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WORLD HEALTH ORGANIZATION



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ROUNDTABLE ON URBANISM AND HEALTHY LIVING

Final Report

Introduction

1. During the 50th Directing Council of the Pan American Health Organization, the Member States participated in a roundtable to determine which activities they should be responsible for and which will require support from the Pan American Sanitary Bureau to implement the work program agreed to on 7 April 2010 during the celebration of World Health Day, whose theme this year was *Urbanism and Healthy Living*.

Summary on the justification for the item

2. The item on urban health is the result of a mandate arising from the 1992 United Nations Conference on Environment and Development, popularly known as the Earth Summit. Chapter 6 of Agenda 21 addresses the challenge posed by urban health. Urban health is a vital issue in the Americas, since 79.4% of the Region's population lives in urban areas. It is well known that Latin America is home to six of the world's largest megacities. One of the main causes of concern is the fact that 30.8% of the urban population lives in irregular settlements spawned by rapid, unplanned urban growth. Inequalities in the social distribution of well-being and resources are far more pronounced in rural areas than in the cities, representing a serious disadvantage for people living in the countryside in comparison with their city brethren. Nevertheless, it should be noted that this inequitable distribution of resources is also found within the cities themselves.

3. The Pan American Health Organization has been tackling this issue for a couple of decades through the Healthy Municipios movement, which is active in the majority of

countries in the Region. PAHO has participated and requested representation of the countries of the Region in the Knowledge Network on Urban Settings of the WHO Commission on Social Determinants of Health, the Global Research Network on Urban Health Equity, and the Roundtable for Urban Living Environment Research, these latter two entities sponsored by the Rockefeller Foundation. It has convened two special meetings to explore the issue of urban health (one in Chile in 2004 and the other in Mexico in 2007); this year it has promoted numerous activities and participated in several of them, especially the observance of World Health Day, which will be followed by the regional forum on urban health in New York and the Global Forum on Urbanization and Health in Kobe, Japan. It is within this context that the delegates of the Member States examined the relevant experiences and evidence, so that the roundtable participants could decide which activities should be adopted.

Summary of the background addendum

4. The health of urban populations poses an enormous challenge, not only because of the global megatrend toward the integration and growth of cities, but also because of the accelerated pace of this phenomenon. This trend has resulted in the growth of small cities and their fusion into large metropolises. There is a concentration of resources in cities with the potential to offer a greater supply of services than rural areas can provide, while at the same time offering more options for improving the quality of life and increasing well-being. Nonetheless, the Region's considerable social inequalities are exacerbated in the cities, where major inequities are found in housing, work, environmental quality, education, access to food, transportation, medical care, water and sanitation services, waste disposal, etc. Problematic social, family, community, and gender relations increase the complexity of the approach to these problems. The economic, industrial and transportation dynamic of cities and consequent energy consumption in themselves leave a significant climate footprint. This translates into major differences that, while evident in practice, are not consistently captured or detected by health information systems, even though they result in a direct burden of chronic disease, injury, violence, mental illness, and reemerging infectious disease that the health services must address and that poses a significant challenge for equitable health service delivery. These factors entail a high social, economic, and organizational cost.

5. To the extent that human settlements are regularized, there is still an opportunity, depending on the growth of the urban population, to influence the planning of new infrastructure and housing construction, the designation of green spaces, areas for social gathering and physical activity, modes of transportation, and other factors that have significant impact on health and the quality of life. The same can be said for the changes that must be made in cities. Hence, the importance of addressing health issues in urban planning. It will also be necessary to adopt a new type of planning for health services, especially primary care services, to make them accessible and useful to the dynamic

urban population. It is therefore important to have appropriate models, especially for activities in the Region linked with poverty-reduction plans. In order to meet these objectives, the ministries of health must exercise their steering role and offer guidance to other sectors to ensure the construction of a positive environment for health by making public health criteria and guidelines and health impact assessment part of overall urban planning. In this process, the ministries must serve as a catalyst for including a health impact assessment of the activities of other sectors, making an integrated effort to promote a better quality of life for urban populations.

Results of the discussions on intersectoral initiatives

6. The President of the Directing Council introduced the item to encourage debate, underscoring the need to act in this area and the challenge of influencing the urban impact on urban health caused by climate change. The presenters, Drs. Jacob Kumaresan and Dr. Nils Daulaire, discussed the global dimension, the successes achieved, the definition of national and local policies, and the development of methods and instruments that can be shared in the Region. During the roundtable discussions, the delegates of the Member States recognized that the urban dimension and, especially, the elements of equity, are fundamental to meeting the goals in health; this requires a different approach than that employed with health systems and the public health function. Growing inequity only leads to social instability and greater poverty. Health inequities in urban settings are particularly dramatic. Therefore, they must be systematically identified so that they can be addressed. Lack of differentiation conceals the peculiarities of urban heterogeneity and thus limits the efficacy of interventions.

7. Effective instruments and strategies must be identified to strengthen the health sector's links with other sectors in the urban environment, since sectors outside the health sector have a greater ability to affect health determinants in urban populations. However, institutional arrangements have not always been made to ensure that the influence and collaboration of other sectors are both vigorous and effective.

8. In the ministries of health, strategies, methodologies, instruments, and indicators for exercising the steering role and taking action need to be improved. This should begin with changes in information systems so that they distinguish the degree and conditions of urbanization and how they influence the economic and psychosocial situation of individuals and communities. These information systems should produce disaggregated data so that social trends in populations and territories can be discerned and not just averages, permitting mobile populations to be tracked and programs developed to address future needs, providing support not only with information but specific direct operations research that supports planning.

9. In order to move forward, national and local authorities should identify barriers to effective intersectoral action and their existing capabilities, which include their legislative capacity and the capacity to develop competencies to persuade and negotiate with people who do not necessarily have responsibility in the health sector or espouse its principles and values. Efforts should be made to identify the factors critical to success. The health sector will put these into practice based on the scientific evidence at its disposal to provide information that will serve as the foundation for the decisions of other sectors and to try to make urban health part of all public policies in cities.

10. It is necessary to raise awareness in various sectors about the link between the built environment and health through messages geared/targeted to specific key partners (i.e, planners, builders/developers, health sector, community). In order to construct a comprehensive coherent State policy, sector alignment should be sought at the national and supranational level, followed by the subnational and local level. The national and local authorities should identify the key sectors and actors with whom intersectoral collaboration is essential and create mechanisms that will foster the maintenance of those ties and promote the inclusion of important aspects of health in all policies. These actors include mayors as basic counterparts, in addition to the officials in charge of urban development areas such as transportation, housing, public safety, education, culture, sports, energy, agriculture, tourism, commerce, and civil defense, as well as the financial and private sector and NGOs. Social and intersectoral participation involving the entire population through intersectoral commissions or councils is key.

Results of the discussions on the function of the national and local health authorities in planning

11. The delegates of the Member States noted that urban planning processes represented an opportunity for health and that it was important to get involved in their activities. From the situational standpoint, this is important in the new developments that are emerging in the Region, as well as in the adaptation of urban space, as urban settlements become regularized. The delegates also took the view that, since this occurs principally at the local level, the ministries of health should formulate a policy and invite stakeholders to enlist the active and effective participation of city health officials in urban planning and redesign processes. It is important that the intersectoral coordinating entities of the national government be complemented with entities at the regional or municipal level charged with territorial planning. In order to accomplish this, they need public health guidelines, standards, and criteria to make a realistic, coherent contribution to the work in aspects such as green spaces and their density, quality, and proximity for a healthy social life conducive to physical activity; convenience and safety when walking on the streets; basic hygiene, density, safety, and dignity in housing, schools, and workplaces; environmental and food protection and safety.

12. The roundtable discussed the need for capacity building to promote health impact assessment as an essential element for decision-making by other sectors and for public budget execution. It also discussed the leadership role that the health sector can play to guarantee that these approaches are implemented and, especially, to reduce the source of the disproportionate burden of causes of disease in certain more vulnerable populations. There is no doubt whatsoever that public health criteria should be part of urban planning to ensure that the necessary changes in legislation are made and that health is included in all policies.

13. The roundtable also underscored the general need for training, with a balance between prevention and care. It recommended promoting a holistic approach to the education of health professionals, considering all the factors and determinants of urban and rural health. Moreover, young people must be provided with training in work and life skills.

14. The roundtable also identified the changes needed in the design and structure of health services—especially, primary health services—when they serve urban populations, using criteria that go beyond the geographical distribution of these services. To accomplish this, the barriers that hinder the work of the ministries of health and their existing capacity to reorient the health services must be recognized in order to adapt them to the social, economic, and population dynamic of the cities, bringing services closer to users and achieving adequate coverage. At the same time, it will be necessary to forge sturdy links with rural areas to improve service delivery by bringing services closer to the rural population.

Results of the discussions on health services and their relations with other sectors to prevent and control threats to health from climate change

15. PAHO/WHO and the countries have made great strides in implementing plans of action on climate change and health, creating intersectoral programs that include population vulnerability assessments, surveillance of climate-sensitive diseases, and efforts to raise awareness in the health sector about the importance of climate change and its impact on health.

16. The ministries of health of the Member States have recognized that the very operation of health services (hospitals, laboratories, clinics, and health centers) has a discernible impact on the climate footprint and that a special effort must be made to determine the real magnitude of that impact. Based on this determination, which will be used as the starting point, steps to gradually reduce that footprint should be identified, while taking advantage of the economic incentives that are being offered at the global level to reduce the footprint. Here, it is especially important to make emissions reduction planning and programming an integral part of the environmental management of new and

remodeled medical and hospital units and of the procurement of new equipment. If these medical units are considered an integrated system, greater efficacy will be achieved.

17. In the health sector's exercise of its steering role, the key functions are monitoring, research, and the generation of information about the health impact of climate change, especially that portion of the change that has a bearing on the persistence, reemergence, or spread of infectious vector-borne diseases, and also the worsening of the crisis of chronic cardiovascular and respiratory diseases, mental disorders, etc. These considerations should also be addressed in the health impact assessment during the urban planning process. It is also considered important to develop natural disaster preparedness and response plans, strengthen the response of community organizations in this area, and establish policies to control emissions and industrial pollution.

18. Consequently, the ministries of health should determine which competencies, skills, and methodologies need to be developed to detect and control the risks associated with climate change and to become a major player in that global challenge. Thus, they stated that the Sixteenth Session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP 16) meeting should acknowledge the contribution of the health services and the need for active involvement by the ministries of health in the prevention and treatment of health problems related to climate change. The health sector is invited to participate in the COP 16, to be held in Cancún, Mexico, in December.

Results of the discussions on the recommendations that the Pan American Sanitary Bureau and Member States will implement

19. The ministries of health examined the need for the Pan American Sanitary Bureau to prepare a preliminary regional strategy and plan of action on urban health that outlines the policies that should be adopted to guide sector activities and the intersectoral steering function in order to adapt the health services and take effective action in the face of climate change. They requested that a resolution be drafted so that after discussion of the preliminary version, the plan can be presented to 51st Directing Council.

20. They requested the Pan American Sanitary Bureau to increase collaboration with countries, collaborating centers, and other experts so as to develop the tools that the Member States need to exercise their steering role, including:

- (a) the adaptation of health/epidemiological surveillance;
- (b) health impact assessment;
- (c) tools for adapting urban health programs and incorporating the issue of health in all policies, taking the health determinants into account;

- (d) monitoring instruments for urban decision-making (e.g., “Urban HEART”)
- (e) the adaptation or preparation of a package of essential criteria and guidelines for the design of urban settings;
- (f) the preparation of criteria and guidelines for adapting health service delivery to urban settings, especially for primary care;
- (g) facilitating the sharing of good experiences and lessons learned.

21. At the same time, the Member States will have to make progress in:

- (a) studying their legal and organizational structure to include the urban dimension in their internal work;
- (b) determining the modifications that should be made in national and local plans and their respective programs of action, so that they include the urban dimension and its elements of equity;
- (c) examining their legal and organizational structure in order to include the urban dimension in their intersectoral work;
- (d) contributing this information to help formulate the regional strategy;
- (e) implementing the Healthy Municipalities, Cities, and Communities strategy and promoting interaction among these levels of government in vulnerable urban communities as a mechanism for identifying and acting on the social determinants of health, forging partnerships for intersectoral action and empowering communities to achieve their own well-being;
- (f) strengthening health promotion activities within the context of the Ottawa Charter, the Bangkok Charter, and the Nairobi Call to Action, so as to forge partnerships to promote intersectoral collaborative action to address the social determinants of health;
- (g) establishing a Health Promotion Fund, using taxes on tobacco and other products for urban health programs that address the social determinants of health.

22. Mexico invites the countries to endorse a regional statement on protecting health from climate change, to be presented at the COP 16 in Mexico.

23. This document includes the results of the work done in the Roundtable. It will be submitted for the consideration of the Directing Council, so that that body can determine what steps to take in the coming months to enable the health sector to effectively meet the public health challenge posed by urbanism.