

WHY URBAN HEALTH MATTERS



1000CITIES
1000LIVES

URBAN HEALTH MATTERS
WORLD HEALTH DAY 2010



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2010: A YEAR-LONG FOCUS ON URBANIZATION AND HEALTH



To ensure sustained action on the topic of urbanization and health throughout 2010, a series of events are planned to highlight the health risks in urban settings and the actions and policy options that can be taken to improve health in cities.

1. World Health Day 2010

The aim of World Health Day 2010 is to draw attention to urbanization and health, recognizing that in an increasingly urbanized world, health issues present new challenges that go far beyond the health sector and require action at the global, national, community, and individual levels. World Health Day 2010 is not seen as an event in and of itself, but as the launch of the year-long focus on the issue.

2. A joint WHO/UN-HABITAT Global Report on urban health inequities

The report, to be published later in the year, will expose the extent to which the urban poor suffer disproportionately from a wide range of diseases and health problems. It will provide evidence-based information to help municipal and health authorities reduce health inequities in their cities.

3. Global Forum, Kobe

The Forum will bring together mayors, municipal leaders and national ministers across multiple sectors for a declaration of action to reduce health inequities in cities. The Forum will be held in Kobe, Japan, 15–17 November 2010.

DIRECTOR-GENERAL'S STATEMENT



Urban health matters, in critical ways, for more and more people.

For the first time in history, more people are now living in urban settings than in rural areas. By the year 2030, an estimated six out of every ten people will be living in towns or cities, with the most explosive growth expected in Asia and Africa.

For a growing proportion of the world's population, prospects for a better future are tied to living conditions in cities.

Cities concentrate people, opportunities, and services, including those for health and education. In a well-known trend, cities house the most and the best hospitals and they attract the most talented doctors, nurses and other health care staff. When cities are planned, managed, and governed well, life flourishes and health outcomes surpass those seen in rural areas.

But cities also concentrate risks and hazards for health. They magnify some long-standing threats to health and introduce others. When large numbers of people are linked together in space and connected by shared services, the consequences of adverse events – like contamination of the food or water supply, high levels of air or noise pollution, a chemical spill, a disease outbreak or a natural disaster – are vastly amplified.

Given the current scale of urbanization, it comes as no surprise that cities themselves contribute to two global trends of direct concern to health: climate change and the rise of chronic diseases. According

to the latest estimates, cities contribute directly to more than 60% of greenhouse gas emissions. They account for 75% of energy consumption and a similar proportion of all wastes. At the same time, city dwellers are especially vulnerable to the consequences of climate change, whether expressed as heat waves, water scarcity, increasing levels of air pollution, or rising sea levels in coastal areas.

Cities also tend to promote unhealthy lifestyles, like “convenient” diets that depend on processed foods, sedentary behaviour, smoking, and the harmful use of alcohol and other substances. These lifestyle choices are directly linked to obesity and the rise of conditions like heart disease, stroke, some cancers, and diabetes. And these conditions are increasingly concentrated in the urban poor.

Perhaps most alarming, the growth of urban centres in the 21st century is being accompanied by a second, distinctly ominous trend. Poverty, which in previous centuries was greatest in scattered rural areas, is now heavily concentrated in cities. In many countries, urbanization has outpaced the ability of governments to build essential infrastructures and enact and enforce the legislation that make life in cities safe, rewarding, and healthy.



Today, around one third of urban dwellers, amounting to nearly one billion people, live in urban slums, informal settings, or sidewalk tents. While the vast majority of urban slums – more than 90% – are located in the developing world, nearly every city everywhere has pockets of extreme deprivation together with extreme wealth. They have people who over-consume health care and people who forego the most basic and essential care for financial and other reasons. In every corner of the world, certain city dwellers suffer disproportionately from poor health, and these inequities can be traced back to differences in their social and living conditions.

On this World Health Day, the World Health Organization (WHO) is calling on a wide range of groups – from municipal authorities and the private sector, to concerned citizens, nongovernmental organizations, and advocates for healthy living – to take a close look at health inequities in cities and take action.

Why should inequities in urban health and living standards matter? Most obviously, the consequences of poverty and ill health, including mental health, are contagious in a city setting. They are detrimental to all city dwellers. Urban poverty and squalor are

DIRECTOR-GENERAL'S STATEMENT



strongly linked to social unrest, mental disorders, crime, violence, and outbreaks of disease associated with crowding and filth. These threats can easily spread beyond a single neighbourhood or district to endanger all citizens and taint a city's reputation.

Municipal authorities know what this means in terms of attracting tourists and new businesses and winning the next election. City dwellers know what this means in terms of social cohesion, safety, security, and the quality of life.

In addition, health inequities are an excellent social accountant. They are a reliable way to measure how well a city is meeting the needs of its residents. Poor health, including mental health, is one of the most visible and measurable expressions of urban harm. Health inequities can also be a rallying point for public demands for change that compel political leaders to take action.

Urban health matters and urban health governance matters most especially. For example, in developing countries, the best urban governance can help produce 75 years or more of life expectancy. With poor urban governance, life expectancy can be as low as 35 years.

Good urban health governance helps ensure that opportunities and advantages are more evenly distributed, and that access to health care is fair and affordable. Abundant evidence has identified the root causes of urban health inequities and shown how they can be tackled.

While most of these root causes lie beyond the direct control of the health sector, local leaders have direct influence over a wide range of urban health determinants, from housing and transport policies, to social services, to smoking regulations and the policies that govern food marketing and sales. Local leaders are well-positioned to influence land use, building standards, water and sanitation systems, and the enactment and enforcement of health-promoting legislation. Moreover, acting in the name of health can rally stakeholders from diverse backgrounds and interests and build political pressure on issues that are important to every city dweller. Health is valued universally as an essential prerequisite for a fulfilling and productive life.

Making cities good for health takes time, but as abundant examples from all around the world show, it can be done.



Urban health matters, in critical ways, for more and more people. And WHO will be doing more, today and well into the future, to support these efforts.

1. *Promote urban planning for healthy behaviours and safety*
2. *Improve urban living conditions*
3. *Ensure participatory urban governance*
4. *Build inclusive cities that are accessible and age-friendly*
5. *Make urban areas resilient to emergencies and disasters*

Later in the year, WHO and UN-HABITAT will be launching a report on urban health inequities and how to address them. Titled *Hidden cities*, the report is aimed at unmasking and overcoming health inequities in urban settings, and includes abundant practical examples and policy advice on specific, evidence-based interventions.

In November 2010, a global forum on urbanization and health, to be held in Kobe, Japan, will bring together municipal authorities and decision-makers across multiple sectors with the aim of promoting intersectoral action to reduce urban health inequities.

In a dedicated programme, WHO and its six regional offices will work with specific cities and national authorities to assess urban health inequities and identify appropriate actions to reduce them.

To maintain momentum, urban health advocates are being identified and successful city experiences will be shared as menus of policy options and models of good practice.

WHO will help municipal authorities in assessing the health impact of planning options in other sectors, such as urban transportation and the safety of roads for both vehicles and pedestrians.

Dr Margaret Chan
Director-General of the World Health Organization

I. INTRODUCTION



Where people live affects their health and opportunities for leading lives to their full potential.

The year 2007 saw, for the first time, the majority of human beings living in urban areas. This trend will continue with 6 in 10 people living in towns and cities by 2030. In recent times, the growth of urban areas in low-income countries has been four times faster than the growth in high-income countries. This trend, too, is expected to continue in coming years.

Urban areas provide great opportunities for individuals and families to prosper and can provide a healthy living environment through enhanced access to services, culture and recreation. However, city dwellers continue to face health hazards and new health challenges have emerged.

While the characteristics of each city vary by local context, common urban health and social challenges include: overcrowding; air pollution; rising levels of risk factors like

tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol; road traffic injuries; inadequate infrastructure, transport facilities and solid waste management systems, and insufficient access to health facilities in slum areas.

World Health Day in 2010 offers an opportunity to take a closer look at the conditions that determine health outcomes for the majority of the world's population, the issues that need to be addressed, and the actions that can be taken. By understanding these issues, limited resources can be allocated to more targeted interventions, and achieve better health outcomes.

The focus on urbanization and health as a theme for World Health Day 2010 is timely and highly relevant for the following reasons.



❑ **FIRST**, with the majority of the world's population now living in urban areas and this proportion expected to grow, urban health should become a major focus of global public health policy. Whilst urbanization and the growth of cities may be associated with increasing prosperity and good health at an aggregate level, urban populations demonstrate the world's most obvious health disparities – in both low- and high-income countries. Rapid migration from rural areas as well as natural population growth are putting further pressure on limited resources in cities, especially in low-income countries.

❑ **SECOND**, much of the natural and migration growth in urban population is among the poor. More than one billion people – one third of the urban population – live in overcrowded and life-threatening conditions in urban slums and informal settlements. If cities fail to deliver on the perceived promise of economic opportunities for the poor, large concentrations of unemployed young people

may threaten social stability, security and the health of communities as a consequence. In low-income countries, in particular, disparities will increase, as the combination of in-migration, natural growth and scarcity of resources results in cities being unable to provide the services needed by those who come to live in them.

❑ **THIRD**, there is evidence that rapid, unplanned urbanization can have negative consequences for the health and safety of people.

