WORLD HEALTH ORGANIZATION

Contribution to the
2014 United Nations Economic and
Social Council (ECOSOC)
Integration Segment

Contribution of the World Health Organization to the Integration Segment of the 2014 session of the United Nations Economic and Social Council
"Sustainable urbanization"
27 to 29 May 2014

The new Integration Segment focuses on opportunities to unite three dimensions of sustainable development – economic, social and environmental – with an emphasis on the urban setting. WHO with its partners is working towards supporting cities which are inclusive, foster equity and advance the health and wellbeing of people to enable their continued economic productivity and broader social stability.

A. Urbanization as global trend: Over 50% of the world's population now live in cities, which is projected to increase to 70 per cent by 2050. Over a billion people live in slums. Much of the world's rapid (and unplanned) city growth is taking place in developing and middle income countries. Cities offer unique opportunities for residents to increase income, mobilize for political action, and benefit from education as well as health and social services. Many cities face unique challenges in addressing the needs of citizens living in informal settlements and slums. Despite its promise, urbanization can lead to **health and social inequities**. These and related issues were presented in the 2010 WHO-UN Habitat Global Report: **Hidden Cities: Unmasking and overcoming health inequities in urban settings**[1].

Related trends such as demographic transitions (rapid ageing, population growth, youth), increasing frequency of natural disasters and climate change, and large-scale migration shape health, safety, security, economic potential, and social stability of urban citizens.

B. Health challenges: The urban setting presents a number of health risks and opportunities to act: infectious diseases (including HIV/AIDS, tuberculosis, malaria); noncommunicable diseases and their risk factors; mental health; violence (including sexual abuse) and injuries (including road traffic accidents); preventable maternal and child deaths; chronic malnutrition; inadequate access to sexual and reproductive health; and environmental health (including water, sanitation, air pollution, chemicals, etc). Cities are central to **maximizing health at all stages of life.** For example, reducing **air pollution** (ambient and indoor) will contribute to saving seven million lives per year, reduce costly morbidity and mortality, and lead to liveable cities.[2] The significant rise in natural disasters and their impact, climate change, and communicable disease outbreaks further exacerbate poor health outcomes, and have a disproportionate impact on urban residents.

C. Policy issues and options—ensuring inclusive, equitable cities. The contribution and inter-linkage of social, environmental and economic determinants influence the health of urban residents. These were well documented in the work of the **Commission on Social Determinants for Health,**[3] which incorporated a focus on urbanization and health. The **WHO Centre for Health Development (Kobe Centre)**[4] served as a Knowledge Hub on the topic. In 2010, the WHO Kobe Centre convened a Global Forum on Urbanization and Health with over 85 countries' participating, their mayors, Governors, and national officials as well as WHO and UN Habitat. The resulting **Kobe Call to Action**[5] called on governments, cities, civil society and the UN to act on three principles:
- Uncover and address urban health inequities to build healthier cities
- Show leadership by including health in all urban policies through intersectoral action; and

[1] http://www.who.int/kobe_centre/publications/hidden_cities2010/en/
[2] http://www.who.int/mediacentre/news/releases/2014/air-pollution/en/
[3] http://www.who.int/social_determinants/thecommission/en/
[4] http://www.who.int/kobe_centre/en/ and http://www.who.int/social_determinants/themes/urbanization/en/
5 http://www.who.int/topics/urban_health/kobe_calltoaction_urbanization_2010.pdf

- Use effective mechanisms for community participation in urban policy and planning.

The **Universal Health Coverage** approach, that includes an emphasis on equity, delivering a comprehensive set of health services, and financial protection against impoverishment provides a framework to plan, implement, and monitor health services for cities, that also involves multi-sectoral action.

D. **Role of multiple stakeholders:** As for many spheres of public policy, **collaboration and joint action** are necessary to solve complex problems. The are many examples of the health sector working with urban planners, finance, transport, environment, agriculture, education, social welfare, sports/recreation, and women – to name a few. Local governments have a major **leadership role** to play in improving urban health and reducing urban health inequities. They have the capacity to bring together many different areas of government and society in order to bring health and health equity to the heart of the policy-making process. **Civil society** (including nongovernmental organizations, the private sector, religious groups, and academia) facilitate community participation in all aspects of urban life. But, increasing the involvement of residents of informal settlements and the poor is essential to improving their social and economic conditions, and designing appropriate health services.

RECOMMENDATIONS FOR POLICY ACTIONS

A number of actions and recommendations can advance inclusiveness and equity towards health and social wellbeing. Such actions need to involve **government leaders, city mayors, professionals in many city departments, including health, civil society, and with UN support.**

1. **Promote health and health equity in cities.** Actions include developing and implementing ongoing systems for regular and sustainable collection and analysis of disaggregated data; systematically using impact assessment tools (such as Urban Health Equity Assessment and Response Tool=HEART[6] and health impact assessments[7]) to identify and respond to inequities, and to assess the impact on health of urban policies and programmes.

2. **Identify specific public policy opportunities to foster multi-sectoral action for mutually beneficial results.** Working with various partners, relevant sectoral policies programs include a) urban planners, transport, environment (including water and sanitation, and air pollution), housing, infrastructure to shape the natural and built environment, with a focus on preventing NCDs and lifestyle-related diseases b) education, economic agencies, social welfare security, and gender-equality to directly address social and economic determinants, d) food security and quality to reduce poor health diets and address food scarcity, and d) disaster preparedness and response to better integrate healthy emergency management and risk assessments.

3. To strengthen mechanisms for the **informed participation of citizenry** in local decision-making, including promotion of health literacy to support people in living healthier lives.

4. Implement the **Universal Health Coverage** (UHC) in urban areas relying on multi-sectoral action to achieve health outcomes requiring multi-sectoral action and a focus on redressing health and social inequities. attention to ageing and urbanization, as well as ensuring services for vulnerable groups such as mental health, disabilities. Specific actions and opportunities in this regard can include:

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[6] http://www.who.int/kobe_centre/measuring/urbanheart/en/
[7] http://www.who.int/hia/en/

A. Implementing provisions of the UN Political Declaration on the **Prevention and Control of Noncommunicable Diseases (NCDs)**[8] that call for "whole of government" and "whole of society" responses will help scale up intersectoral programmes addressing NCDs, particularly to foster physical exercise, improve diets, and to reduce tobacco use.

B. Fostering integrated solutions for agriculture and urban food distribution to address the importance of **nutrition**, inclusive of the need for healthy diets to prevent NCDs and to address malnutrition for slum dwellers and poor populations.

C. Ensuring access to clean and affordable **water and sanitation** has historically had enormous impact on the public's health around the world. Urban areas provide many opportunities to design systems in densely populated settings, as well as the need to focus on impoverished slum areas. Combining urban planning with engineering and community driven solutions are part of the solution.

5. Addressing **climate change and disaster risk reduction** through risk assessment, adaptation and mitigation efforts. Sensitizing leaders and managers to a) identify the health challenges arising from disasters (immediate trauma and morbidity, as well as longer term psycho-social issues and disabilities), b) involving health sector in broader emergency response planning, response, recovery, risk reduction, and resiliency efforts and c) to understand specific vulnerable populations and their needs (e.g. elderly, disabled, women, children, migrants).

6. In support of mitigation and adaptation measures to climate change, the health sector, working with other sectors, contributes to a vibrant **"green economy"** as well as to solving public health challenges. For example: collaboration with the transport sector, health care facilities, as well as on issues of household energy and means to reduce indoor air pollution.

7. Maximize opportunities to promote political commitment and action at the local level for healthy and sustainable development through support and use of **Healthy City, Age Friendly City, Sustainable City, Smart City and similar networks.**

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[8] http://www.who.int/nmh/en/   http://www.who.int/topics/noncommunicable_diseases/en/ and http://www.who.int/nmh/en/