Criteria for Healthy Municipalities, Cities and Communities in the Region of the Americas

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CRITERIA FOR HEALTHY MUNICIPALITIES, CITIES AND COMMUNITIES IN THE REGION OF THE AMERICAS

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Introduction
Introduction

This document presents a set of criteria to accompany the process of building and consolidating Healthy Municipalities, Cities and Communities (HMCC) in the Region. It also aims to strengthen the regional HMCC Movement in the Americas. These criteria are the result of collaborative and interdisciplinary efforts involving different individuals and institutions from countries across the Region, including local government authorities.

The HMCC Movement is a regional platform of municipalities that fosters strategic cooperation to improve the health and well-being of their populations based on common regional vision. This Movement has spread across the Region of the Americas for more than three decades, enabling the implementation of health promotion strategies at the local level, as well as strengthening health promotion throughout the Region. In November 2022, the HMCC Movement formalized its governance model with the adoption of its Regulations (Annex 1).

In recent years, urban and rural local governments have faced increasing challenges to achieving more and better health, well-being, and equity by acting on the social determinants of health through implementing public policies that are both participatory and intersectoral. Mayors, community leaders, municipal councils, and other local stakeholders play a crucial role in promoting healthy public policies. It is important to bear in mind that these policies transcend the exclusive competencies of the health sector, given that public policies in all sectors (including education, transport, urban planning, housing, social protection, employment, and finance) can have a significant impact on health, well-being, and equity.

In recent years, urban and rural local governments have faced increasing challenges to achieving more and better health, well-being, and equity by acting on the social determinants of health through implementing public policies that are both participatory and intersectoral.

This document begins with a presentation on the background and motivations underlying the Regional Criteria presented here, emphasizing as a starting point the mayors’ own interest in having lines of action to support local government managers as they implement HMCC criteria. These criteria are linked with the experiences of national and subnational HMCC networks across the Region, and with all the material from forums and meetings of HMCC mayors held in cooperation with the Pan American Health Organization (PAHO) and the World Health Organization (WHO) over the last three decades.
Secondly, the theoretical foundations, mandates, and framework of the WHO Healthy Cities approach are presented, highlighting the International Conferences on Health Promotion, the Sustainable Development Goals (SDGs) as part of the 2030 Agenda for Sustainable Development, and other PAHO mandates.

Next, the process for defining the Regional Criteria is described. This process included: (a) the revision of criteria already implemented in the Americas; (b) revision of criteria from other regions; and (c) a series of consultations with different institutional and academic stakeholders from different countries of the Region.

The Regional Criteria are then presented, based on three strategic pillars and grouped into six areas for policy action. Also included are recommended actions for implementation, means of verification, and compliance indicators to monitor and evaluate the HMCC process.

The target audience for this document includes municipal management teams, for capacity-building in the implementation of public policies, plans, and programs focused on improving the health and well-being of their populations. It also includes the HMCC networks consolidated in the Region and those currently being created, providing guidelines for their work in promoting health and well-being. These criteria should also be useful to Ministries of Health in promoting and strengthening national and subnational HMCC networks.

The adoption of the criteria by the HMCC Movement will facilitate monitoring processes aimed at creating and consolidating healthy municipalities, recognizing the diversity within and between countries in terms of the characteristics and competencies of their local entities.

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1. This is set forth in the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 (PAHO, 2018).
Likewise, the criteria can contribute to the creation and consolidation of HMCC networks and should be incorporated into their actions as frameworks for advancing this initiative with the necessary adaptation to each local context. Municipalities that are already part of a HMCC network or its equivalent are certain to meet some of these criteria; for example, having a policy statement establishing the commitment to health and well-being. This network strategy for implementing these criteria offers several advantages, such as identifying common elements, enriching exchanges between municipalities, and furthering collective action between entities that have the same objectives. These are some of the advantages that networks offer for building healthy municipalities. However, even if a municipality is not a member of a national or subnational network, it can benefit greatly from the Regional Criteria to promote health and well-being in its community.

Municipalities, as political-administrative entities that govern specific territories, are present in most countries, although what they are called may vary. It is important to note that, in the Region, they do not form uniform political units, since they may differ in terms of structure, competencies, and forms of organization. In this document, the term municipalities is understood to mean the various forms of territorial organization with a structure of government and defined competencies, usually representing the smallest territorial political unit. The term will be used throughout this document to broadly encompass these different organizational structures.

This network strategy for implementing these criteria offers several advantages, such as identifying common elements, enriching exchanges between municipalities, and furthering collective action between entities that have the same objectives.

Given the diversity of organizational models and conditions in the Region, the Regional Criteria are designed to guide and drive action for health and well-being at the local government level. It is recognized that municipal competencies, available resources, health and living conditions, and many other social, environmental, political, cultural, and economic characteristics differ considerably from one municipality to another.

These criteria are designed to be adaptable to these circumstances. Moreover, for each of these criteria, a set of recommended actions, means of verification, and compliance indicators is presented to guide local governments in building healthy municipalities adapted to each territory.

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2. In addition to the term municipality, commonly used in Latin America, other names are used in the Region, including counties, communes, districts, townships, and parishes (in Canada, some Caribbean countries, and the United States of America).
Healthy Municipalities, Cities and Communities and health promotion
A **healthy municipality** is committed to the promotion of health, well-being, and equity through implementing healthy, intersectoral, participatory public policies. Each healthy municipality must base its policies on the human right to health and on the values of social justice, gender equality, solidarity, inclusion, and sustainable development.

Health promotion is a comprehensive political and social process that encompasses actions aimed at changing social, environmental, and economic conditions to enhance their positive impact on individual and collective health. To promote health, it is essential to adopt a whole-of-government and whole-of-society approach that generates collective solutions to improve health as an integral part of economic and social well-being and development. This concept of health promotion is intrinsically linked to social determinants of health, understood as a set of social, political, economic, environmental, and cultural factors that have a great impact on health.3

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**Health promotion is a comprehensive political and social process that encompasses actions aimed at changing social, environmental, and economic conditions to enhance their positive impact on individual and collective health. To promote health, it is essential to adopt a whole-of-government and whole-of-society approach that generates collective solutions to improve health as an integral part of economic and social well-being and development.**

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Local governments play a key role in health promotion because of their ability to act in different settings, work in an intersectoral manner, promote community engagement, and tailor interventions to the specific needs and conditions of their populations.

Different international commitments have helped to strengthen health promotion at the local level. Especially noteworthy are: the Ottawa Charter, resulting from the first International Conference on Health Promotion in 1986 (and subsequent global conferences, including those held in Bogotá in 1992 and Mexico City in 2000); the work of the 2008 WHO Commission on Social Determinants of Health, to reduce health inequities; the 2011 Rio Political Declaration on Social Determinants of Health and its call to implement policies for social welfare; the 2013 Helsinki Statement on Health in All Policies; the 2016 WHO Shanghai Declaration on Health Promotion; and the 2016 Shanghai Consensus on Healthy Cities. In the Region of the Americas, the work on healthy municipalities is currently based on the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 (Strategy and Plan of Action on Health Promotion) (1).

This Strategy, adopted in 2019 at the 57th PAHO Directing Council, aims to guide social, political, and technical actions that address social determinants of health to improve health and reduce inequities, within the context of the 2030 Agenda. It proposes four mutually reinforcing strategic lines of action:

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3. These include the distribution of power, income, and goods and services; circumstances of people’s lives, such as their access to health care, schooling and education; their working and leisure conditions; and the condition of their housing and physical environment.
The importance of governance for health and well-being, which is addressed in the third strategic line of action, focuses on the fundamental responsibility of governments to formulate healthy and equitable public policies that contribute to the well-being of the population. This highlights the key role of local governments in promoting health through intersectoral action, social participation, and social development.

The inclusion of environmental factors as part of municipal management interventions is addressed more broadly through the Agenda for the Americas on Health, Environment, and Climate Change 2021–2030 (2). In line with the Strategy and Plan of Action on Health Promotion, the Agenda for the Americas includes, among its strategic lines, promoting environmentally healthy and resilient cities and communities. This approach recognizes the interrelationship between social and environmental factors in health promotion.

In addition to the frameworks promoted by the health sector, the 2030 Agenda represents an opportunity to promote population health, since it enables the intersectoral action necessary to address social determinants of health with an equity approach. The 2030 Agenda is key in the three
dimensions of sustainable development: social, economic, and environmental. Within this Agenda, the role of local governments is vital for the localization of the SDGs in each territory and for their adaptation according to the characteristics and circumstances of each local area.

Finally, the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (3), approved in September 2022, includes advancing this agenda and prioritizing local governments among its strategic lines of action. In particular, it calls for strengthening the role of local governments in formulating policies to promote health and well-being, reduce health inequities, and achieve SDG 3 (“Ensure healthy lives and promote well-being for all at all ages”). Working at the local level offers unique opportunities for innovation and intersectoral action to achieve the goals of the 2030 Agenda, which requires good local governance.

4. Localizing the SDGs means considering local and subnational contexts in achieving the 2030 Agenda, from setting goals and objectives to determining means of implementation and using indicators to measure and monitor progress.
Background
In the Region of the Americas, the HMCC Movement (4) began in 1991, promoted by PAHO as an expansion of the WHO/Europe Healthy Cities initiative, with the aim of positioning health at the forefront of public awareness and of municipal political agendas, by promoting health, equity, and sustainable development through innovation and multisectoral change (5).

HMCCs were promoted in the Region of the Americas with different variations according to the situation of each country, and with slightly different names in different countries, including the following: in Mexico and Cuba, they were called Municipalities for Health; in Venezuela, Municipalities towards Health; in Colombia they were initially called Healthy Municipalities, and then Healthy Municipalities for Peace; in Chile, the first name adopted was also Healthy Municipalities, which was changed to Communes; in Costa Rica, Ecological and Healthy Cantons; in Brazil, Healthy Municipalities; in Panama, 21st-Century Municipalities; in El Salvador, Healthy Spaces; in Peru, Healthy Communities; and in Argentina the initiative was launched as the Argentine Network of Healthy Municipalities and Communities, and later as a National Program (6).

Beginning in the 1990s, PAHO/WHO developed guidelines for the Region to assist local governments and communities in building healthy municipalities.5

In recent years, various agendas have included greater recognition of the importance of health and the local environment. A prominent example of this is the New Urban Agenda (NUA), a document that emerged from the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) held in 2016 in Quito. Its adoption of a holistic approach as a key factor for sustainable urban development is closely linked to the 2030 Agenda, especially SDG 11, which focuses on making cities inclusive, safe, resilient, and sustainable. The inclusion of health as a fundamental aspect of the NUA emphasizes the need to adopt integrated approaches to achieving healthier cities. Within

5. The following key documents should be noted:
2.1. Process of building regional criteria for Healthy Municipalities, Cities, and Communities

The proposed HMCC Regional Criteria for the Region of the Americas is the result of a collective construction process facilitated by PAHO with the participation of local governments, their national and subnational HMCC networks, Ministries of Health, academic institutions, and other key stakeholders. In addition, there has been a technical exchange for coordination with the WHO team in charge of proposing global criteria. The process of drafting these regional HMCC criteria included reviewing PAHO and WHO mandates and policy documents, adopting as key references the 2020 WHO Healthy Cities framework and the Strategy and Plan of Action on Health Promotion and other documents relevant to the Region, such as the Plan of Action on Health in All Policies 2014–2019 (8), and the Strategy and Plan of Action on Urban Health 2011–2021 (9), to respond to the specific health needs of the urban population of the Region of the Americas, with the guiding principles of equity, sustainability, sustainable development, human security, and good governance.

The proposed HMCC Regional Criteria for the Region of the Americas is the result of a collective construction process facilitated by PAHO with the participation of local governments, their national and subnational HMCC networks, Ministries of Health, academic institutions, and other key stakeholders.

This collective effort also included the analysis of existing criteria in several countries of the Region. In nine countries (Argentina, Brazil, Chile, Colombia, Cuba, Ecuador, Guatemala, Mexico and Peru) (10–20) HMCC criteria were identified, most of them promoted by national health authorities. Similar guidance from two other WHO Regions (Europe and the Eastern Mediterranean) was also
considered. Furthermore, as described below, consultations were held with key stakeholders representing local governments, Ministries of Health, HMCC networks, and academia.

Based on the revised documents, a first proposal for the Regional Criteria was drafted and discussed in a series of meetings with different institutional and academic stakeholders. In 2021, four consultations were held, with participants from 16 countries (15 from the Region, plus Spain), including more than 30 mayors. The last of these activities was carried out as part of the program of the Fourth Meeting of Mayors for Healthy Municipalities of the Americas (December 2021), where a preliminary version of the present document was presented, and the input received led to the preparation of these criteria. This proposal was presented at the Fifth Meeting (November 2022). Moreover, it was shared at the regional meeting of the focal points for health promotion and social determinants of the Ministries of Health. This document includes the contributions made at both meetings, and also those received in writing.

During the Fifth Meeting of Mayors for Healthy Municipalities of the Americas, the Regional Criteria were adopted and the commitment for their implementation formalized in the Panama City Declaration (annex 3) (21).

Experiences involving the use of these criteria, their adaptation to different contexts, and exchanges of information between the cities and different organizations involved in their implementation will enable new versions to be created and specific support tools to be developed.
Regional criteria for Healthy Municipalities, Cities and Communities
The Regional criteria for HMCC constitute guidelines for designing, implementing, and monitoring public policies for building healthy municipalities with the recommended actions and advancing the proposed means of verification and indicators (Figure 1). They may be adjusted and prioritized in different contexts, taking into account the heterogeneity across the Region, and implemented either through a specific HMCC action plan or by integrating the prioritized objectives and actions into existing plans. The objectives, actions, and indicators that enable measuring the processes and results achieved should be clearly defined.

The Regional Criteria are based on three strategic pillars and grouped into six areas for policy action. They include a set of recommended actions and means of verification and indicators that illustrate alternatives, both for interventions and for monitoring each criterion, with the understanding that the final selection should correspond to a feasible action plan, designed to be appropriate for the specific characteristics of the municipality where it will be implemented.

Some national HMCC networks in the Region propose the certification of municipalities as “healthy” after completing different phases. The different proposals put forward have been reviewed and, although their usefulness in national and subnational contexts is recognized, the certification mechanism is not considered appropriate for the Region of the Americas given the proactive and flexible nature of these criteria and the need to adapt them to specific contexts.

3.1. Strategic pillars

This section presents the strategic pillars of the HMCC criteria, which constitute cross-cutting elements in building HMCC. They are crucial throughout the process of implementing healthy public policies.
INTERSECTORAL ACTION

Intersectoral action comprises joining forces, knowledge, and resources for forging relationships, alliances, and agreements, as well as coordinated efforts and joint interventions based on the integration and interaction of different sectors with a view to defining and seeking comprehensive solutions to prioritized problems. This results in commonly agreed actions based on the needs identified by the community, which facilitate communication and exchange, and favor the joint use of information systems and new forms of action emerging from the local level.

Health in All Policies (HaP) is an approach that systematically considers the health implications of policymaking across sectors, seeking synergies and avoiding the adverse health effects of policies from outside the health sector to improve population health and health equity. Promoted in the Plan of Action on Health in All Policies 2014–2019, it takes a collaborative approach by incorporating a health perspective into decision-making across sectors and policy areas. It also promotes capacity-building for health policy practitioners to recognize and support the development objectives of other sectors, acknowledging the interdependent nature of social, economic, and environmental development. This approach is essential to show the health impact of other policies and interventions beyond the health sector—-and therefore the need for joint efforts to address the social determinants of health—-is reflected in this document within the concept of intersectorality, one of the pillars of the Regional Criteria and also one of the six areas for policy action.

ENGAGEMENT

Community engagement is understood as the social process by which groups and communities with shared interests and visions of life (but also with political, socioeconomic, cultural, gender, age, and other kinds of diversity), in a given social and geographical space, act collectively and influence decision-making processes involving different areas of their lives and living conditions, considering community equity, health, and well-being.

These social engagement processes require the promotion and activation of new spaces, while recognizing and strengthening existing ones, in order to generate collective capacity-building in health and to guarantee the incorporation of contributions and opinions, heightening the population’s involvement in and impact on decision-making.
EQUITY

Health equity is a vital component of social justice that indicates the absence of avoidable, unjust, or remediable differences between groups of people and territories caused by their social, environmental, economic, demographic, or geographical circumstances.

To achieve health equity, it must be recognized that most differences in health status and outcomes between social groups and territories are not the result of biological differences or chance, but rather the result of social, political, and economic processes that create and reinforce differences in access to health and well-being.

These three pillars—intersectoral action, community engagement, and health equity—are present throughout all the criteria, with marked interrelationships between them. They are also made explicit in the first three areas for policy action focused on governance, highlighting their importance and central role.

3.2. Areas for policy action

Policy action areas are key areas for the development of CQI actions in a local policy environment for the health and well-being of the population and include both political and technical elements.
3.2.1. AREAS FOR POLICY ACTION

The areas of policy action are as follows:

1. Strengthening Local Leadership and Governance for Equity, Health and Well-Being

2. Promoting Intersectoral Action for Health and Well-Being

3. Promoting Community Participation, Empowerment and Social Cohesion

4. Ensuring That All People Have Basic Health and Well-Being Services

5. Promoting Healthy, Inclusive, and Safe Environments

6. Capacity-Building for Managing Health Emergencies and Disasters

These areas for policy action correspond to a reformulation of the areas presented in the WHO publication “Healthy cities: effective approach to a rapidly changing world” (5) based on the context of the Region and the design process described (see Annex 2). This approach seeks to place health at the forefront of cities’ political and social agenda by promoting health, equity, and sustainable development through innovation and change.
A set of criteria has been developed for each area for policy action, considering the different stages in the policy development and implementation cycle. Figure 1 includes the criteria for each area. These actions correspond to the different stages of the policy cycle (planning, implementation, monitoring, and evaluation) that appear in different criteria; depending on the policy area in which they are located, they strengthen that action. As noted, the first three areas for policy action are directly related to governance, and coincide with the three strategic pillars; the next three areas are oriented towards implementing public policies that guarantee access to services, inclusive and safe healthy environments, and response to emergencies, disasters, and epidemics.

1. STRENGTHENING LOCAL LEADERSHIP AND GOVERNANCE FOR EQUITY, HEALTH AND WELL-BEING FOR ALL

Governance for health is the result of applying the concept of governance and the principles of good governance to health. It refers, therefore, to the management processes of public institutions and organizations to promote health and well-being as a collective goal for all; in this case, at the local level. This area includes criteria and actions mainly oriented towards furthering the political commitment to putting the health and well-being of all people at the center of government and generating the planning instruments, tools, and resources necessary to achieve this. Emphasis is placed on promoting equity with policies that meet the needs of all people, considering the diversity of their gender, age, beliefs, social class, place of residence, ethnic origin, migratory status, or disability, with special attention to groups in situations of vulnerability.

This area includes interventions led by local governments, such as adopting a public policy declaration committing to building a health municipality, which constitutes a crucial first step in the HMCC process. Other elements encompass drawing up a health municipality plan and allocating its corresponding budget.

2. PROMOTING INTERSECTORAL ACTION FOR HEALTH AND WELL-BEING

This area focuses on adopting mechanisms to facilitate and strengthen intersectoral action in health, such as creating a space for coordinating all sectors. This is essential, given the impact that policies in other sectors have on health and well-being. In addition, these policies should be mapped, including their planning, implementation, monitoring, and intersectoral evaluation, and capacity-building for intersectoral action within government teams.
3. PROMOTING COMMUNITY PARTICIPATION, EMPOWERMENT AND SOCIAL COHESION

These criteria aim to create mechanisms that are appropriate to the characteristics of the population, enabling meaningful and inclusive engagement. This process includes, among others, mapping existing mechanisms, creating and formalizing new ones, empowering and including vulnerable groups, participatory monitoring and evaluation, and implementing participatory budgeting.

4. ENSURING THAT ALL PEOPLE HAVE BASIC HEALTH AND WELL-BEING SERVICES

The criteria in this area develop the guarantees of universal access to different essential services, including health, with a special emphasis on primary care, social protection, water and sanitation, housing, and education, in line with municipal competencies. It is intended to have an impact on inequities by identifying gaps, groups in vulnerable situations, and major access barriers, and to implement actions to reduce them.

5. PROMOTING HEALTHY, INCLUSIVE, AND SAFE ENVIRONMENTS

In the respective criteria and actions, different interventions include adopting healthy urban planning that favors people’s use of public space and promoting healthy environments, green spaces, and a healthy and sustainable mobility policy. It is also related to improving safety at the local level, which includes addressing violence, and to achieving more inclusive cities that guarantee human rights and non-discriminatory treatment, as well as accessibility to public spaces for all.

6. CAPACITY-BUILDING FOR MANAGING HEALTH EMERGENCIES AND DISASTERS

This area focuses on capacities for risk reduction, preparedness, readiness, response, and recovery from health emergencies involving any type of threat, including those related to climate change. In this area, the importance of coordinated and intersectoral action is highlighted, as is the need to promote the public engagement and to strengthen community networks, and to consider groups in vulnerable situations by adapting measures to their circumstances.
It is of utmost importance to consider that, in some contexts, national regulations (22) and systems address in detail the issues included in this policy area. Therefore, it is essential to stress the need to adapt these policies to the specific contexts, according to the competencies of each municipality.

3.3. Regional criteria

The Regional criteria also include recommended actions and a proposal for means of verification or compliance indicators (Figure 1); these can be useful to measure progress in the areas, criteria, and their associated actions. Each municipality must adapt the selection of actions in its HMCC plan (and their corresponding indicators) to its own situation and management procedures. There are a number of examples of useful tools for measuring health status and equity gaps (such as mapping). 8

Although several criteria are based on specific diagnostics, processes, and plans, these can be carried out comprehensively within the framework of existing processes or as part of a single integrative plan.

PAHO has made available such resources as manuals, tools, and technical guidelines, which will be useful for implementing the proposed criteria. Additional reading and resources to support this implementation process at the local level can be found in Annex 4.

The present document provides the general basis for the Regional Criteria. To facilitate their implementation, as well as actions at the territorial level, an operational proposal should be prepared with practical guidelines and specific tools.

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8. Health mapping refers to a methodological tool to identify and visualize the location of different resources, policies, and health problems in a certain area or region through a visual and geographic representation of the data. This facilitates situation analysis and decision-making for planning and management at the local level. Mapear la salud: una propuesta de comunicación participativa y educación sanitaria. 1st ed. Buenos Aires: Pan American Health Organization (PAHO); Buenos Aires: Ministerio de Salud de la Nación, 2017. Available from: https://iris.paho.org/bitstream/handle/10665.2/274350/9789507101304_spa.pdf?sequence=1&isAllowed=y
## FIGURE 1. REGIONAL HMCC CRITERIA, BY AREA OF POLICY ACTION

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Recommended actions</th>
<th>Proposed means of verification/compliance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current HMCC commitment.</td>
<td>1.1. Public policy declaration affirming the local government’s commitment.</td>
<td>Commitment approved, by local ordinance or rule, at a plenary meeting or deliberative municipal council (or other comparable formal body in the municipality).</td>
</tr>
<tr>
<td></td>
<td>1.2. Designate a focal point and form a team (done by the local authority).</td>
<td>a) Formal designation of the focal point and formation of a working team at the municipal level.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) List of local team members.</td>
</tr>
<tr>
<td>2. Health, well-being, and equity as a central part of the municipality’s public policies.</td>
<td>2.1. Identify and strengthen health, well-being, and equity within municipal planning policies and instruments.</td>
<td>Inclusion of health, well-being, and equity as principles of public policies, back by a review of relevant official documents.</td>
</tr>
<tr>
<td></td>
<td>2.2. Include the equity perspective in public policies.</td>
<td>Inclusion of clearly defined goals to reduce inequality in health and social welfare in public policies.</td>
</tr>
<tr>
<td></td>
<td>2.3. Monitor and evaluate health inequity gaps.</td>
<td>Reporting on health inequities updated at least once during the municipal management period.</td>
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<td></td>
<td>2.4. Systematize experiences that contribute to social innovation at the local level.</td>
<td>Systematization of experiences regarding local social innovation.</td>
</tr>
<tr>
<td>3. Updated basic municipal profile.</td>
<td>3.1. Make available a basic profile that includes a situation diagnosis.</td>
<td>Updated basic municipal profile.</td>
</tr>
<tr>
<td></td>
<td>3.2. Prioritize, in a participatory and intersectoral manner, the main health problems to be addressed in the action plan, with an equity perspective.</td>
<td>Prioritization using a participatory and intersectoral methodology.</td>
</tr>
<tr>
<td>4. Development of an HMCC action plan or integration into existing plans.</td>
<td>4.1. Develop a healthy municipality action plan that responds to the prioritized problems or integration of actions into other existing planning instruments, such as the local development plan or municipal strategic plan.</td>
<td>Current, publicly available HMCC action plan in force (or other local planning instrument, such as a roadmap).</td>
</tr>
<tr>
<td></td>
<td>4.2. Define mechanisms for periodic monitoring and evaluation.</td>
<td>Periodic monitoring and evaluation reports (annual).</td>
</tr>
<tr>
<td></td>
<td>4.3. Develop a HMCC communication strategy that makes visible the healthy municipality program through the dissemination of public commitments and the actions carried out.</td>
<td>Communication strategy implemented.</td>
</tr>
<tr>
<td>5. Allocation of a specific budget for the HMCC action plan.</td>
<td>5.1. Allocate the corresponding resources for the development and implementation of the action plan.</td>
<td>Budget allocation approved by the corresponding procedure and/or percentage of budget allocated to the HMCC action plan/total local budget.</td>
</tr>
<tr>
<td>6. Accountability for HMCC actions carried out.</td>
<td>6.1. In the municipality’s periodic accountability, include the actions and challenges of the HMCC plan.</td>
<td>Frequency of accountability actions carried out and mechanisms implemented.</td>
</tr>
</tbody>
</table>

9. Basic municipal profile means a descriptive analysis of the general characteristics of the municipality and its population, its main economic activities, social and health situation, legal and policy environment, available data sources, main health problems faced by the municipality regarding health promotion and social determinants of health, existing inequities, and groups in situations of greater vulnerability. Other aspects considered relevant may also be included, depending on the situation of each municipality.
### 2. PROMOTING INTERSECTORAL ACTION FOR HEALTH AND WELL-BEING

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Recommended actions</th>
<th>Proposed means of verification/compliance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. A space is available for coordination of intersectoral action in health and well-being.</td>
<td>7.1. Create or strengthen a governance structure for intersectoral action.</td>
<td>Constitutive act or its equivalent to create an intersectoral structure (e.g., bureau, committee, commission), and periodic documentation of the meetings held.</td>
</tr>
<tr>
<td></td>
<td>7.2. Establish mechanisms or actions to strengthen intersectoral action in municipal management.</td>
<td>Defined and institutionalized mechanisms for cross-sectoral governance.</td>
</tr>
<tr>
<td>8. Promotion of intersectoral action (Health in All Policies approach), highlighting other sectors’ role in achieving health and well-being.</td>
<td>8.1. Map and analyze the policies of each sector with impact on health, well-being, and equity.</td>
<td>Sectoral mapping of policies that influence health, well-being, and equity carried out.</td>
</tr>
<tr>
<td></td>
<td>8.2. Map the resources/assets available for health and well-being in the municipality.</td>
<td>Resources/assets available for health and well-being in the municipality have been mapped.</td>
</tr>
<tr>
<td></td>
<td>8.3. Strengthen capacities and competencies in intersectoral action.</td>
<td>Training plans available and/or number of people and sectors trained on a regular basis.</td>
</tr>
<tr>
<td>9. Joint planning of all sectors for health and well-being.</td>
<td>9.1. Intersectoral public policy planning.</td>
<td>Number of public policies planned intersectorally at the local level. Number of public policies implemented intersectorally (of those planned) at the local level.</td>
</tr>
<tr>
<td></td>
<td>9.2. Intersectoral HMCC action plan or its equivalent.</td>
<td>Number and sectors involved in the preparation of the action plan.</td>
</tr>
<tr>
<td>10. Intersectoral monitoring and evaluation of public health and well-being policies.</td>
<td>10.1. Establish procedures to monitor and evaluate intersectorally.</td>
<td>Institutionalized procedures that include multiple sectors in monitoring and evaluation.</td>
</tr>
<tr>
<td></td>
<td>10.2. Evaluate the impact on health, well-being, and equity of the different sectors and their respective policies and actions.</td>
<td>Impact assessments on health, well-being, and equity policies.</td>
</tr>
</tbody>
</table>

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10. Assets can be described as the collective resources available to individuals and communities that protect them from negative health outcomes and promote health status. These assets can be social, financial, physical, environmental, or human resources, e.g., employment, education, and social support networks. WHO European Office for Investment for Health and Development. Biennial report 2018–2019. Copenhagen: Regional Office of WHO for Europe; 2020. Available from: https://apps.who.int/iris/rest/bitstreams/1440747/retrieve.

11. Policies of sectors other than health that have included a target or indicator associated with health, and health policies that have included a target from another sector.

### 3. PROMOTING COMMUNITY PARTICIPATION, EMPOWERMENT AND SOCIAL COHESION

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Recommended actions</th>
<th>Proposed means of verification/compliance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Formal engagement mechanisms are in place.</td>
<td>11.1. Survey the different participation mechanisms present in the territory (including those not linked to the municipality).</td>
<td>Updated mapping of engagement mechanisms present in the territory.</td>
</tr>
<tr>
<td></td>
<td>11.2. Create or strengthen a formal engagement structure/body.</td>
<td>Adoption of municipal regulations. Formal creation of the engagement structure/body.</td>
</tr>
<tr>
<td></td>
<td>11.3. Define the different institutional mechanisms that ensure engagement in the HMCC action plan.</td>
<td>Institutional mechanisms for engagement in the HMCC plan are defined.</td>
</tr>
<tr>
<td>12. Effective social engagement for decision-making in the different phases of the public policy cycle.</td>
<td>12.1. Include a participatory component in each of the different phases of the public policy cycle.</td>
<td>a) Availability and type of mechanisms for engagement throughout the public policy cycle (specify phase: design, implementation, evaluation). b) Mapping of community-based organizations.</td>
</tr>
<tr>
<td></td>
<td>12.2. Adopt mechanisms for community engagement in the preparation and approval of municipal budgets.</td>
<td>Programs implemented at the municipal level that were created by a participatory budget and/or budgets drafted with community engagement.</td>
</tr>
<tr>
<td></td>
<td>12.3. Implement participatory evaluations.</td>
<td>Number of evaluations of policies, plans, or programs in which participatory evaluations were used (describe stakeholders involved).</td>
</tr>
<tr>
<td></td>
<td>12.4. Ensure community accessibility to accountability processes, adapting to different populations.</td>
<td>Accountability mechanisms and processes appropriate to the characteristics of different populations.</td>
</tr>
<tr>
<td>13. Inclusive engagement of the territory’s different population groups, taking into account their life course, cultural diversity, and situation of vulnerability.</td>
<td>13.1. Identify the territory’s different population groups, taking into account such factors as their life course, cultural diversity, migratory status, and vulnerability situation.</td>
<td>Description of the different population groups identified.</td>
</tr>
<tr>
<td></td>
<td>13.2. Map the territory’s existing civil society organizations and community networks.</td>
<td>Updated register of the territory’s existing organizations and networks.</td>
</tr>
<tr>
<td></td>
<td>13.3. Ensure the correspondence of the territory’s engagement mechanisms/bodies with its different population groups.</td>
<td>Representation/inclusion of different population groups in participatory processes.</td>
</tr>
<tr>
<td>14. Community empowerment.</td>
<td>14.1. Facilitate community empowerment through training, forums for reflection and learning, and other actions.</td>
<td>a) Number of trainings, forums for reflection and learning, and other community empowerment actions. b) Number of beneficiaries.</td>
</tr>
<tr>
<td></td>
<td>14.2. Promote the legal empowerment of the population; specifically, of those in vulnerable situations with regard to social determinants and the right to health.</td>
<td>Number of legal empowerment actions carried out as “know your rights” campaigns or advisory activities with non-governmental organizations.</td>
</tr>
<tr>
<td></td>
<td>14.3. Train public service teams to facilitate community engagement and empowerment.</td>
<td>a) Number of public service teams trained to facilitate participatory and empowerment processes. b) Number of beneficiaries, and public services to which they belong.</td>
</tr>
<tr>
<td>15. Funding for community engagement.</td>
<td>15.1. Allocate a budget for community engagement.</td>
<td>Approved budget allocation and/or percentage of the total budget earmarked for community engagement.</td>
</tr>
</tbody>
</table>
### Criteria for Healthy Municipalities, Cities and Communities in the Region of the Americas

#### 4. Ensuring that all people have basic health and well-being services

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Recommended actions</th>
<th>Proposed means of verification/compliance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Public policies to guarantee universal and equitable access to basic services essential for health and well-being.</td>
<td>16.1. Identify and disseminate policy mandates that establish rights linked to health and well-being (at the international, regional, national, subnational, and local levels).</td>
<td>Repository of legal and policy instruments (disaggregated by essential basic services).</td>
</tr>
<tr>
<td></td>
<td>16.2. Promote policies that guarantee the rights of different populations, including children, adolescents, older adults, migrants, and groups in vulnerable situations.</td>
<td>Policies implemented that guarantee the rights of different populations, including children, adolescents, older adults, migrants, and groups in vulnerable situations.</td>
</tr>
<tr>
<td></td>
<td>16.3. Advance in the achievement of the 2030 Agenda for Sustainable Development.</td>
<td>Indicators of the 2030 Agenda relevant to the achievement of the Sustainable Development Goals at the local level.</td>
</tr>
<tr>
<td>17. Universal access to health and social services, in line with municipal competencies.</td>
<td>17.1. Identify and define access gaps.</td>
<td>Compilation of information on existing access gaps and/or service coverage.</td>
</tr>
<tr>
<td></td>
<td>17.2. Analyze access barriers.</td>
<td>Report on access barriers identified from both a supply and demand standpoint; for example, the population’s degree of access to health care or the percentage receiving effective coverage of health services.</td>
</tr>
<tr>
<td></td>
<td>17.3. Strengthen the integration of health promotion in primary care and other local health services.</td>
<td>Roadmap developed for the integration of health promotion in primary care and other local health services.</td>
</tr>
<tr>
<td></td>
<td>17.4. Train staff in primary care and other local health services in health promotion.</td>
<td>Staff in primary care and other local health services trained in health promotion.</td>
</tr>
<tr>
<td>18. Access for all to other basic services essential for health and well-being (e.g., water and sanitation, waste disposal, housing, education).</td>
<td>18.1. Identify and describe gaps in access to essential basic services, with special attention to children.</td>
<td>Analysis of areas and/or population groups that do not have essential basic services.</td>
</tr>
<tr>
<td></td>
<td>18.2. Develop or identify, at the municipal level, actions to ensure universal access to basic services, in coordination with the healthy municipality plan.</td>
<td>The HMCC plan is linked to actions to improve access to essential basic services.</td>
</tr>
<tr>
<td>19. Information systems at the local level to identify and monitor health inequalities and their determinants.</td>
<td>19.1. Based on existing records, create an information system for identifying inequalities and their determinants.</td>
<td>Analysis of inequalities and their determinants in the territory.</td>
</tr>
<tr>
<td></td>
<td>19.2. Have information disaggregated by social stratifiers.</td>
<td>Availability of data disaggregated by sex, gender, age, ethnicity, territory, income, education, occupation, social class, migration status, and other social stratifiers.</td>
</tr>
<tr>
<td>20. Monitoring and evaluation of the reduction of gaps in universal and equitable access to basic services essential for health and well-being.</td>
<td>20.1. Map health inequities.</td>
<td>Mapping of health inequities updated annually and development of a monitoring system for social determinants of health at the local level and its relationship to health and well-being outcomes.</td>
</tr>
<tr>
<td></td>
<td>20.2. Identify areas with poor access and groups in a situation of vulnerability.</td>
<td>Areas with deficient access and vulnerable groups identified.</td>
</tr>
</tbody>
</table>
### 5. PROMOTING HEALTHY, INCLUSIVE, AND SAFE ENVIRONMENTS

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Recommended actions</th>
<th>Proposed means of verification/compliance indicators</th>
</tr>
</thead>
</table>
| 21. Healthy urban planning that promotes people’s use of public space throughout the entire life course.  
13                                                                 | 21.1. Plan the organization, development, and rezoning of the municipality around the population’s needs for health and well-being.                                                                                | Municipal master plan or equivalent includes actions that favor healthy, inclusive, and safe environments throughout the life course, promoting healthy aging.  
13                                                                 |
|                                                                         | 21.2. Organize the municipality so that facilities are close, accessible, interconnected, and available to all population groups.                                                                               | Identification and elimination of access barriers to municipal facilities.                                                                                             |
|                                                                         | 21.3. Promote spaces for social interaction (e.g., public plazas, street furniture, parks, widened sidewalks, pedestrianization, social and cultural centers, expansion of service hours). | Increase of spaces available for social interaction according to previously established goals.                                                                   |
|                                                                         | 21.4. Incorporate the evaluation of health co-benefits of interventions to favor healthy, inclusive, and safe environments as part of municipal planning.                                                                 | Use of health co-benefit assessment tools.  
15                                                                 |
|                                                                         | 22.1. Strengthen the health promoting school approach.                                                                                                                                                               | Percentage of schools in the municipality that are health promoters.                                                                                                     |
|                                                                         | 22.2. Strengthen other key environments for health and well-being, such as housing, markets, workplaces, and universities.                                                                                       | Number of policies implemented to promote healthy environments.                                                                                                         |
|                                                                         | 22.3. Ensure spaces free of smoke from tobacco and related products.                                                                                                                                               | Regulations developed and actions to verify compliance.                                                                                                                   |
|                                                                         | 22.4. Implement environmental policies to protect health (air quality, noise) and to address climate change.                                                                                                    | Policies /regulations developed according to national and international standards, such as WHO guidelines, and actions to verify compliance. |
|                                                                         | 23.1. Ensure the availability and access for the entire population to neighborhood green spaces or other nature spaces.                                                                                         | Meeting relevant targets and indicators on access to an availability of neighborhood green space and other nature spaces.                                             |
|                                                                         | 24.1. Ensure the availability of an accessible, interconnected, and intermodal public transport system.                                                                                                           | a) Accessible, interconnected, and intermodal public transport network, which serves the entire population (graphic representation). b) Measures implemented to promote public transport. |
|                                                                         | 24.2. Promote active transport through walkability and cyclability.                                                                                                                                               | Targets established and met for walkability and cyclability in the municipality.  
16                                                                 |
|                                                                         | 24.3. Promote road safety and prevent road accidents through the adoption of local plans/programs/actions.                                                                                                    | a) Local road safety plans, programs, or actions adopted. b) Sites with recurrent accidents identified and measures implemented. c) Number of road safety audits carried out. |

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15. Examples of such tools are: AirQ+, focused on air quality; HEAT, aimed at estimating the health and economic benefits of cyclability and walkability; and GreenUr, to quantify the impact of urban green areas on health.

16. Specific examples of how to operationalize this include kilometers/reach of bicycle lanes and bicycle paths by population size, and road closures to promote active mobility at specific times/on specific days.
### CRITERIA FOR HEALTHY MUNICIPALITIES, CITIES AND COMMUNITIES IN THE REGION OF THE AMERICAS

#### 25. Inclusive environments for all, taking into account such factors as life course, gender, ethnicity, and disability status.

<table>
<thead>
<tr>
<th>25.1. Coordinate local government with human rights protection systems to address any form of violation of rights and discrimination, with special attention to such factors as age, gender, ethnicity, and disability.</th>
<th>Existing mechanisms, administrative channels, and procedures for municipal coordination with protection systems to ensure human rights and non-discrimination. 17</th>
</tr>
</thead>
</table>
| 25.2. Train municipal staff and social organizations in human rights, social inclusion, and non-discriminatory treatment. | a) Percentage of municipal staff trained in human rights, social inclusion, and non-discriminatory treatment.  
    b) Number of social organizations trained in human rights, social inclusion, and non-discriminatory treatment. |
| 25.3. Adopt a policy that ensures the physical accessibility of all public spaces. | Policy adopted to ensure physical accessibility to streets and other public spaces, with a design based on a prior accessibility study. 18 |

#### 26. Safety of the population promoted to guarantee and improve coexistence and quality of life.

| 26.1. Improve the municipality’s safety conditions. | Mapping all areas of the municipality by degrees of safety (unsafe areas and times, public lighting, and other safety elements). |
| 26.2. Eliminate all forms of violence. | Availability of services and programs for preventing and addressing violence, especially gender-based violence, with a register of complaints of violence. |

#### 27. Healthy aging and age-friendly environments. 19

| 27.1. Identify and strengthen policies and actions that favor healthy aging. | Mapping policies to support healthy aging and environments that promote it. |
| 27.2. Participate in the Global Network of Age-Friendly Cities (GNAFCC) through the established procedure. | Compliance with the procedure established for integration into GNAFCC. |
| 27.3. Identify the needs of older adults with participatory tools, such as the Vancouver Protocol. | Application of the Vancouver Protocol or equivalent participatory diagnostic tools. |

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17. For example, addressing ageism. World Health Organization. Global Report on Ageism. Geneva: WHO; 2021. Available from: https://www.who.int/publications/i/item/9789240016866. 18. Measuring the Age-friendliness of Cities is a tool that includes indicators for physical accessibility, providing orientation for the monitoring and evaluation process (development of equity indicators, contributions, products, results, and impacts). 19. The creation of an age-friendly environment means creating a social and physical environment that favors the trajectory of the aging; that is, it is not only a better place for older people to live, but it is a better place for everyone to live and to age, where they can be and do what they value.
### 6. Capacity-Building for Managing Health Emergencies and Disasters

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Recommended actions</th>
<th>Proposed means of verification/compliance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>28. Intersectoral coordination mechanism for managing health emergencies and disasters.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.1. In case there is none, create an intersectoral coordination mechanism for preparedness and response to health emergencies and disasters.</td>
<td>Intersectoral coordination mechanism including, at least, the following sectors: public safety and security, public health and medical services, public works, food safety and security, enterprise and trade, finance, logistics and transport, communications, information technology, and the environment.</td>
<td></td>
</tr>
<tr>
<td>28.2. Identify a coordination mechanism with national, subnational, and local authorities for response to and recovery from health emergencies and disasters.</td>
<td>Regional coordination mechanism.</td>
<td></td>
</tr>
<tr>
<td><strong>29. Response plan for health emergencies and disasters, including specific (contingency) plans based on the risk assessments made, with defined responsibilities and roles.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.1. Develop a response plan for health emergencies and disasters and specific (contingency) plans based on the risk assessments made, or update them if they already exist, so that it is coordinated with national and subnational plans.</td>
<td>Plan de respuesta frente a emergencias de salud y desastres y planes específicos (contingencia) vigentes.</td>
<td></td>
</tr>
<tr>
<td>29.2. Involve the organized community in coordination plans and mechanisms, by assigning specific roles for the community, and including the most vulnerable populations.</td>
<td>The organized community is included in the plans and coordination mechanisms, giving special attention to the most vulnerable populations.</td>
<td></td>
</tr>
<tr>
<td>29.3. Maintain an updated mapping of existing resources in the municipality to face health emergencies and disasters.</td>
<td>Resource mapping updated annually, including health facilities in identified risk areas.</td>
<td></td>
</tr>
<tr>
<td>29.4. Capacity-building for all key emergency response sectors in the municipality and the community.</td>
<td>Number of simulation exercises and training and organizational activities carried out with key sectors and the community (list of community groups and participants by sector).</td>
<td></td>
</tr>
<tr>
<td>29.5. Develop and test a risk communication plan adapted to the local conditions.</td>
<td>Communication plan adopted, and tested periodically.</td>
<td></td>
</tr>
<tr>
<td>29.6. Define a municipality-level list of minimum essential utilities to be maintained in the event of health emergencies and disasters.</td>
<td>List defined and disseminated.</td>
<td></td>
</tr>
<tr>
<td><strong>30. Evaluation of the sustainability and impact of the measures, especially for risk areas and vulnerable groups.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.1. Identify and map risk areas and groups in vulnerable situations (coordinate with 13.1 and 20.2).</td>
<td>Risk areas and vulnerable groups identified.</td>
<td></td>
</tr>
<tr>
<td>30.2. Ensure that all phases of the plan, including the risk communication strategy, are adapted to vulnerable populations.</td>
<td>Adaptation of the plan and its measures to populations in vulnerable situations through a process that includes consultations with organizations and individuals representing areas and groups in vulnerable situations</td>
<td></td>
</tr>
</tbody>
</table>
3.4. Healthy municipalities, step by step

A healthy municipality requires a continuous, cyclical process that spirals upward towards improving the health and well-being of the population.

Three key steps are proposed in connection with the defined criteria, to move towards the consolidation of a healthy municipality (see Figure 2).

**STEP ONE: COMMITMENT**

This requires compliance with the first criterion, which is to have a current HMCC commitment, including two key actions: the public policy declaration affirming the local government’s commitment (Action 1.1), and the designation of a focal point and creation of a team by the local authority (Action 1.2).

Political commitment is crucial for the implementation of HMCC programs. This commitment must remain in place, so that its priorities are supported at the highest level of local government. The public announcement of the commitment is not only a way to give it visibility, but more importantly, to involve the population, which can then exercise social oversight. Moreover, it is essential that there be someone responsible for coordinating the implementation of the HMCC program with a team, and for promoting that implementation.

In this step, it is recommended to advance integration into existing national and/or subnational HMCC networks and into the wider HMCC Movement across the Region, which will contribute to the sustainability of the commitment undertaken. Participation in national and regional meetings is also suggested in order to exchange experiences that can contribute both to maintaining this commitment to the health and well-being of the population, and to capacity-building at the local level to implement policies aimed at building a healthy municipality.

*Political commitment is crucial for the implementation of HMCC programs. This commitment must remain in place, so that its priorities are supported at the highest level of local government.*
STEP TWO: IMPLEMENTATION

This step involves starting the implementation phase in the policy cycle, emphasizing an intersectoral, participatory approach, starting from an initial diagnosis (including an analysis of existing inequalities). This diagnosis will make it possible to prioritize the main issues to be addressed, taking into account the needs of the different population groups and designing and implementing a plan, either by creating an ad hoc HMCC plan or integrating the prioritized actions into existing plans.

This second step also encompasses designing an action plan, based on the prioritization, and establishing a roadmap and defined time frame.

The action plan should include the criteria and actions in areas 4, 5, and 6, according to the characteristics and competencies of the municipality and the main problems and issues identified in the participatory prioritization.

To ensure the plan’s implementation, it must be linked to the allocation of a specific budget for the prioritized actions.

With respect to the social determinants of health, there is clearly a need for other sectors to be involved, given the impact of their policies on the health and well-being of the population throughout the life course. Likewise, the engagement of the population is key to promoting health and equity. Having these structures in place (either creating them or strengthening pre-existing ones) will make it possible to move towards the intersectoral, collective construction of healthy municipalities.

To ensure the plan’s implementation, it must be linked to the allocation of a specific budget for the prioritized actions.

With respect to the social determinants of health, there is clearly a need for other sectors to be involved, given the impact of their policies on the health and well-being of the population throughout the life course. Likewise, the engagement of the population is key to promoting health and equity.
STEP THREE: CONSOLIDATION

Ideally, consolidation assumes that all sectors are planning and working together to promote the health and well-being of their populations, with meaningful community engagement in all phases of the policy cycle. Moreover, analyses and interventions should be used to identify inequalities and situations of vulnerability, proposing specific actions to address them. Before restarting the policy cycle, the lessons learned and proposals for improvement resulting from the monitoring and evaluation processes of the plan must be taken into consideration.

Consolidation includes, therefore, revising the action plan to ensure that each of the pillars (intersectorality, engagement, and equity) is strengthened, expanding the municipality’s targets to have greater impact on health, well-being, and equity.

In practice, it is a question of trying to advance those criteria and actions not previously addressed in the first three areas for policy action (1, 2, and 3), with the idea that the criteria and areas for policy action 4, 5, and 6 will be addressed over time, depending on the characteristics and competencies of the municipality and the main problems and issues identified in the participatory prioritization.

In this step, the plan must be adjusted to the new priorities and needs that have arisen, incorporating the lessons learned from the monitoring and evaluation process, and taking into consideration the lessons learned and proposals for improvement to identify new priorities to be addressed before restarting the policy cycle.

Consolidation includes, therefore, revising the action plan to ensure that each of the pillars (intersectorality, engagement, and equity) is strengthened, expanding the municipality’s targets to have greater impact on health, well-being, and equity.
TABLE 2. STEPS, AREAS FOR POLICY ACTION, AND ASSOCIATED CRITERIA FOR THE CONSTRUCTION OF HEALTHY MUNICIPALITIES, CITIES, AND COMMUNITIES

**STEP 1**

**COMMITMENT**

**AREAS FOR POLICY ACTION**
1. Strengthening local leadership and governance for equity, health and well-being for all

**ASSOCIATED CRITERIA**

**STEP 2**

**IMPLEMENTATION**

**AREAS FOR POLICY ACTION**
1. Strengthening local leadership and governance for equity, health and well-being for all
2. Promoting intersectoral action for health and well-being
3. Promoting community participation, empowerment and social cohesion

**ASSOCIATED CRITERIA**
3. Updated basic municipal profile.
4. Development of an HMCC action plan or integration into existing plans.
5. Allocation of a specific budget for the HMCC action plan.
6. Accountability for HMCC actions carried out.
7. A coordination space for intersectoral action in health and well-being is available.
8. Promotion of intersectoral action (Health in All Policies approach), highlighting the role of other sectors’ policies in health and well-being.
11. Engagement mechanisms are in place.

**STEP 3**

**CONSOLIDATION**

**AREAS FOR POLICY ACTION**
1. Strengthening local leadership and governance for equity, health and well-being for all
2. Promoting intersectoral action for health and well-being
3. Promoting community participation, empowerment and social cohesion
4. Ensuring that all people have basic health and well-being services
5. Promoting healthy, inclusive, and safe environments
6. Capacity-building for managing health emergencies and disasters

**ASSOCIATED CRITERIA**
4. Ensuring that all people have basic health and well-being services
5. Promoting healthy, inclusive, and safe environments
6. Capacity-building for managing health emergencies and disasters

The criteria and areas for policy action 4, 5, and 6 that have not been developed previously will be addressed over time, and those that have already been implemented will be consolidated, depending on the municipality’s characteristics and competencies.

Selection of criteria according to the characteristics and competencies of the municipality and the main problems and issues identified in the prioritization. Ideally, at least one per area for policy action.

† political † technical
KEY ACTIONS FOR EACH STEP

STEP 1
COMMITMENT
Once the commitment to governance for health and well-being has been made, it is very important to communicate this to the regional HMCC Movement and to national or subnational networks (where they exist), given the benefits of networking and the exchange of initiatives on the road to building a healthy municipality. Participation in meetings, forums, and other spaces for the exchange of experiences will also strengthen the commitment.

STEP 2
IMPLEMENTATION
• This second step includes designing an action plan based on the findings of the participatory prioritization, and having a roadmap and defined time frame.
  • It is necessary to begin with what is already available in the municipality, and to identify potential spaces and mechanisms for intersectoral action and social engagement.
  • The action plan should be designed by including the criteria and areas for policy action 4, 5, and 6, according to the municipality’s characteristics and competencies, and the main problems and issues identified in the prioritization.

STEP 3
CONSOLIDATION
Consolidation encompasses revising the action plan to ensure that each of the pillars (intersectorality, engagement, and equity) is strengthened and the municipality’s goals are expanded for greater impact on health, well-being, and equity.
Final considerations
Local governments are emerging as key stakeholders for achieving the health and well-being of their communities. The proposed Regional Criteria have emerged from a participatory consensus and review process, laying a solid foundation for their implementation.

It is essential to highlight that the Regional Criteria were designed with dynamic and flexible development in mind. They should be updated as experiences and lessons learned are incorporated throughout the implementation process at the local level, to ensure adaptation to changing needs and advances in public health, well-being, and equity.

Following the publication of these guidelines, a series of practical tools will be made available to local governments to facilitate the effective implementation of the criteria at the local level. These tools will serve as practical orientation, enabling more efficient and effective policy implementation in each specific context.

The Regional Criteria can pave the way to a more integrated, participatory, and coordinated management to enhance population well-being. The shared vision of a healthier and more equitable society will be the engine that drives local governments and communities to work together to achieve positive, sustainable results in improving population health.

The Regional Criteria were designed with dynamic and flexible development in mind. They should be updated as experiences and lessons learned are incorporated throughout the implementation process at the local level, to ensure adaptation to changing needs and advances in public health, well-being, and equity.

In conclusion, implementation of the Regional Criteria represents a crucial step towards building healthy municipalities, cities, and communities, where well-being and equity will be the result of a constant and cooperative commitment among all participating stakeholders.
References


Annexes
Annex 1. Regulations of the Healthy Municipalities, Cities, and Communities of the Americas Movement

NAME AND OBJECTIVES
1.1 The movement is referred to as the ‘Healthy Municipalities, Cities, and Communities of the Americas Movement’ (hereinafter the ‘HMCC Movement’ or the ‘Movement’).

1.2 The Movement is based on recognition of local governments as spaces that promote health and equity and that are conducive to innovation, intersectoral action, and community participation.

1.3 For the purposes of the Movement, municipalities are local governments representing the smallest administrative division with a defined territory (municipalities, cantons, districts, cities, or communities, among other denominations used in the Region of the Americas) and their own authorities and governance mechanisms.

1.4 The HMCC Movement comprises a regional network of municipalities that fosters strategic cooperation to improve the health and well-being of populations with a common regional vision.

1.5 The vision of the HMCC Movement is to place health, well-being, and equity on the agendas of local governments for health promotion, well-being, and the development of healthy settings through healthy public policies, intersectoral work, and active community participation.

1.6 The main goal of the HMCC Movement is to strengthen the adoption and implementation of public policies to improve well-being and health, and to incorporate the strategies and plans of action on health promotion and equity adopted by Member States of the Pan American Health Organization (PAHO) through the its Governing Bodies.

THE OBJECTIVES OF THE HMCC MOVEMENT ARE TO:

a) Help improve the conditions and quality of life of the population, based on the crucial importance of local governments in health promotion and social welfare.

b) Position health, well-being, and equity as issues on local government agendas through healthy public policies that address the social determinants of health and promote intersectoral work and community participation.

c) Strengthen health-related actions taken by local governments, through the sharing of experiences between municipalities and various stakeholders.

MEMBERS
2.1 All municipalities that are active members of any of the recognized national networks of healthy municipalities in the Region will be members of the Movement.

2.2 National and subregional networks of healthy municipalities and ministries of health are part of the Movement.
2.3 Additionally, all municipalities in the Region of the Americas that observe the provisions of this Statute may be part of the HMCC Movement.

Membership applications must be submitted to the Second Vice Presidency of the HMCC and must include:

- Municipal letter of political commitment to affiliation with the HMCC Movement
- Letter signed by the mayor or equivalent, indicating knowledge of and adherence to this Statute.

2.4 All member municipalities must designate a municipal focal point or technical officer to function as a liaison with the HMCC Movement, indicating that person’s institutional position in the municipality and their corresponding responsibilities. Any changes to the focal point or contact details must be communicated to the Technical Secretariat.

2.5 Municipalities participating in the V Meeting of Mayors are members and will have a period of one year to complete the corresponding procedures.

2.6 Municipal mechanisms for technical and political commitment to affiliation with the HMCC Movement and for the designation of a municipal focal point or technical officer to serve as a liaison with the HMCC Movement may be concurrent with the process of joining the World Health Organization’s Global Network of Age-friendly Cities and Communities.

2.7 Being a member of this network does not constitute PAHO’s endorsement of the entity or its activities.

**PRINCIPLES**

3.1 The municipalities of the HMCC Movement share a common commitment to implement health promotion at the local level based on the following principles of the Movement:

- **a) Equity:** Implies justice, equal opportunity, and responding to the diverse needs of the members of the Movement, respecting its plurality.

- **b) Intersectorality:** The coordination of institutions representing more than one social sector in actions destined wholly or partially to addressing the social determinants of health, in order to improve quality of life, health, and well-being, with community participation.

- **c) Community participation:** The diverse expressions of civil society and communities in public life and the strengthening of the social fabric for decision-making, considering differentiating historical processes and the life course perspective, creating healthier and fairer environments for all.

- **d) Sustainability:** Seeks coherence in what humans need from the environment, ensuring the future renewal of environmental, economic and welfare resources.
ACTIVITIES

4.1 Members will work to maintain and promote the goals and objectives of the HMCC by actively participating in the activities and meetings of the Movement.

4.2 Members will provide timely and pertinent information on their progress, experiences, and activities to the Technical Secretariat, to facilitate exchange between municipalities and meet the objectives of the HMCC Movement.

4.3 Members will exchange communications, knowledge, experience, good practices, and capacity building, and will actively seek funding opportunities, as appropriate, in support of such activities.

GENERAL ASSEMBLY

5.1 The General Assembly of the HMCC Movement is composed of a group of municipalities represented by their corresponding mayors or representatives.

5.2 The national and subnational networks of healthy municipalities and the ministries of health of the Region may participate in the assemblies, with the right to speak.

5.3 The General Assembly of the Movement will receive reports from the Technical Secretariat and will make the decisions it deems pertinent and necessary.

5.4 The quorum for the General Assembly will be equivalent to half plus one of its municipalities, who will be able to participate both physically and virtually.

5.5 Decisions reached by the General Assembly will be made by consensus.

5.6 The General Assembly is the highest decision-making body of the Movement and will be responsible for all decisions not within the competence of another organ of the Movement.

MEETINGS OF THE MOVEMENT

6.1 Representatives of the HMCC Movement and the Executive Committee will meet at the Annual Meeting of the HMCC Movement. The Meeting is open to ministries of health, national and subnational networks of healthy municipalities, and additional observers, upon consultation and approval from the Second Vice Presidency.

6.2 The Meeting is a technical working meeting that facilitates communications, contacts, and agreements among its participants through the exchange of knowledge, learning, examination of achievements and challenges, and discussion of the strategic plans and initiatives of the HMCC Movement.

6.3 Among other purposes, the activities of the Meeting will:

   a) Strengthen collaboration and synergies among members and with related institutions.

   b) Strengthen collaboration and present relevant initiatives and programs, including
international healthy policy priorities, in support of the HMCC Movement and its members’ goals and objectives.

6.4 The General Assembly and the Meeting are convened and organized by the Presidency and First Vice Presidency, in coordination with the Technical Secretariat. They may be held successively.

EXECUTIVE COMMITTEE

7.1 The Executive Committee is the internal technical coordination and management committee, with respect both to the monitoring and strategic planning of the goals of the HMCC Movement.

7.2 The composition of the Executive Committee will reflect the diversity of the different subregions of the Americas and will seek gender diversity.

7.3 The Executive Committee is made up of the Presidency, First Vice Presidency, Second Vice Presidency and Third Vice Presidency. These positions are held by the highest authority of each municipal institution that is a member of the Movement.

The Presidency and vice presidencies will be elected at the General Assembly for a period of two years, which may be renewed once.

7.4 The functions of the Presidency are to:

a) Advocate for and promote the HMCC Movement with other public and private institutions and organizations.

b) Chair, coordinate, and convene the Meeting through the General Assembly.

c) Propose the agenda of the General Assembly.

d) Convene the General Assembly.

e) Monitor the implementation of the General Assembly’s agreements.

f) Propose working groups on specific topics.

7.5 The functions of the First Vice Presidency are to:

a) Stand in for the Presidency, in case of vacancy, absence, or impossibility of the latter to exercise its functions for the duration of any of these situations.

b) Coordinate, together with the Presidency and the Technical Secretariat, the convocation of the Meeting through the General Assembly.

c) Propose working groups for the socialization of good municipal practices in health.

d) Establish coordination between the Executive Committee and the thematic committees

e) Support the Presidency in the exercise of its functions.
7.6. The functions of the **Second Vice Presidency** are to:

a) Update the list of municipal technical delegates to advance the objectives of the HMCC Movement.

b) Report failures to apply this Statute, for consideration by the General Assembly.

c) Coordination of activities with the liaison committees.

7.7 The functions of the Third Vice Presidency are those assigned by the Executive Committee and the General Assembly within the framework of this Statute.

**TECHNICAL SECRETARIAT**

8.1 The Technical Secretariat, subject to the availability of resources, will support the fulfillment of the Movement’s objectives through the following activities:

a) Contribute to the development of the technical, strategic, and operational capacities of municipalities and national and subnational networks of the HMCC Movement.

b) Facilitate coordination with other healthy cities networks at the global level, including the WHO Global Network of Age-friendly Cities and Communities.

c) Provide technical cooperation to the HMCC Movement and its members.

d) Facilitate links with institutions in the United Nations system on issues related to health and well-being.

e) Support the General Assemblies, the Meetings, and meetings of the Executive Committee.

f) Participate in the Executive Committee and the General Assembly.

8.2 The Technical Secretariat, following the guidelines of the Executive Committee, will prepare a periodic report on the activities of the HMCC Movement and other information it deems appropriate.

8.3 The Pan American Health Organization (PAHO) will perform the functions of the Technical Secretariat of the Movement. Upon prior notification to the Movement, PAHO may delegate this responsibility to another Member if it deems this to be appropriate.

**LIAISON COMMITTEES**

9.1 Liaison committees are spaces for dialogue and technical support between members of the HMCC Movement and other affiliated institutions involved with healthy municipalities, cities, and communities.

9.2 The Liaison Committee of Healthy Municipalities Networks is made up of representatives of these networks or equivalent (related) networks in countries of the Region.
9.3 The Liaison Committee of Ministries of Health is made up of the focal points of each ministry of health responsible for the issue of healthy municipalities or, failing that, health promotion.

9.4 The Executive Committee will promote the establishment of one or more liaison committees made up of representatives of other local government networks whose interests are compatible with those of the HMCC Movement. The establishment of liaison committees will be submitted for consideration by the General Assembly.

**THEMATIC COMMITTEES**

10.1 Members may be grouped into thematic committees according to their common interests, in fixed term working groups.

10.2 Thematic committees will be organized according to affinity, grouping members’ experience and expertise in order to carry out tasks and take approaches to specific topics.

10.3 Thematic committees will send their reports to the Executive Committee for subsequent presentation at the plenary of the General Assembly.

**STRATEGIC PARTNERSHIPS**

11 The HMCC Movement will establish strategic partnerships with other institutions, including other networks of local governments and academic institutions, in the pursuit of its objectives.

**AMENDMENTS AND INTERPRETATION**

12.1 The General Assembly may propose and approve amendments to the Statute.

12.2 The General Assembly will be responsible for interpreting the provisions of the Statute.

Adopted in Spanish during the V Regional Meeting of Mayors for Healthy Municipalities, Cities, and Communities in Panama City, Panama, 21–22 November 2022
Annex 2. Correspondence between areas for policy action: Pan American Health Organization and World Health Organization

<table>
<thead>
<tr>
<th>AREAS FOR POLICY ACTION</th>
<th>PAN AMERICAN HEALTH ORGANIZATION</th>
<th>WORLD HEALTH ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Promoting intersectoral action for health and well-being.</td>
<td>Promoting a Health in All Policies approach.</td>
</tr>
<tr>
<td>3.</td>
<td>Promoting community participation, empowerment and social cohesion.</td>
<td>Promoting community development and empowerment, and creating social environments that support health.</td>
</tr>
<tr>
<td>4.</td>
<td>Ensuring that all people have basic health and well-being services.</td>
<td>Considering everyone in the municipality, planning for them, and prioritizing those most in need. Improving equality and access to local health and social services.</td>
</tr>
<tr>
<td>5.</td>
<td>Promoting healthy, inclusive, and safe environments.</td>
<td>Creating built environments and infrastructure that promote health and healthy choices.</td>
</tr>
</tbody>
</table>
Over the years, local governments in the Region of the Americas have been involved in different initiatives aimed at strengthening public policies that have an impact on the health of their populations. These initiatives have facilitated the sharing of experiences, capacity building, and the adoption of innovative policies. The role of governments in health has benefited from enormous opportunities for intersectoral action and the promotion of community participation in the design and implementation of public policies. The COVID–19 pandemic shed even clearer light on the key role of local governments in jointly and comprehensively addressing the social determinants of health to impact health, well-being, and equity.

The V Regional Meeting of Mayors for Healthy Municipalities, Cities, and Communities, organized with the collaboration of the Pan American Health Organization (PAHO/WHO), focused on consolidating the regional movement of Healthy Municipalities, Cities, and Communities (HMCC) of the Americas in order to promote local government actions aimed at health and well-being with equity in the post-pandemic context.

The meeting was held within the framework of the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 and the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work, which highlights the key role of local governments in promoting health, well-being, and equity. It also renewed the international commitments assumed in the Declaration of Santiago, Chile (2016), the Shanghai Consensus on Healthy Cities (2016), the Act of Valdivia (2017), the Declaration of Acapulco (2018), the Commitment of Santiago, Cuba (2018), the Declaration of Paipa (2019), and the agreements of the IV Virtual Meeting of Mayors of Healthy Municipalities, Cities, and Communities (2021).

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During the meeting, regional criteria for HMCCs were presented, as well as a governance plan for the HMCC movement. Mayors, representatives of ministries of health, and PAHO/WHO shared experiences of working in networks and municipalities. There was also discussion of opportunities to use the movement as a platform for sharing and as a network for mayors in the Region to strengthen local initiatives in health, equity, and well-being. Currently relevant topics such as COVID-19 vaccination were included.

During the meeting, the Statute of the HMCC movement was adopted and its Executive Committee was elected, marking a milestone in the consolidation of the structure of the movement and giving it a platform for its initiatives and institutional support to better meet its objectives. With this structure, the movement will achieve greater autonomy while strengthening bonds between its members, reaffirming itself as a strategic instrument in the implementation of the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 and the Policy for Recovering Progress toward the Sustainable Development Goals.

In this framework, we, the leaders of municipal governments of Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, and Uruguay, present at the V Regional Meeting of Mayors for Healthy Municipalities, Cities, and Communities held on 21–22 November 2022, in Panama City, Panama, agree to:

1. **Adopt the Regional Criteria for Healthy Municipalities, Cities, and Communities**
2. **Adopt the Statute of the HMCC Movement**
3. **Strengthen the Healthy Municipalities, Cities, and Communities movement in the Region of the Americas by incorporating more local governments with the political will to promote health and well-being and act on the social determinants of health through health in all policies.**
4. **Strengthen national networks of healthy municipalities in the Region of the Americas**
Annex 4. Further reading and additional resources

- AirQ+: software tool for health risk assessment of air pollution
- Ampliación del acceso equitativo a los servicios de salud. Recomendaciones para la transformación de los sistemas de salud hacia la salud universal [Expanding equitable access to health services: Recommendations for transforming health systems towards universal coverage] (Spanish only)
- A Compendium of Tools and Methods to Address Social Inequities Affecting the Health and Well-being of Women, Children, and Adolescents in Latin America and the Caribbean
- The Essential Public Health Functions in the Americas: A Renewal for the 21st Century. Conceptual Framework and Description
- Fortalecer la atención de emergencias traumatólogicas en la Región de las Américas [Strengthening Emergency Trauma Care in the Region of the Americas]
- Framework for Strengthening Health Emergency Preparedness in Cities and Urban Settings
- The Global Network for Age-friendly Cities and Communities: Looking back over the last decade, looking forward to the next
- Guidance Document on Migration and Health
- Health Economic Assessment Tool (HEAT) for walking and cycling
- Health Sector Multi-Hazard Response Framework
- Índice de Preparativos para Emergencias y Desastres en Salud [Preparedness Index for Health Emergencies and Disasters] (Spanish only)
- Integrating Health in Urban and Territorial Planning: A Sourcebook
- International Health Regulations 2005
- Localizing the SDGs: The Toolbox
- Making Every School a Health-Promoting School: Global standards and indicators
- Measuring the Age-Friendliness of Cities: A Guide to Using Core Indicators
- Sendai Framework for Disaster Risk Reduction 2015–2030
- Strategic Toolkit for Assessing Risks (STAR): A comprehensive toolkit for all-hazards health emergency risk assessment
- Traffic Conflict Technique Toolkit: Making the Journey to and from School Safer for Students
- A Users’ Guide to Measuring Local Governance
- WHO Housing and Health Guidelines
The regional criteria for Healthy Municipalities, Cities, and Communities in the Region of the Americas, adopted at the V Regional Meeting of Mayors for Healthy Municipalities, Cities, and Communities (HMCC) in 2022, is a set of reference guidelines to strengthen public policies, plans, and programs to improve the health and well-being of populations served by local governments. The Regional Criteria are based on recognizing the crucial role of municipalities in promoting healthy public policies, taking into account that such policies go beyond the health sector and that other sectors also have a role to play, given the impact of all public policies on health. These criteria are the result of a collaborative, interdisciplinary effort involving the participation of different individuals and institutions across the Region, including local governments. Key considerations in their development were the experiences of national and subnational HMCC networks, the already existing criteria in several countries of the Region, and World Health Organization guidelines for healthy cities.

The Regional Criteria are grouped into six areas for policy action. For the implementation of each one, recommended actions, means of verification, and compliance indicators are included. Target audience include municipal management teams, networks and associations of municipalities in the Region, and ministries of health. The aim is to support policies that strengthen the inclusion of health promotion as a local management priority.

The heterogeneity of local governments is expressly recognized, given their different organizational structures, competencies, and resources available to address diverse realities. The Regional Criteria have been purposefully designed to be adaptable to this diversity, and to be contextualized and prioritized differently in each territory. With the implementation of these guidelines, new challenges and new opportunities to further enrich this proposal will undoubtedly emerge.