done, and in order to identify the determinants of health specific to the city, it is possible to compile a “City Health Profile” prior to identifying the key competences. Cities could find resources to establish such a profile on WHO website<sup>3</sup>.

### A Lifelong Learning for Health policy development approach to make cities healthier and more resilient



Health determinants are the personal, social or environmental factors that have an impact on the health of individuals or populations. These health determinants interact with each other and define the living conditions that influence health:

1. Factors related to views on health, personal behaviours and lifestyles (personal health).

<sup>3</sup> <https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/membership/become-a-member/how-new-cities-can-get-started/city-health-profiles>

2. Relational and community networks including social and group influences (social health).
3. Socio-economic, cultural and environmental conditions (environmental health).

Nine key competencies, linked to these 3 families of health determinants, have been identified (Self-knowledge; Autonomy; Lifestyle; Decision-making; Communication; Critical thinking; Resources; Belonging; Rootedness). The knowledge and skills related to each of the determinants of health are learned at different ages of life but are of differential importance (Jourdan, 2021b). For example, while development self-knowledge skills are crucial during infancy and childhood, work on the adequate use of the health care system is important during adulthood and old age.

In a Health Learning Pathway, these competences could be organised in the following way:

#### *Personal health.*

1. Self-knowledge: ability to know oneself, self-awareness, self-evaluation skills
2. Autonomy: ability to stand back, self-management skills, risk and stress and time management
3. Lifestyle: basic knowledge of health behaviours, ability to identify the link between behaviour and health, evaluating the future consequences of present actions
4. Decision-making: ability to make free and responsible choices in relation to health, negotiation/refusal skills and assertiveness skills

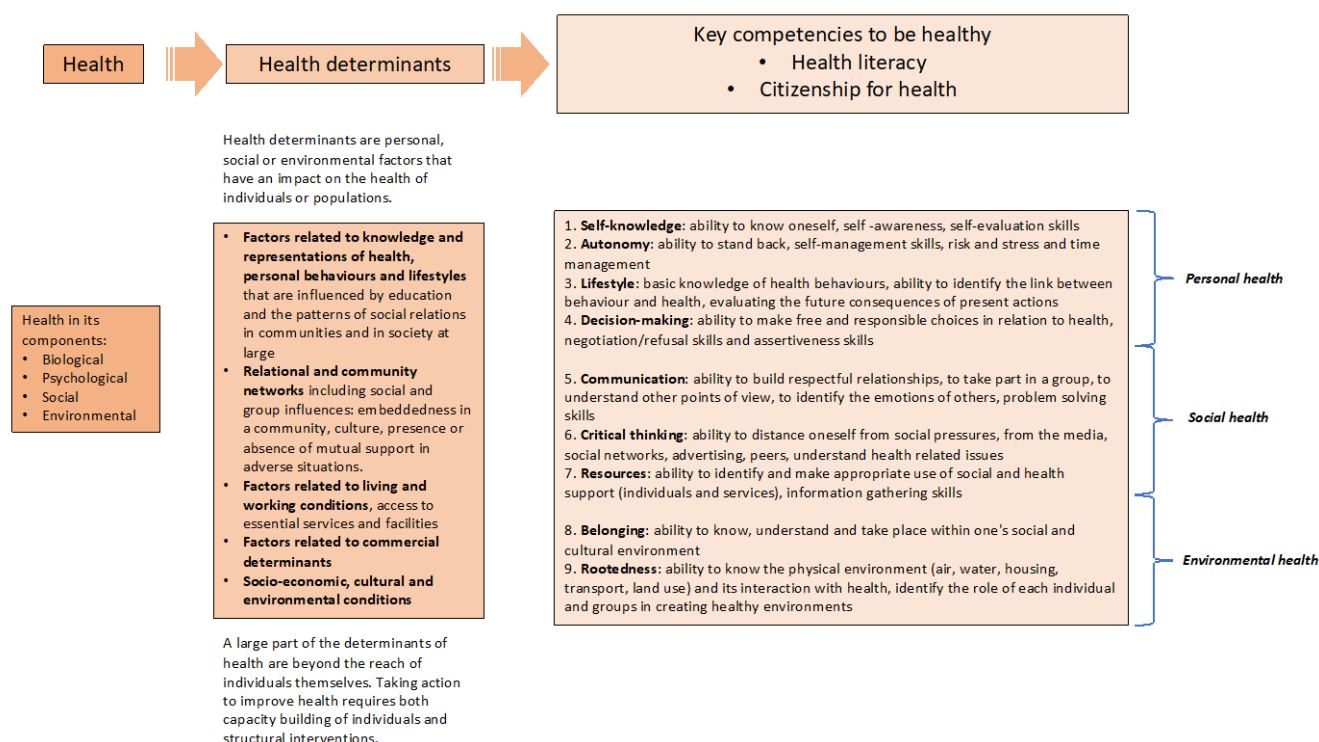
#### *Social health.*

5. Communication: ability to build respectful relationships, to take part in a group, to understand other points of view, to identify the emotions of others, problem solving skills
6. Critical thinking: ability to distance oneself from social pressures, from the media, social networks, advertising, peers, understand health related issues
7. Resources: ability to identify and make appropriate use of social and health support (individuals and services), information gathering skills

#### *Environmental health.*

8. Belonging: ability to know, understand and take one's place within one's social and cultural environment

9. Rootedness: ability to know the physical environment (air, water, housing, transport, land use) and its interaction with health, identify the role of each individual in creating healthy environments (at local to global levels)



Activity – Map personal, social and environmental health to the table of municipal activities

Examples:

## Thematic tool 10

The backdrop for city policies: Toward a Health learning pathway for all

Phase 2 of the enactment process: Developing a policy toward a healthy and resilient city



The questions this sheet answers

- How should we organise and make visible the lifelong learning for health policy?
- What is a health learning pathway?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
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## Summary

A health learning pathway can be defined as an organized and coherent lifelong succession of learning experiences of a varied nature. The aim of such a pathway is to support all people, throughout their lives, to develop healthy and self-determined lifestyles and to enable them to contribute to the collective effort to bring about changes that will benefit the health of all. It is a means to empower people.

## Building a Lifelong learning for health policy

Lifelong learning in the field of health is shared between primary, secondary and tertiary education institutions, health settings, leisure settings, social networks, mass media, peers and families. The challenge of bringing coherence to all these different contributions to learning for health is a major one and involves thinking in terms of a 'pathway' that links the different educational inputs (Jourdan, 2017). This challenge of coherence is directly linked to those of inclusiveness and equity because marginalized communities and vulnerable people do not have the same access to health learning opportunities as the rest of the population. The aim of such a pathway is to support all people, throughout their lives, to develop healthy and self-determined lifestyles and to enable them to contribute to the collective effort to bring about changes that will benefit the health of all. It is a means to empower people.

The term "learning pathway", or "educational pathway", does not refer to a universally accepted definition. Rather, they are expressions that come from common language and which, in education, cover a wide variety of meanings. From the point of view of municipal policies, a learning pathway can be defined as *an organized and coherent lifelong succession of learning experiences of a varied nature*. The pathway mobilizes all the actors in a person's life territory beyond school and healthcare services, integrating formal, non-formal and informal contributions. The pathway makes explicit - and simultaneously formalizes - the content, the contributors and the pedagogical methods of what is offered to the people. It is focused on the development of capacities for awareness and understanding of complex issues, critical judgement and action skills (Paakkari & Paakkari, 2012). It is the enactment, in a given context, of an educational ambition that finds concrete expression in a local setting. The pathway also

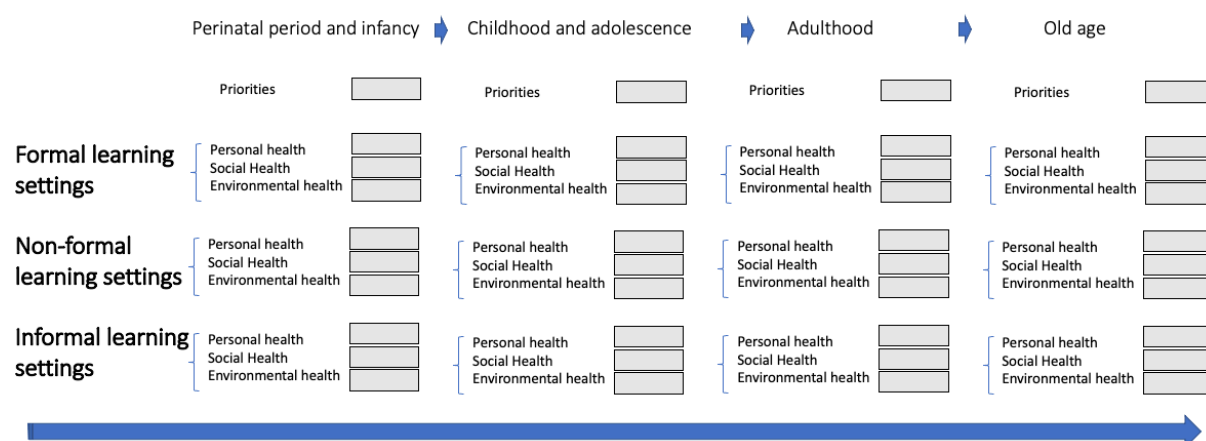


has a communication purpose by making what is done in the city explicit to families, partners and professionals.

This pathway has to be anchored in education for sustainable development (UNESCO, 2018) together with environment, media, and digital learning. In some countries, the initiatives linked to sustainable development and health promotion have already been merged (Davis & Cooke, 2007; Réseau d'écoles 21, 2018). The health learning pathway has to be linked to all policies and interventions aiming to promote health and well-being and - more broadly - sustainable development.

For each of the ages of life (perinatal and infancy, childhood and adolescence, adulthood, old age), the pathway is made of four sections. The first one describes its objectives and priorities, and the three others describe the initiatives enacted in the formal, informal and non-formal educational settings respectively. These 3 sections are systematically organised according to health determinants (personal, social and environmental health). Indeed, the aim is to draw on all the knowledge and skills that citizens need to master in order to act on these different health determinants and to organise the learning activities corresponding to the different ages of life. Most of these competencies are common to other aspects of daily life and citizenship.

### The structure of a Health Learning Pathway



For each of the ages of life (perinatal and infancy, childhood and adolescence, adulthood, old age), the pathway is made of four sections. The first one describes its objectives et priorities , the three other describes the initiatives enacted in the formal, unformal and non-formal educational settings respectively. Inside These 3 sections are systematically organised according to health determinants.

Below are examples of tables to summarise the different contributions to the health learning pathway. This table could be used:

- at the beginning of the process to identify the lifelong learning for health initiatives.
- to mobilise partners.
- to make visible and highlight the work already done at local level.
- to identify gaps in terms of content and in terms of inclusion and equity.
- to develop the content of the educational health pathway and take relevant municipal initiatives.
- to serve as a basis for communication on the lifelong learning for health policy (media).
- to evaluate the project.

#### *Formal education settings*

	Personal health Learning about factors related to views on health, personal behaviours and lifestyles	Social health Learning about relational and community networks including social and group influences	Environmental health Learning about socio-economic, cultural and environmental conditions
Preschool/nursing school/kinder garden			
Primary school			
Middle school			
High school			
Tertiary education/higher education institutions			
Adult education centre			

#### *Non-formal learning*

	Personal health Learning about factors related to views on health, personal behaviours and lifestyles	Social health Learning about relational and community networks including social and group influences	Environmental health Learning about socio-economic, cultural and environmental conditions
Associations			
Sports clubs			
Leisure settings			
Museums			
Libraries			
Social interventions			
Health settings			

#### *Informal learning*

	Personal health Learning about factors related to views on health,	Social health Learning about relational and community networks	Environmental health

	personal behaviours and lifestyles	including social and group influences	Learning about socio-economic, cultural and environmental conditions
Print media (municipal medias, posters, flyers...)			
Broadcasting (radio and television)			
Exhibitions			
Websites			
Social media			
Unformal learning within education, health and social interventions			

These different initiatives could be described in dedicated action-forms (setting, public, objectives, public...).

*Activity – look at the big table of municipal health topics in TT13 and identify where, if anywhere, people learn about these topics in formal/informal/non-formal settings.*

*Examples:*

## Thematic tool 11

### Policies that match cities' possibilities: Cities' contributions to lifelong learning for health

Phase 2 of the enactment process: Developing a policy toward a healthy and resilient city



The question this sheet answers

- Beyond collecting and linking local initiatives, how can cities contribute to lifelong learning for health?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
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## Summary

Cities have a pivotal role in learning for health. This is not to say that they do everything. Depending on their mandate, policy direction and capacity, cities could be leaders, partners collaborators or hosts of initiatives in learning for health.

### Building a Lifelong learning for health policy

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. Depending on their mandate, policy direction and capacity, cities can play a major role in learning for health. The following table summarises the different ways in which cities contribute to learning for health (Espace Muni, 2021).

<i>Cities as leaders in learning for health</i>	<i>Cities as partners in learning for health</i>	<i>Cities as collaborators in learning for health</i>	<i>Cities as hosts in learning for health</i>
<p>A municipality that recognizes itself as a leader will</p> <ul style="list-style-type: none"> <li>• initiate action</li> <li>• coordinate its implementation</li> <li>• assume responsibility for its implementation</li> <li>• allocate the necessary resources to carry it out.</li> </ul>	<p>A municipality that recognises itself as a partner will</p> <ul style="list-style-type: none"> <li>• actively participate in a project initiated in its community</li> <li>• allocate resources (financial and human) that will confirm its contribution to the implementation of an action</li> <li>• make a concrete commitment to one or more actors in the community (e.g. the school community, the health community, organisations or other municipalities) in a fair sharing of responsibilities, resources and expertise.</li> </ul>	<p>A municipality that recognises itself as a collaborator will</p> <ul style="list-style-type: none"> <li>• support the implementation of an action in different ways (financial, technical, administrative, etc.) without playing an active role in the project</li> <li>• creating and maintaining mutual aid relationships with local actors, citizens and other municipalities.</li> </ul>	<p>A municipality that hosts programmes and interventions implemented by NGOs will</p> <ul style="list-style-type: none"> <li>• be informed of the characteristics of the intervention</li> <li>• facilitates the implementation on the territory of the city (authorisation, provision of premises, etc.).</li> </ul>

*Cities' contribution to learning for health. Modified from Espace Muni 2021*

In order to describe the contribution of cities to learning for health in concrete terms, we need to start from what we know about the spaces in which people develop their knowledge and skills in relation to health. These include families, friends, workplace, mass media, media on

demand, social media, formal education settings (schools, colleges, universities), health care facilities (community health centres, local healthcare professionals, home help and care, pharmacies, hospitals and specialized institutions), social services, civil society organizations (faith communities, associations, sports clubs), and the cultural system (museums, libraries). Cities' contribution to these learning spaces depends on their mandate and means.

- Cities are **leaders** in learning for health when they organize libraries, museums and other cultural initiatives to support learning for health, create afterschool educational programmes, play a role as a platform for collaboration between public and private stakeholders, integrate learning for health in their communication strategies especially when they take innovative initiatives in the field of ICTs (applications, microlearning strategies...).
- Cities are **partners** in learning for health when they support the social and health services, education institutions, associations, and sports clubs in shared learning for health initiatives.
- Cities are **collaborators** in learning for health when they support, financially or in-kind, initiatives on learning for health of the civil society and health and education institutions.
- Cities are **hosts** for learning for health when they welcome programmes and interventions implemented by the State or NGOs on their territory without being involved in the management or the support of the programme. Nevertheless, they facilitate the implementation of such initiatives through administrative authorisations, such as provision of premises.

The following table could help to summarize the various initiatives of the municipality.

## Settings

## Municipal initiatives

### Formal

- Supporting the health education initiatives



### Non-formal

- Mobilization of stakeholders, creating platforms for collaborations
- Strengthening afterschool learning programmes
- Organizing libraries, museums and other cultural initiatives to support learning
- Contribution to education capacity building of the community health services
- Supporting lifelong learning initiatives
- ...



### Informal

- Mobilization of stakeholders, creating platforms for collaborations
- Supporting family learning
- Supporting digital learning for health, posting in streets and waiting rooms...
- Supporting lifelong learning initiatives
- ...



Many lifelong learning goals may take decades to achieve. Consequently, it is important for projects to start with at least some initiatives that can demonstrate achievements in a short time. These early accomplishments are important for maintaining political and community commitment to a project. Projects, therefore, need a mix of initiatives. Some should achieve short term successes; others should be more developmental and should achieve health outcomes over a longer period. Short-term outputs may not clearly demonstrate a health or environmental outcome but should be able to be linked to the longer-term achievements.

Need for short-term achievements in addition to long-term goals

*Activity: Identify where the City takes on each of these 4 roles in relevant municipal initiatives*

*Examples:*

## Thematic tool 12

### *Developing a lifelong for health policy: building the action plan*

#### Phase 2 Developing a policy toward a healthy and resilient city



#### The questions this sheet answers

- What are the levers to activate to induce change in education at the city level?
- How to build the action plan?

#### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

#### Summary

The enactment process of the Yeonsu declaration has to be based on a change management strategy. Four levers have to be activated (1) policies; (2) structures & systems; (3) human resources; (4) practices. Since we're not starting from scratch, and because culture and contexts are different from each other, the key question is more to improve the quality and



outcomes of the lifelong learning service provided to the population than to implement a program to be followed step by step by these structures

## Building the action plan

There are many ways to organize the action plan. To be effective, a “wish list” is not enough, the enactment process has to be based on a change management strategy. We have to understand the Modus Operandi of the education systems (Bryk, 2015) to be able to influence it. Four levers have to be activated (1) policies; (2) structures & systems; (3) human resources; (4) practices (SHE, 2018; UNESCO, 2017). Based on the literature and our experience, we propose to organize the action plan following these four components and ten domains of action.

### Local lifelong learning policies

In this component, two elements must be integrated.

- The first is policies, both the lifelong learning policies existing in the different sectors and the policy component dedicated to lifelong learning for health.
- Secondly, it is about advocacy aimed at inducing citizens' participation and raising awareness of learning for health issues. To scale up health promoting practices in schools, communication documents and resources targeting the civil society are indispensable to influence the views of education.

### Structure and systems

The existence of supportive organizational structures is a condition for successful change (UNESCO, 2017).

The issues of steering, management and financing must be taken into account in the action plan. Four elements must be integrated:

- Management of municipal settings (libraries, museums, communication services, social institutions...)
- Support to schools' management and organization
- Support to associations, NGOs and sports clubs' management and organization
- Resources

Since we're not starting from scratch, and because culture and contexts are different from each other, the key question is more to improve the quality and outcomes of the lifelong learning service provided to the population than to implement a program to be followed step by step by these structures (Dadaczynski & Paulus, 2015).

#### Practices and human resources

Having political and institutional frameworks is necessary, but without capacity building for professionals, progress will stall (WHO, 2016a). To ensure genuine sustainable buy-in of lifelong learning for health practices, i.e. having a significant influence on motivation and agency of professionals, it is critical to understand the views and practices of the professionals (Jourdan et al., 2013).

Professional development (pre-service and in-service training, access to support service) could help those involved in lifelong learning initiatives acquire skills to incorporate health promoting, equitable and inclusive practices. Professional development has to be part of a coherent strategy, as staff training is not just a stacking of modules.

Concerning the practices, two elements must be integrated:

- the educational practices of professionals supporting the population on a daily basis (teachers, librarians, nurses, GPs, social workers, police officers etc.)
- the practices of those who intervene on an ad hoc basis in the framework of initiatives dedicated to lifelong learning for health

Concerning the human resources, two elements must be integrated:

- The professional development (we point out here that the training can also concern non-professionals such as volunteers from associations)
- The support for professionals in their work

<b>Policies</b>	<ul style="list-style-type: none"> <li>Lifelong learning policies and plans</li> <li>Mobilization of the civil society</li> </ul>	
<b>Structures and systems</b>	<ul style="list-style-type: none"> <li>Municipal settings</li> <li>School Management and environment</li> <li>Support to associations, NGOs, sports clubs...</li> <li>Resources</li> </ul>	
<b>Practices</b>	<ul style="list-style-type: none"> <li>Educational practices</li> <li>Intervention practices</li> </ul>	
<b>Human resources</b>	<ul style="list-style-type: none"> <li>Professional development</li> <li>Support</li> </ul>	

Template for the action plan

This table could be integrated in a document that could include the following ten items.

1. Characteristics of the city (topography and climate; history, culture, and heritage; administrative structure; demographics; etc.)
2. Vision of the city
3. Health and education situation of the city (population health; lifestyles and preventive activities; health care services; welfare services; lifelong learning policy; environmental health services; living environment; environmental quality; urban infrastructure; natural environment; land use and urban planning; local economy; education; income and family living expenses; community activities; legislation and regulations; etc.)
4. Priority health problems
5. Planning goals and targets of the lifelong for health policy
6. Strategies for action on (1) policies; (2) structures & systems; (3) human resources; (4) practices (cf. table)
7. Actions and activities to develop learning to resolve priority health problems (formal, non-formal and informal education)
8. Roles of individual groups in implementing the above actions/activities
9. Resources required and available for implementing the actions/activities

10. Implementation and monitoring/evaluation mechanisms (coordination and communication mechanisms for implementation; indicators for monitoring and evaluation of progress; mechanisms for evaluation; reporting systems; etc.)

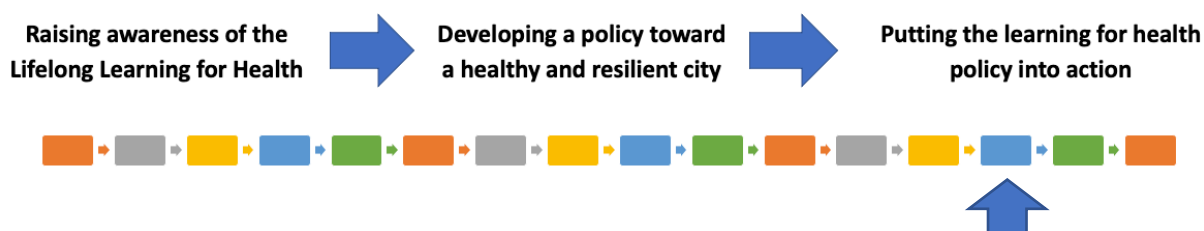
*Activity: Conducting a SWOT on the levers and obstacles to the implementation of a lifelong learning for health policy*

*Examples:*

## Thematic tool 13

### *Identifying health priorities: the health city profile*

#### Phase 2 Developing a policy toward a healthy and resilient city



#### The questions this sheet answers

- If the city's health profile has not been done elsewhere, how can it be done?
- How to identify the health priorities to build the health learning pathway?

#### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

#### Summary

Making a city health profile could be useful in taking stock of the health situation of the city and identifying priorities for the health learning pathway. If the city's health profile has not been done elsewhere, it could be organized through the framework developed by WHO WPRO.

## Working path for practical enactment

A city health profile gives a comprehensive view and some background information on the health and environmental situations of the city. In addition to the current status, trends from the past as well as future projections could be included. The process of developing a city health profile requires the involvement of multiple sectors, in order to facilitate further intersectoral collaboration in the planning and implementation of the project activities.

The following framework has been developed by WHO WPRO for healthy cities, and can be useful in taking stock of the health situation of the city and identifying priorities for the health learning pathway (WHO, 2000).

Topic	Items
Demography and Epidemiology	Total population Age and sex breakdown Ethnic distribution Birth rate Fertility rate Death rate Morbidity rate Communicable diseases Non-communicable disease Injuries/accidents Crime Disabilities Suicide rates/occupational injury Perceptions of health and well-being Individual risk factors Immunization rate Nutrition Alcohol and drugs Smoking Exercise Screening rates (cancer) Domestic violence
City background	History Culture Climate Topography
Physical Environment	Environmental quality Air Water Noise Soil Scenery Percentage green space/parks
Living Environment	Access to safe drinking water Adequacy of housing facility Amount of living space

	<p>Rates of homelessness</p> <p>Food hygiene</p> <p>Insects and rodent control</p> <p>Sewage treatment</p> <p>Waste treatment</p> <p>Coverage of solid waste collection</p> <p>Recycling</p>
Urban Infrastructure	<p>Description of urban planning/zoning system</p> <p>Main mode of transport</p> <p>Availability of public transport</p> <p>Availability of communication and information technology</p> <p>Use of public media</p>
Organizations and Services	<p>Description of administrative structure of departments, districts and communities and local government.</p> <p>Description and assessment of the effectiveness of existing intersectoral coordinating mechanisms.</p> <p>Description of availability of:</p> <ul style="list-style-type: none"> <li>Hospitals</li> <li>Community health facilities (maternal/child, disability, aged care)</li> <li>Schools</li> <li>Community centres</li> <li>Sporting facilities</li> <li>Environmental health services <ul style="list-style-type: none"> <li>- food inspector</li> <li>- standard of monitoring/enforcement</li> </ul> </li> </ul>
Economic	<p>Assessment of impact of economy on health</p> <ul style="list-style-type: none"> <li>- main industries/business</li> <li>- health of economy</li> <li>- level of development</li> </ul>
Social	<p>Sources of social stress</p> <p>Description of social support mechanisms/networks</p> <ul style="list-style-type: none"> <li>- family/household</li> <li>- community</li> <li>- cultural</li> <li>- gender relations</li> </ul>
Education	<p>Formal, non-formal and informal education</p> <p>Inclusiveness</p> <p>Equity</p>
Legislation and regulations	<p>Disease prevention and control</p> <p>Hospitals, schools, workplaces, markets, etc.</p> <p>Food hygiene, building, housing</p> <p>Drinking water, waste management</p> <p>Air, water, noise, soil, etc.</p>

*Activity – Take the big list and look at the hotspots and hot topics for each issue, and who in the population is affected most by each issue.*

*Examples:*

## Thematic tool 14

The collection of the existing contributions from the various stakeholders

Phase 2 of the enactment process: Developing a policy toward a healthy and resilient city



The questions this sheet answers

- Who are the actors in learning for health?
- How do they contribute to lifelong learning for health?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
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## Summary

It is necessary to take a broad view of the type of initiatives that have to be included, as they are related to formal, informal and non-formal education. The initiatives could be focused on a variety of themes in relation to the physical, mental and social dimensions of health. Once the contribution of the different actors is identified, it is possible to define whether it is necessary for the municipality to support these initiatives. If so, define the appropriate support.

## A working path for practical enactment

It is necessary to take a broad view of the type of initiatives that have to be included, as they are related to formal, informal and non-formal education. A list of key players whose efforts may need to be coordinated in a Lifelong Learning for Health policy is given in the box below.

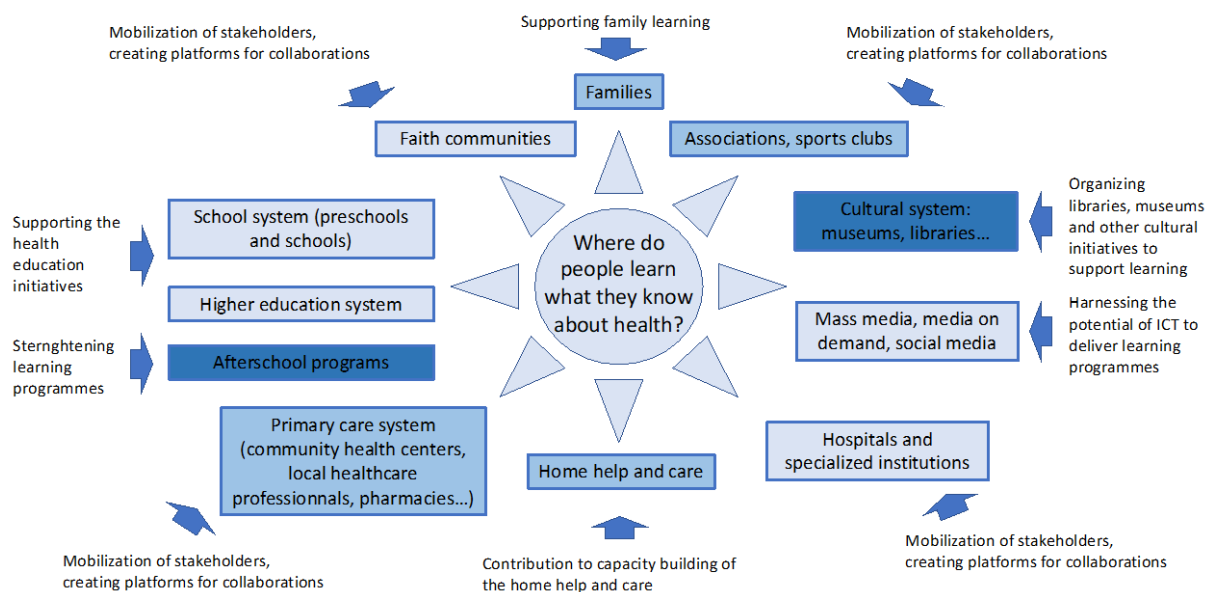
### List of key players in a Lifelong Learning for Health policy

- community members
- local, provincial/state and national politicians
- government service providers from a variety of sectors (e.g. health, welfare, transport, police, public housing authority)
- health and educational institutions
- community service providers
- nongovernmental organizations
- community-based organizations
- private enterprise interests
- consumer groups
- local government authorities
- provincial/state government authorities
- relevant national government authorities
- Faith communities
- ethnic groups
- community media

...

The learning initiatives could be focused on a variety of themes in relation to the physical, mental and social dimensions of health. They include promotion of physical activity and healthy eating, mental health, vaccination, road safety education etc. The COVID-19 crisis has shed light on mental health issues: loneliness, stress, fear and anxiety associated with the pandemic. Social confinements and social distancing measures have also had a severe impact on people's well-being (WHO, 2020).

Once the contribution of the different actors is identified, it is possible to define whether it is necessary for the municipality to support these initiatives. If so, define the appropriate support.



*Cities' policies and practices are at the core of people and communities' health learning modified from Ra et al., 2021.*

*Activity – create a table of the interests of the actors named above – what will mobilise them?*

*Look at the 'sun' figure – list of learning opportunities*

*How well developed are they?*

*Do we have the capacity to deliver?*

| *Are we able to extend opportunities to other populations?*

| *Examples:*

## Thematic tool 15

Valuing, Sharing, Aligning, Improving: Ensuring people's participation in learning for health (YD articles 7,8,10,15,19,20)

Phase 3 of the enactment process: Putting the learning for health policy into action



The questions this sheet answers

- How can we promote participation in the lifelong learning for health policy?

### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
15. Proving learning opportunities for vulnerable populations, including children	16. Recognising the contribution of the formal education sector	17. Building the capacity of non-formal learning providers	18. Making use of informal spaces in cities
19. Broadening the scope of stakeholder involvement at city level	20. Strengthening our efforts to achieve the 17 SDGs		

### Summary

Participation of citizens is a key condition of the success of the lifelong learning for health policy. To ensure participation, there is need for spaces for discussion with citizens in which to reflect on the nature of problems; spaces for decision-making with organized interaction with

citizens, civil society groups, governments and other actors to establish plans of action; organization of such actions involving all stakeholders; and their involvement in evaluation.

### Working path for practical enactment

When cities set up learning for health schemes, there is a considerable risk that these will only be aimed at the more accessible parts of the population. The most vulnerable and least socially integrated people are more difficult to reach. Ethnicity, migration, gender, cultural differences, religion, language, age and disability are sources of exclusion. For example, migrants generally score lower on literacy and health literacy measures, and they have poorer access to - and use less - information and health promotion, disease prevention and care services (Kickbusch et al., 2013). Their social situation, the cultural difference and linguistic barriers make the implementing of learning for health strategies more difficult to achieve.

Participation of citizens is a key condition of the success of the lifelong learning for health policy. If participation processes are inclusive – meaning that all of the population are entitled and have the skills to participate – social participation can be understood as a key driver of health equity. To ensure participation, there is need for spaces for discussion with citizens in which to reflect on the nature of problems; spaces for decision-making with organized interaction with citizens, civil society groups, governments and other actors to establish plans of action; organization of such actions involving all stakeholders; and their involvement in evaluation.

The WHO document “Participation as a key driver of health equity” describes the key component of the governance of a participatory process (WHO, 2019) as follow:

#### Spaces for discussion

The configuration of participatory institutional and noninstitutional spaces for discussion offers opportunities for promoting health equity.

#### *Communication-related opportunities for health equity*

The configuration of a participatory space requires that all affected stakeholders, including those in disadvantaged situations due to social conditions (groups with lower socioeconomic capacity, invisible and oppressed groups, and minorities, for instance), are contacted and their participation facilitated. The creation of a participatory space (through specific communication

and mobilization strategies for groups that are disadvantaged in terms of health) promotes raising awareness and recognition of the rights of groups with the highest level of health disadvantage.

#### *Reflexive opportunities for health equity*

Opening a space for participation provides a reflexive (or deliberative) opportunity through interaction, communication, information production, training, reflection, deliberation and appropriation, defining problems and the agenda of priorities based on the needs of those who participate in the process, and not only on technocratic or administrative criteria. This requires, therefore, a change in the collective framing of the problem and priority-setting to take account of the most disadvantaged groups, who go from being considered mere beneficiaries of interventions to agents and protagonists of the policies and programmes that affect them.

#### *Pedagogical opportunities for health equity*

Opening a space for communication and discussion on health issues generates a space for learning that encourages health literacy, through which individuals gain control over individual behaviours that promote health. Health literacy can be understood as a bidirectional process, as health professionals, scientists, civil servants and others can gain knowledge about the wider determinants of health inequities through participants' narratives.

#### *Decision-making*

Establishing a more or less formalized system for interaction with citizens, civil society groups, governments and other stakeholders allows for an approach to address problems that generate inequality in health.

#### *Coherence*

Participatory processes can serve to align the objectives of different actors in the struggle against health inequity to achieve a more consensus-based strategic vision.

#### *Responsiveness*

As a result of negotiation, deliberation and opening spaces for consensus (or conflict), responsiveness is developed on behalf of all intervening stakeholders in general, and governments in particular, enabling institutions to better serve all stakeholders, including those most in need.

#### *Transparency*

Interaction requires the development of a transparent system of exchange. It should guarantee

that information is available, accessible and comprehensible. Participants' narratives and the available information create new knowledge about the social determinants of health.

#### *Rule of law*

There is a tendency to formalize the decision-making process to favour the rule of law (because of a restriction in the informal exercise of power) to reduce possible mechanisms of abuse of power and discrimination.

#### *Implementation*

The participation of everyone with a stake in decisions in applying strategies, programmes and activities permits the following to occur.

#### *Coordinated action*

This involves stakeholders involved in the participatory process working in synergy, improving effectiveness and the efficiency of interventions.

#### *Identification of the population with policies*

It is possible to achieve greater acceptance of policies in which the population feels ownership due to participation in their development and implementation. When policy implementation takes place from a technocratic model in which elites make decisions based on technical and professional criteria, there is a tendency to generate greater symbolic violence with groups that do not share the cultural codes of the socially dominant groups because of their positions in the social structure.

#### *Evaluation*

Evaluation favours the following issues.

#### *Determining the impact of learning for health policies*

Impact evaluation links decisions made with possible effects on the population, which increases information about how decisions increase or reduce health inequalities. This serves to reorient action towards health equity.

#### *Return of results*

The return of results is a two-way process. On the one hand, it permits the population to make use of the knowledge and information provided (which, in reality, is their own), and on the other, it is helpful in validating the information obtained in the participatory process (results

validation).

*Activity: For different groups how are they involved in participation work?  
How could we engage them more meaningfully?*

*Examples:*



## Thematic tool 16

### Building coherence and visibility: Monitoring the enactment of the Yeonsu declaration

#### Phase 3 of the enactment process: Putting the learning for health policy into action



#### The questions this sheet answers

- How to evaluate the enactment of the Yeonsu declaration?

#### Articles of the Yeonsu declaration

7. Demonstrating the necessary political will	8. Paying attention to contextual factors	9. Crisis implementation of plans for essential services	10. Empowering local people to build capacity to protect their health
11. A new paradigm of Learning for Health in cities	12. Promoting health literacy in the city	13. Strengthening and promoting Citizenship for Health	14. Strengthening community resilience through multisectoral planning
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#### Summary

Evaluation of the enactment of the Yeonsu declaration needs to consider process evaluation in the short-term as well as long-term impact and, eventually, outcome evaluation. Short-

term process evaluation is important because it allows the assessment of the project and early identification of problems and helps keep the morale of participants high by demonstrating and monitoring progress. The participation of the population in the lifelong for health policy is a major issue and should be evaluated on a regular basis.

### Working path for practical enactment

Evaluation needs to consider process evaluation in the short-term as well as long-term impact and, eventually, outcome evaluation. Short-term process evaluation is important because it allows the assessment of the project and early identification of problems and helps keep the morale of participants high by demonstrating and monitoring progress.

The focus of the evaluation depends, at least in part, on the maturity of the project of lifelong learning for health policy and the level of funding. Process indicators are particularly important to collect in the setting-up stage of a project, while outcome indicators are more appropriate for a more mature project. Of course, both are important in a project, but outcome indicators will only be possible over a reasonably long term.

Indicators should be developed with specific relevance to local communities. The development of indicators is not a technical issue, but an issue of values and beliefs about processes necessary for developing health. Consequently, the type and interpretation of indicators will vary from community to community. Relevant, sensitive and easy to collect indicators may be used for the monitoring of, and comparison between, a number of Lifelong Learning for Health policies at the country or inter-country levels. These indicators should demonstrate changes and the participating projects should find them easy to collect.

Stage One: Short-term impacts and implementation. This stage is concerned with describing the implementation of the health learning pathway project and, in particular, with ensuring that the project has been implemented according to established guidelines and criteria. For example, a project that had brought about intersectoral action but had not sought to increase opportunities for community participation would not be judged to have been implemented properly.

Stage Two: Medium-term learning outcomes. This stage concerns the intermediate outcomes that could be shown to be linked to long-term health and environmental outcomes.

Increase in the knowledge of people on health crises, non-communicable diseases, and development of the psychosocial skills of young children are examples of these outcomes.

Stage Three: Education, health and development outcomes. This stage underscores the specific individual, communal or environmental health outcomes. Level of health literacy, a decline in mortality or morbidity from particular diseases linked to an intermediate outcome, an improvement in living environments or a higher than before level of perceived health status in a community are distinct examples of such outcomes.

In the early stages of the project, the evaluation focus should be on Stage 1. As the project develops to Stage 2, the intermediate outcomes could be monitored. The individual, communal or environmental health outcomes of Stage 3 are likely to take years or even decades to achieve.

We propose here two tools for monitoring the initial phases of the enactment of the Yeonsu declaration.

## *Monitoring implementation*

Process evaluation of the enactment of the Yeonsu declaration checklist (from WHO, 2000):

1. How were the priorities for action arrived at?
2. What information was collected to inform this process? Was it appropriate?
3. Who was involved? Did all groups feel satisfied with the say they had? If not, why not?  
What would have enabled them to have more say?
4. What process is there for reviewing and revising priorities?

### *Project management*

1. What sectors are represented on the management bodies? Which are not represented?  
Why aren't they represented?
2. What form does the community representation take? Do the community representatives make a genuine contribution? What are the constraints to them doing this?
3. Who holds most power in decision-making? Is this appropriate?
4. What connection does the management group have to the key decision-makers in the city (usually the mayor and town clerk)?
5. What is the strength of political support for the project?
6. How have policies, structures, practices and human resources been influenced?

### *Characteristics of the project activities*

1. Description of all initiatives which have been part of the lifelong learning for health project.
2. Details of the contribution of each component of the health learning pathway.
3. Documentation of the process of how change was achieved.
4. Detailed accounts of problems encountered in implementing the project.
5. Details of alternative ways to implement the project.
6. Determining whether the initiative was worth the money.
7. Status of innovation after the initial impetus.

#### How successful was the cross-sector activity and collaboration in the project?

1. Which sectors appear most supportive of the Healthy Cities initiative and why?
2. Which sectors are not supportive of the initiative and why not?
3. What are the most successful cross-sector initiatives? What factors appear to account for their success?
4. Are there any cross-sector activities that have not been successful? Why does this appear to be the case?

#### The future of the project

1. How is innovation being maintained after the initial impetus is over?
2. Is political support for the project continuing? If not, how can it be revived?
3. Are the project successes sustainable?
4. Is the project continuing to generate new ideas?

#### *Monitoring participation*

To evaluate participation, at least three key questions should be answered (from WHO, 2019).

<p>Who participates (inclusivity)?</p> <p>The degree of openness to participation of people who are not formally organized</p>	
<p>How do they participate (intensity)?</p> <p>The extent to which participants interact, exchange information and influence decision-making in participation processes</p>	
<p>How are discussions and decisions linked with policy or public action (influence)?</p> <p>The orientation of participation processes in relation to city or institutional actions</p>	

*Activities-Develop relevant indicators to assess the implementation of the declaration at the city level.*

*Examples:*

## References

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