World Health Organization

# Urban governance for health and well-being

A step-by-step approach to operational research in cities

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Urban governance for health and well-being: a step-by-step approach to operational research in cities

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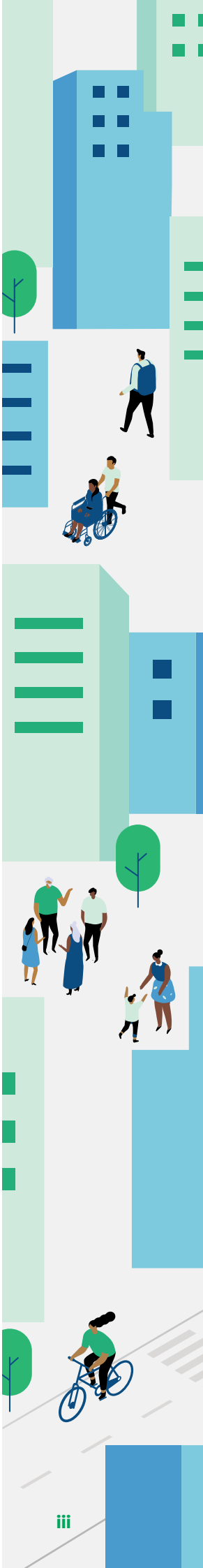

# Acknowledgements

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WHO acknowledges with thanks financial support from the Swiss Agency for Development and Cooperation for productions of this step-by-step approach.

# Glossary

**Good urban governance**: interaction and decision-making to generate collective solutions by co-creating practices and institutional engagement as part of whole-of-government and whole-of-society approaches

**Multisectoral action**: recognized relation among the parts of the health sector and of another sector to take action on an issue or to achieve health outcomes (or intermediate health outcomes); the action is more effective, efficient or sustainable than that which could be achieved by only the health sector *(1,2)*

**Civic engagement**: involves establishing a balance of rights and responsibilities and re-drawing the boundaries of state action and regulation to promote the quality of life of a community through both political and non-political processes; also includes forms of political, environmental and community activism *(3)*

**Healthy city**: A Healthy city is one that is continually creating, expanding and improving those physical and social environments and community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential *(4)*

# Introduction

It has been estimated that, by 2050, more than two thirds of the world's population will live in cities *(5)*. It is known, however, that intensive urban growth increases inequity and social exclusion, which are associated with increased social, environmental, economic and health risks *(6)*. Public policies to address social determinants are therefore essential for urban health *(7, 8)*.

Urban governance determines how effectively urban inequities and risks are addressed. Bad urban governance may harm societies, as the public policies usually fail to address social and environmental determinants *(9, 10)*, while good urban governance promotes policies to improve health and well-being in the population *(11)*. Cities are complex systems, however, and the same public policies may have different effects in different populations, because, beyond public policies, urban health outcomes also depend on the interactions between governance, stakeholders and the population, requiring participatory governance and consensus in policy-making *(12, 13)*. Each context, indicator of performance and implementation strategy is also different.

As the rapid global trend to urbanization continues, participatory urban governance has been a topic of increasing research and interventions to improve health outcomes. Some studies have been conducted to identify and evaluate indicators of participatory urban governance *(13–16)*, and others have analysed the results of policies for addressing health inequity *(17–21)*. Few studies, however, have examined participatory urban governance, public policies and health outcomes together *(22)*.

## COVID-19 and urban governance for health

The COVID-19 pandemic is amplifying the challenges for governance as well as for health. In cities, the multiple effects of the pandemic are being addressed by scientific committees to ensure evidence-informed policy-making, collaboration among government sectors to reduce the rate of infections and grass-root actors working in and with communities, for example, to promote vaccination. The pandemic has therefore shown how urban governance for health benefits from multisectoral action and community engagement in decision-making and implementation.

## The step-by-step approach

This step-by-step approach (see Fig. 1) and the indicators developed will allow establishment of diagnoses in cities and monitoring of the performance of participatory governance for urban health and well-being. The approach is intended to support operational research in cities by facilitating the selection of indicators for better understanding and a broader perspective of the interactions among all the dimensions of good urban governance for health and well-being. Selection of appropriate, context-adapted indicators will allow stakeholders to work together to find solutions for particular health challenges, intended outcomes and impact.

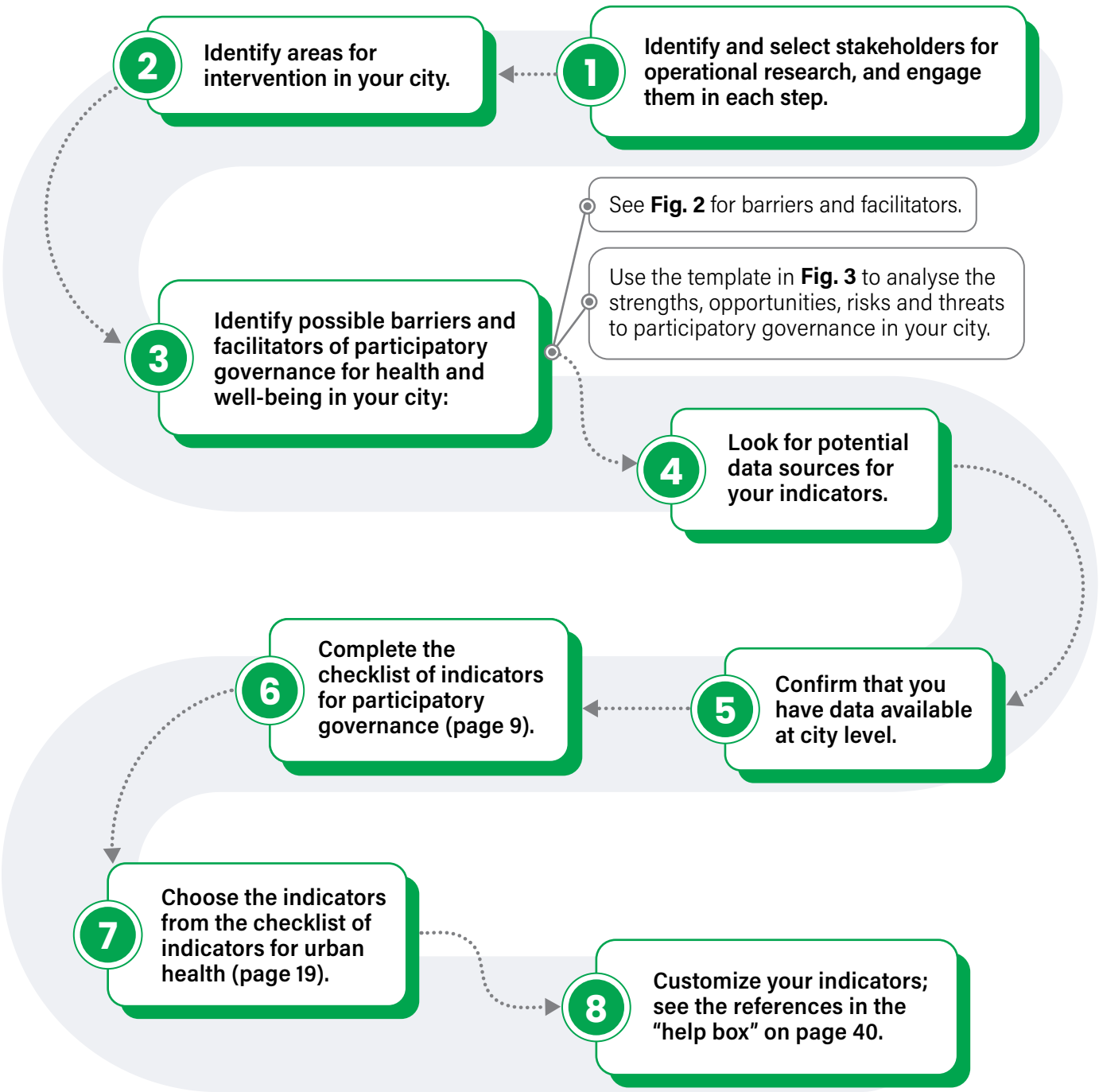
**The step-by-step approach should be used to:**

- identify the current status of participatory governance and health in a city,
- inform stakeholders and policy-makers and
- monitor progress.

**The step-by-step approach was developed as follows:**

1. Interviews with stakeholders to identify barriers and facilitators of urban governance for health and well-being;
2. analysis of the grey literature;
3. a systematic review of the scientific literature;
4. discussion of the results of the systematic review, the qualitative research and the document analysis; and
5. finalization of the step-by-step with partners in the initiative.

**Fig. 1. Use of the step-by step approach: implementation steps**




Indicators should summarize information on a given priority. An indicator must be relevant, feasible, valid, robust, sensitive to changes over time and be usable in highly diverse contexts or adapted to a specific context while maintaining feasibility and validity.

**NOTE:**

All the indicators for participatory governance (checklist 1) are mandatory. From checklist 2, cities should select only those indicators relevant to the areas of intervention identified in step 2.

**Fig. 2. Identified barriers and facilitators of participatory governance for health and well-being**

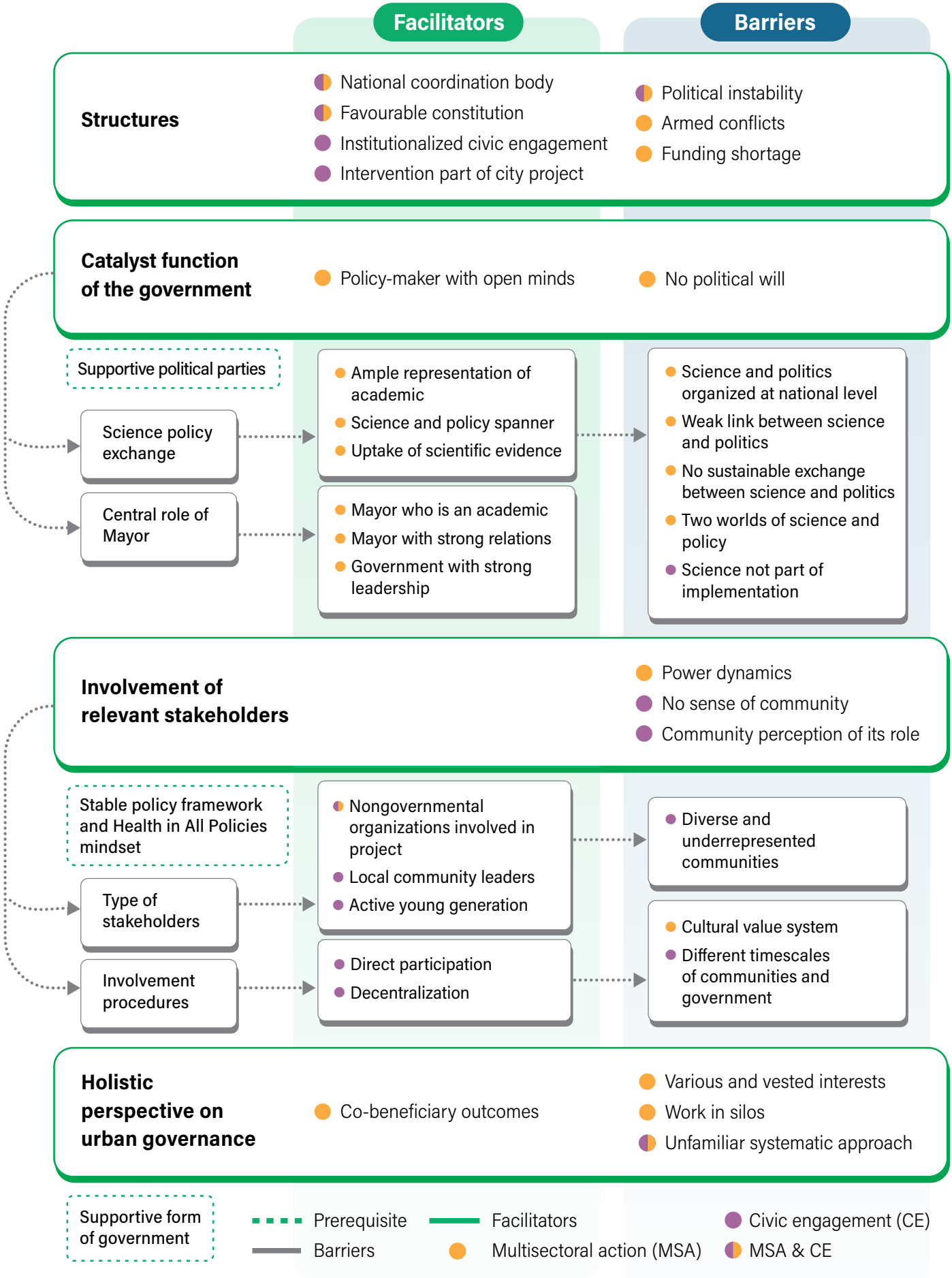
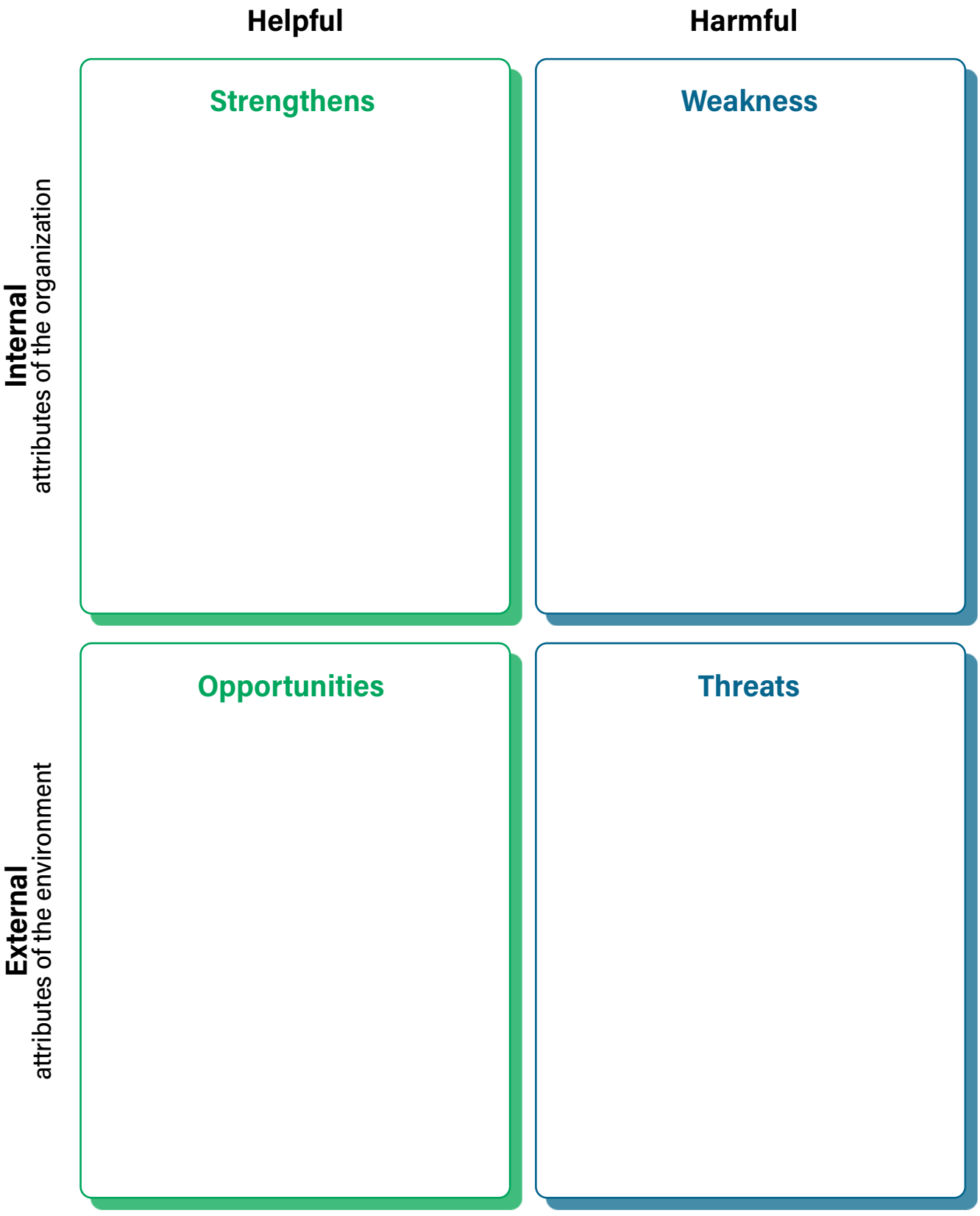


**Fig. 3. Template for analysing the strengths, opportunities, risks and threats of participatory governance in your city**



# Checklists

The following checklists of indicators are based on established conceptual models for assessing outcomes in health *(23)*, which distinguish:

- **health promotion outcomes, such as healthy public policy and organizational practice (checklist 1);**
- **intermediate health outcomes, such as a healthy lifestyle, effective health services and healthy environments (checklist 2); and**
- **health and social outcomes, such as disability, morbidity, mortality, quality of life, well-being and equity (checklist 2).**

Given the scope of the project, checklist 1, which provides indicators of participatory governance, includes indicators that are essential for assessment and monitoring by all participating cities. Checklist 2 provides indicators for intermediate health outcomes and for health and social outcomes. The references used to define the indicators on both checklists are listed in Annex 2.

# Checklist 1. Indicators of health promotion outcomes

## 1. Governance

**Is there political will for good urban governance for health and well-being in your city, e.g., a political party with a dedicated agenda for urban governance for health, a cabinet that regularly addresses urban governance for health or with a clear mandate to do so, a city mission or charter for urban governance for health?**

**Yes** **No**

If yes, please specify.

**Is there political leadership for urban governance for health in your city, e.g., a mayor dedicated to the issue?**

**Yes** **No**

If yes, please specify by whom.

**Has your city adapted an urban governance strategy or mission for health and well-being, such as ratification or adoption of an (inter)national resolution or framework, such as the healthy cities movement or resilient cities network?**

**Yes** **No**

Is the strategy supported by a political decision, e.g., by a city council resolution, integration into the city charter?

Yes No

Is the strategy supported by a legal mandate?

Yes No

Does the strategy include goals and measurable targets, e.g., specific, measurable, achievable, timely outcomes?

Yes No

**Is there financial support for urban governance for health and well-being in your city?**

**Yes** **No**

If yes, please specify, e.g., allocation, pooling or disbursement of funds, joint budgeting, dedicated financing.

**Are there departmental links for urban governance for health in your city, such as "joined-up" government, whole-of-government or horizontal management approaches?**

**Yes** **No**

If yes, please specify by whom.

**Are there interdepartmental committees or units for urban governance for health at the bureaucratic or civil service level in your city?**

**Yes** **No**

If yes, please specify.

**Are there specific programmes for urban governance for health in your city?**

**Yes** **No**

If yes, please specify.

**Is there accountability for urban governance for health in your city?**

**Yes** **No**

If yes, is there political and administrative, legal and social accountability?

Yes No

**Is urban governance for health in your city monitored routinely?**

**Yes** **No**

If yes, is a report available, with an action plan, objectives and interventions? Is there a municipal inventory of resources and current interventions? Is a report available on health surveillance and monitoring?

Yes No

If so, does it include a quantitative analysis?

Yes No

and/or a qualitative analysis?

Yes No

Is a report on neighbourhood health available?

Yes No

If so, does it include a quantitative analysis?

Yes No

and/or a qualitative analysis?

Yes No

Are data available on interventions that cover the planned population groups?

Yes No

If yes, what proportion of interventions covers the population?

Are the interventions being evaluated?

Yes No

If yes, what proportion of interventions are evaluated?

### 1.1 Types of governance actions and interventions

**Is there governance action for policies and interventions that can be classified as:**

**Upstream action (structural and systemic changes), such as reform of fundamental, social and economic structures including redistribution of wealth, power, opportunities and decision-making?**

**Yes** **No**

If yes, please list and describe the three most relevant actions for urban governance for health.

**Midstream actions (community or organization), such as limiting exposure to hazards, e.g., by improving material working and living conditions?**

**Yes** **No**

If yes, please list and describe the three most relevant actions for urban governance for health.

**Downstream actions (micro- and/or individual level), such as influencing individual heath behaviour?**

**Yes** **No**

If yes, please list and describe the three most relevant actions for urban governance for health.

## 2. Multisectoral action

**Multisectoral approach in action:** Collective actions to influence a specific domain may involve representatives from multiple sectors. For example, an intersectoral committee addressing malnutrition in children should include representatives of the health and agricultural sectors, schools, parents' associations, nongovernmental organizations for child protection and researchers from academic institutions.

**Is there political will for a multisectoral approach in urban governance for health and well-being in your city?**

**Yes** **No**

If yes, please specify.

**Is the multisectoral approach supported by a political decision, e.g., city council resolution, integration into the city charter?**

**Yes** **No**

If yes, please specify.

**Does the mandate include specific goals and measurable targets, i.e., specific, measurable, achievable, timely outcomes?**

**Yes** **No**

If yes, please specify.

**How is multisectoral action for health and well-being in your city best described?**

- information-sharing
- interaction and communication
- cooperation
- coordination
- integration

**Is there political leadership for a multisectoral approach in your city?**

**Yes** **No**

If yes, please specify by whom.

**What sectors are included in multisectoral action for urban governance for health in your city?**

- government departments, such as
  - social affairs, culture, sport
  - education
  - environment, land use
  - planning, infrastructure
  - housing
  - other

nongovernmental institutions

civil society organizations

academia

private sector, such as the media

**What are the most common mechanisms for multisectoral action in your city?**

structures, e.g., committees or units

processes, e.g., planning or priority-setting workshops

financial tools, e.g., grants, joint budgets

mandates, e.g., laws, regulations

**How are the financial tools used in your city best described?**

budget alignment, e.g., a dedicated health budget and local authority budgets dedicated to meet agreed-upon goals

dedicated joint funds, e.g., departmental contributions to a joint budget for urban governance for health

joint post-funding, e.g., funding of a position for the WHO initiative implementation

fully integrated budgets, e.g., for health and social care, health and climate sectors

policy-oriented funding, budget dedicated to a specific policy area, cross-cutting departmental structure, e.g., fighting poverty

**Are adequately diverse stakeholders participating in prioritization of health and well-being problems?**

**Yes** **No**

If yes, please specify.

## 3. Civic engagement

**Bottom-up approach, with community deliberation.** Representatives of several cities understand that community deliberation is a fruitful approach. Participants from the community may include local leaders, representatives of professional sectors and individuals representing specific sectors (young people, women). A platform dedicated to deliberation and exchange facilitates evaluation of the current needs of communities and prioritization of municipal action.

**Is there political will for civic engagement in urban governance for health and well-being in your city?**

**Yes** **No**

If yes, please specify.

**Is there political leadership for civic engagement in your city, e.g., a mayor who prioritizes public involvement in decision-making?**

**Yes** **No**

If yes, please specify by whom.

**Is civic engagement in this field supported by a political decision, e.g., city council resolution or integration into the city charter?**

**Yes** **No**

If yes, please specify.

**Is civic engagement supported by a legal mandate?**

**Yes** **No**

If yes, please specify.

**Does the mandate include specific goals and measurable targets, i.e., specific, measurable, achievable, timely outcomes?**

**Yes** **No**

**Are there data on adults active in community service or volunteer work?**

**Yes** **No**

If yes, what is the percentage of adults are active in volunteer work?

**Is there community engagement for health and well-being and joint approaches with public resources?**

**Yes** **No**

**Who mainly initiates community engagement in urban governance for health?**

Government
Nongovernmental organizations
Civil society
Others

**What degree of inclusiveness is there in community engagement?**

Self-selection
Random selection
Purposeful selection

**At which phases is the community engaged in urban governance for health in your city?**

Agenda-setting
Formulation of policy, action, interventions
Decision-making
Implementation
Evaluation

**At which level(s) is the community engaged in urban governance for health in your city?**

Information
Advocacy
Life–world expertise and evidence
Setting priorities, goals, targets
Consultation
Shared decision-making
Decision control

**Is there a neighbourhood health programme with a strategy for health and well-being?**

**Yes** **No**

**Is there a community working group to develop actions and interventions for the WHO initiative, e.g., a regular community advisory body?**

**Yes** **No**

**Are interventions to promote health and well-being in the city prioritized in a participatory process, e.g., a "citizen's jury", town hall meetings, submission of public comment, community consultation?**

**Yes** **No**

If yes, please specify.

**Are relevant communities represented in urban governance for health in your city?**

**Yes** **No**

If yes, which ones?

- Children and adolescents
- Informal workers
- People with low income
- Migrants
- Refugees
- Ethnic minority groups
- Older people
- People with disabilities
- Others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# Checklist 2. Intermediate health outcomes and health and social outcomes

Checklist 2, with indicators for intermediate health outcomes and for health and social outcomes, is derived from studies identified in the *Good urban governance for health and well-being: a systematic review of barriers, facilitators and indicators*.

Please select and prioritize indicators according to city planning priorities in this project. The checklist contains indicators for the domains covered in this project and not all intermediate and long-term health outcomes. You could consider the level of measurement, i.e., the whole city or districts, such as informal settlements.

The indicators in checklist 2 link intermediate outcomes, such as effective health services for surveillance and data registries of health outcomes, such as mortality, so that participating cities can identify both gaps in data and statistics and health issues in their city.

If the indicators listed below do not cover domains relevant to your context, see the "help box" (page 40) for further indices of social progress, indicators of the Sustainable Development Goals and indicators of universal health care.

## 1. Health and health care

### 1.1 Maternal, perinatal and childhood health

**Does the city have data on fecundity rates?**

**Yes** **No**

What was the rate of pregnancy among girls aged 15–19 per 1000 girls last year?

What was the birth rate among girls aged 10–14 and 15–19 years last year?

What proportion of women of reproductive age (15–49 years) had their need for family planning with modern methods satisfied?

What was the percentage of women were pregnant last year?

Is contraception use promoted in the population?

Yes No

If yes, is there a registry of contraception use?

Yes No

If yes, what percentage of women aged 15–49 years use contraception?

What percentage of people aged 15–39 years use contraception?

**Do hospitals have birth registries?**

**Yes** **No**

What percentage of births are attended by skilled health personnel?

What percentage of mothers deliver three or more babies?

What is the birth interval (in months) in the population?

What was the percentage of underweight liveborn infants last year?

What percentage of mothers had a postnatal check after delivery last year?

**Are maternal consultations registered?**

**Yes** **No**

If yes, what is the rate of maternal consultations per 1000 live births?

**Is there a report on stunting in the city? (Children with low height for age, usually due to malnutrition, repeated infections and/or poor stimulation)**

**Yes** **No**

If yes, what was the percentage of stunting in children under 5 years last year?

**Are mortality ratios registered?**

**Yes** **No**

If yes, what was the

maternal mortality ratio per 100 000 live births last year?

neonatal mortality rate per 1000 live births last year?

postnatal mortality rate per 1000 live births last year?

infant mortality rate per 1000 live births last year?

mortality rate among children under 5 years per 1000 live births last year?

suicide mortality rate last year?

## 1.2 Infectious disease control

**Do hospitals or clinics have complete registries of cases of infectious diseases?**

**Yes** **No**

If yes, what was the percentage of people with respiratory infectious diseases last year?

What was the percentage of people with tuberculosis last year?

What was the percentage of gonococcal infections last year?

What was the percentage of people with syphilis last year?

What was the percentage of people with HIV/AIDS last year?

**Are deaths due to tuberculosis reported?**

**Yes** **No**

If yes, what was the proportion of deaths due to tuberculosis last year?

## 1.3 Control of noncommunicable diseases and disability

**Is the city committed to promoting good health habits in order to prevent obesity?**

**Yes** **No**

If yes, what percentage of people had low physical activity (< 600 metabolic equivalents per week) last year?

Is population weight monitored?

Yes No

If yes, what was the percentageof children under 5 years old with obesity?

What was the percentage of underweight children under 5 years old?

What was the percentage of overweight and obesity in the population last year?

What was the percentage of women aged 15–49 years with obesity last year?

**Do hospitals or clinics have a complete registry of cases of noncommunicable diseases (cancer, cardiovascular diseases, respiratory diseases and mental illness) and/or disabilities (difficulties with vision, hearing, ambulation, cognition, self-care and independent living)?**

**Yes** **No**

If yes, what was the proportion of people with at least one of the conditions last year?

What was the proportion of people with asthma last year?

What was the proportion of people with diabetes last year?

What was the percentage of disabled residents aged 18–64 last year?

What percentage of older adults (> 65 years) reported disabilities last year?

What was the rate of premature mortality (< 70 years) per 10 000 inhabitants?

## 1.4 Mental health

**Is the city committed to promote good mental health and well-being?**

**Yes** **No**

If yes, does the city promote occupational training for people living in disadvantaged neighbourhoods?

Yes No

If yes, what percentage of people aged 14–25 years reported improvement in their self-rated health after 1 year of occupational training?

What percentage of people aged 14–25 years reported improvement in their self-esteem after 1 year of occupational training?

Does the city offer people free workshops to improve their mental health and emotional well-being and provide social support?

Yes No

If yes, what percentage of people aged 25–65 years reported improvements in their mental health after participating in the free workshops?

What percentage of people aged 25–65 years reported improvements in their emotional well-being after participating in the free workshops?

What percentage of people aged 25–65 years reported feeling better after receiving social support?

Does the city promote social inclusion to address discrimination, which affects the mental health and empowerment of immigrants?

Yes No

If yes, what percentage of immigrant girls aged 12–16 years reported improvements in their mental health and empowerment?

Is the elderly population (> 59 years) isolated at home due to architectural barriers?

Yes No

If yes, does the city promote weekly outings away from home, facilitated by stair-lifts?

Yes No

If yes, did this activity improve mental and perceived health and reduce psychological distress among elderly people?

Yes No

If yes, what percentage of the elderly population reported improvements in mental health?

What percentage of the elderly population reported improvements in perceived health?

What percentage of the elderly population reported less psychological distress?

## 1.5 Sexual health

**Is there a commitment to prevent sexually transmitted diseases?**

**Yes** **No**

If yes, what percentage of women aged 15–24 years know that use of condoms can reduce the risk of HIV/AIDS?

What percentage of women aged 15–49 years know that having only one sexual partner can reduce the risk of HIV/AIDS?

What percentage of women aged 15–49 years know that both use of condoms and having only one sexual partner can reduce the risk of HIV/AIDS?

What percentage of men aged 15–49 years know that both use of condoms and having only one sexual partner can reduce the risk of HIV/AIDS?

## 1.6 Access to health and health-care services

**Does the city have skilled professionals working in hospitals and clinics?**

**Yes** **No**

If yes, what is the number of doctors (per 1000 inhabitants) working in primary health care?

What is the number of nurses (per 1000 inhabitants) working in primary health care?

**Does the population have access to health-care services?**

**Yes** **No**

If yes, what was the percentage of people who had public or private health insurance last year?

Do people have access to vaccines?

Yes No

If yes, what is the proportion of fully immunized children (one dose of Bacille Calmette-Guérin (BCG) vaccine, three doses of polio vaccine, three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine and one dose of measles vaccine)?

**What proportion of the population had high household expenditure on health as a proportion of total household expenditure or income?**

## 1.7 Substance abuse

**Does the city have data on smoking and alcohol and drug consumption in the population?**

**Yes** **No**

If yes, does the city cover treatment (pharmacological, psychosocial and rehabilitation and after-care services) for substance use disorders?

What percentage of people currently smoked cigarettes and other forms of tobacco use last year?

What was the percentage of female smokers last year?

What percentage of men aged 15–49 years smoked last year?

What percentage of the population aged 15 and older drank alcohol last year?

## 1.8 Quality of life and well-being

**Does the city provide training in parental skills?**

**Yes** **No**

If yes, after 1 year, what percentage of residents reported improvements in their parenting skills?

What percentage of parents reported improvements in their children's behaviour?

What percentage of residents reported improvements in social support?

What percentage of residents reported decreased stress?

## 2. Safety

**Are homicides and physical and sexual harassment reported?**

**Yes** **No**

If yes, what was the rate of homicides per 100 000 inhabitants last year?

What was the proportion of victims of physical or sexual harassment last year?

## 3. Transport

**Do people use public transport and "soft" modes of mobility?**

**Yes**

What percentage of people walk, bike or take public transport to work?

What percentage of people use public transport?

**No**

What is the average number of vehicle kilometres travelled in a given time?

**Is "walkability" measured?**

**Yes** **No**

If yes, are streets suitable for walking?

Yes No

Do people feel safety and comfortable while walking?

Yes No

**What is the average time for commuting to work or school (all means of transport included)?**

**Are means of transport sustainable despite the time and space constraints of the environment and/or social demand?**

Yes No

**Have pedestrian accidents in the vicinity of a crossing been reported?**

**Yes** **No**

If yes, what is the percentage of pedestrian accidents reported?

**Have any victims (dead or injured) of road traffic accidents been reported?**

**Yes** **No**

If yes, what is the percentage of deaths from accidents?

## 4. Housing

**Is it considered essential to preserve and construct housing in proportion to demand with regard to size, affordability and tenure?**

**Yes** **No**

If yes, what proportion of the urban population lives in slums, informal settlements or inadequate housing?

**The main housing problems include overcrowding,[1] high costs, lack of kitchen facilities and lack of plumbing facilities. Do households have at least one of these problems?**

**Yes** **No**

If yes, what is the percentage of households that report at least one of the four main housing problems?

Does one of the problems include overcrowding?

Yes No

If yes, what percentage of households report overcrowding?

[1] A household is considered overcrowded if less than one room is available in each household for: each single person aged ≥ 18 years, each pair of people of the same gender aged 12–17 years, each single person aged 12–17 years not included in the previous category and for each pair of children ages < 12 years.

**The other main problems are related to infrastructure and accessibility. Have there been any reports on these issues?**

**Yes** **No**

Do households have central heating?

Yes No

If no, what percentage of households do not have central heating?

Do buildings have wheelchair access?

Yes No

If no, what percentage of buildings do not have wheelchair access?

Do buildings with three or more floors have lifts?

Yes No

If no, do older adults live in such buildings?

Yes No

If yes, what percentage of older adults live in buildings with three or more floors with no lift?

In considering these issues, are buildings in your city very run-down and require major repairs?

Yes No

If yes, what percentage of buildings require major repairs?

**What is the percentage of households with more than four people?**

**Do housing values reflect neighbourhood wealth, quality and affordability?**

**Yes** **No**

**What is the percentage of occupied houses?**

**What percentage of occupied houses are owned (not rented)?**

## 5. Sanitation

**Do households have access to safe drinking-water?**

**Yes** **No**

If yes, what percentage of the population has access to and uses improved drinking-water sources?

**Does the population have access to sanitation?**

**Yes** **No**

If yes, what percentage of the population has access to and uses improved sanitation facilities?

**Has at least one health-based violation been notified in at least one community water system in the country during a specific period?**

**Yes** **No**

If yes, what was the mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene last year?

**What was the mortality rate attributed to unintentional poisoning?**

## 6. Infrastructure

**Do people have access to public infrastructure, goods and services?**

**Yes** **No**

If yes, does access ensure affordable, high-quality childcare in all neighbourhoods?

Yes No

Does access ensure accessible, high-quality educational facilities?

Yes No

If yes, are there spaces for libraries, performing arts, theatres, museums, concerts and festivals for personal and educational fulfilment?

Yes No

Does access include open spaces and recreation facilities?

Yes No

**Do people have access to day-care centres?**

**Yes** **No**

If yes, do they have access to adult day-care centres?

Yes No

If yes, what is the average walking distance to the nearest one, and what is the capacity of the centre?

**Do people have access to child-care centres?**

**Yes** **No**

If yes, what is the capacity of the centres?

**Do people have access to sports facilities?**

**Yes**

**No**

If yes, what is the average walking distance to the nearest sports facility?

**Do neighbourhoods have urban parks and gardens?**

**Yes** **No**

If yes, what is the percentage of neighbourhoods allocated to urban parks and gardens?

## 7. Environment

**Is the city committed to environmental stewardship?**

**Yes** **No**

If yes, is there a commitment to decrease consumption of energy and natural resources?

Yes No

Is there a commitment to restore, preserve and protect healthy natural habitats?

Yes No

What is the vegetation index?

Is there a commitment to promote sustainable urban and rural agriculture?

Yes No

Is there a commitment to promote productive reuse of previously contaminated sites?

Yes No

Does the city report the average daily density of fine particulate matter ($PM_{2.5}$ and $PM_{10}$)?

Yes No

If yes, is there a commitment to preserve clean air quality?

Yes No

If yes, what is the mortality rate attributed to ambient air pollution?

Does the city report average noise levels?

Yes No

If yes, what is the percentage of the population exposed to noise levels ≥ 55 dB?

Is there a commitment to maintain safe levels of community noise?

Yes No

What was the percentage of municipal solid waste collected and managed in controlled facilities last year?

**Is the city usually affected by flooding?**

**Yes** **No**

If yes, what percentage of the population potentially affected by flooding?

## 8. Education

**Does the city keep a registry of schooling?**

**Yes** **No**

If yes, what is the rate of school drop-out?

How many children are enrolled in primary education?

What is the literacy rate of children in the first cycle of primary education?

What percentage of people aged 16–29 years have primary level education or less?

What percentage of people have high-school education?

What percentage of people have a bachelor's degree?

## 9. Economic conditions and social protection

**Is the city engaged in a healthy economy?**

**Yes** **No**

If yes, is there a commitment to increase high-quality employment opportunities for local residents?

Yes No

Is there a commitment to increase the availability of jobs that provide healthy, safe, meaningful work?

Yes No

Is there a commitment to increase equality in income and wealth?

Yes No

Is there a commitment to benefit and protect natural resources and the environment?

Yes No

**Does the city keep a register of families' available income?**

**Yes** **No**

If yes, what is the percentage of people aged ≥ 25 years with university education?

What is the unemployment rate among people aged 16–64 years?

Do people own cars?

Yes No

If yes, on average, how many cars does each person own?

On average, how many new cars (< 2 years old) does each person own?

**Does the city keep a housing registry?**

**Yes** **No**

If yes, how many homeless people are there?

What proportion of people receive social integration subsidies?

**Does the city keep a social welfare registry?**

**Yes** **No**

If yes, what proportion of people aged ≤ 17 years are assisted by a child and adolescent assistance team?

What percentage of people are assisted by social services, excluding those guaranteed by the law on dependency?

What percentage of children live above the poverty line?

What percentage of young people are unemployed?

What percentage of unemployed young people are not in education or training?

## Help box

# References for selecting other measures of outcomes

- **Global indicator framework for the Sustainable Development Goals** *(24)*: provides measurable indicators for the Sustainable Development Goals and targets by 2030
- **Indicators for resilient cities** *(25)*: the capacity of a city or community to prepare for and respond and adapt to dangerous and disruptive events such as natural disasters, economic crises, demographic changes and health epidemics
- **Social progress index** *(26)*: measure of social progress, i.e., the capacity of a society to meet the basic needs of its citizens, establish the building blocks for citizens and communities to enhance and sustain the quality of their lives and create the conditions for all individuals to reach their full potential, meeting their basic human needs, foundations for well-being and opportunities
- **Universal health coverage indicators:** a formal mechanism for monitoring progress towards coverage of health services

**Use this blank page to list indicators other than those on the checklists.**

# Getting started

**1** **Conduct operational research to measure the selected indicators and define problems in your city.**

- Conduct a desk review of existing data.
- Conduct qualitative research with relevant stakeholders and population groups to identify any barriers and facilitators of participatory governance in your city, focusing on districts and neighbourhoods in which interventions are to be implemented.
- Conduct quantitative research to assess intermediate health outcomes and health and social outcomes.

**2** **Generate solutions, and plan priority interventions that**

- foster multisectoral action in governance in your city;
- increase civic engagement in governance for health and well-being; and
- improve health and well-being outcomes.

**3** **Monitor progress in implementation of interventions, and change the outcomes over time. Repeat the qualitative and quantitative assessment at least every 2 years to**

- assess changes in health promotion outcomes: governance, multisectoral action and civic engagement; and
- measure changes in intermediate health outcomes and health and well-being.

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