

Basic Principles of
Healthy Cities:

Health for All



The **Healthy Cities (HC) projects** seek to apply “Health for All” principles and health promotion strategies of the Ottawa Charter for Health Promotion through local action in urban settings. This leaflet aims to introduce the idea, origin and development of the “Health for All” principles - the cornerstones of the HC projects, so as to entrench the HC concept in the community.

The Origin of the Health for All Principles

In the seventies of the 20th Century, the political and economic conditions of the international community were difficult. Against the backdrop of urbanisation and political uncertainty, health disparities between developed and developing countries and even within countries became so great that people found them politically, socially and economically unacceptable. Health disparities became a common concern for everyone. In 1977, the World Health Assembly (WHA) proposed a primary social target for all governments, international organisations and the global community: “To enable all of the world’s citizens to enjoy by 2000 a level of health that would allow them to lead a socially active and economically productive life”. This social target of “Health for All ” (abbreviated “HFA”) emphasised the attainment of the highest possible level of health by societies a basic human right, and observing ethical principles in health policy making, health research and service provision. Formulation of policies and strategies should be guided by principles of equity and solidarity, and active attention should be given to gender-specific perspectives and aspirations.

In September 1978, representatives from 134 countries and 67 international organisations participated in the World Health Organization (WHO)’s First International Conference on Primary Health Care held in Alma-Ata, former USSR. Representatives signed the Alma-Ata Declaration which reaffirmed that health was a fundamental human right and that primary health care was the key to attaining HFA.

The Development of HFA Principles in the International Scene

After the Alma-Ata meeting, health promotion movements were initiated in many countries. WHO's six Regional Offices strived to provide Member States with guidance to achieve HFA. Take Regional Office for Europe as an example, Member States in the region generally adopted the HFA principles as the blueprint for formulating national health policies and the basis for developing related policies and setting health objectives.

At the 51st WHA in May 1998, the world community signed the World Health Declaration, in which the “Health for All in the 21st Century” policy was adopted to carry forward the vision of HFA stated in the Alma-Ata Declaration. This policy defined global priorities for the first 20 years of the 21st Century. Ten objectives were formulated to define conditions through which people worldwide could attain the highest possible level of health. In applying the HFA principles, it is essential to note that HFA is not an end point but a call for social justice with principles for all countries to observe to improve people's health. In response to the appeal of “HFA in the 21st Century” policy, the Regional Office for Europe updated the health policy framework “Health 21” for the region in 2005. “Health 21” emphasised core values of “equity”, “solidarity” and “participation” and recommended ten tools that help formulation of health policies that respect human rights. Some examples are formulation of national health policies in keeping with international human rights instruments, formulation of evidence-based health strategies, conducting health impact assessments, monitoring of health determinants and public engagement, etc.

HFA Principles and Health Improvement Progress

Since the HFA principles were proposed at the WHA in 1977, WHO had conducted three evaluations on its implementation progress. The findings indicated that there was significant improvement in health conditions around the world, for example, infant and child mortality and morbidity rates, life expectancy at birth and access to health services. Moreover, increasingly more Member States monitored and evaluated their HFA policies on a regular basis. Yet, such progress had not been all plain sailing. Lack of political commitment towards the HFA targets, difficulties in intersectoral actions, limited scope of health promotion activities, and rapid changes of population and diseases patterns are widening the health gaps between and within countries, and hampering the progress of health improvement.

Meanwhile, rapid globalisation and urbanisation are causing environmental degradation and wider health gaps between countries. This undoubtedly affected the progress of health improvement. On the other hand, globalisation has enhanced information and communications technology and improved mechanisms for global governance and experience sharing. It opens up new opportunities for cooperation to improve health and reduce transnational health risks. As such, WHO held a Global Conference on Health Promotion in August 2005 at which the “Bangkok Charter for Health Promotion in a Globalised World” was endorsed. The Charter proposed that in order to meet and overcome the challenges from globalisation and capitalise on its advantages, all levels of governments, the United Nations agencies and other organisations, including the private sector must implement coherent policies that promote compliance with international treaties aiming to protect health.

Healthy Cities Projects –

A Platform to Realise HFA Principles

Since the eighties, WHO has advocated the Healthy Cities (HC) Projects as the platform to realise HFA principles and to assess their application at the local level. The HC Projects endeavour to improve and promote population health through strategies calling for health policy changes, intersectoral collaboration, community participation, and so on. The experiences of the HC implementation throughout the world have demonstrated the impact of public health strategies based on HFA principles. For HC Projects to be effective, therefore, our actions must be based on a good understanding and application of HFA principles.

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This leaflet was last updated in March 2009. For more information, please contact the Community Liaison Division of the Health Promotion Branch of the Department of Health by email at: cld@dh.gov.hk.