



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



51st DIRECTING COUNCIL

63rd SESSION OF THE REGIONAL COMMITTEE

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RESOLUTION

CD51.R4

STRATEGY AND PLAN OF ACTION ON URBAN HEALTH

THE 51st DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action on Urban Health* (Document CD51/5);

Recognizing that there are numerous Governing Body mandates dating back to 1992 that highlight the need to address urban health issues and the inequities in health caused by urbanization in the Region, in addition to the opportunity offered by the Health Agenda for the Americas 2008-2017 and the PAHO Strategic Plan 2008-2012;

Recognizing that the urbanization megatrend has rapidly accelerated in the Region and countries have not been able to react and adjust their programs to the wide diversity of cultural, community, family, migration, and socioeconomic challenges posed by this urbanization process;

Having studied the opportunity presented to address many of the most challenging public health problems now confronting the countries in the areas of noncommunicable diseases, injuries, vector-borne and other communicable diseases, and the challenge of tackling the diverse population needs in urban settings, as highlighted in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases;

Considering that the lack of adequate, systematic consideration of public health criteria in the largely unplanned growth of cities in the Region has resulted in an increase in morbidity and mortality and a widening of the equity gap within cities;

Understanding that, to succeed in advancing public health in the Region, the ministries of health will have to include information in their health surveillance systems that differentiates the gradient of health inequities and their causes and implications for national and city health policies, programs, and services;

Recognizing that achieving urban health is a multisectoral endeavor that involves concerted action to promote physical activity; design safe, effective and accessible public transport options; prevent and reduce injuries; reduce the harmful use of alcohol; and address the particular access and wellness needs of the most vulnerable groups, including children, older persons, and people with special needs;

Further recognizing that countries that adopt this holistic approach, in coordination and synergy with other plans of action, including those of the United Nations specialized agencies, are not only improving the health of their citizens but achieving important environmental and sustainability gains;

Bearing in mind that the implementation of the Strategy and Plan of Action means marshalling a unique combination of stewardship over the health system and its network of services and with the other social actors in urban settings to advocate for and adjust all manner of urban health services that can address the special needs of the social gradient and the heterogeneity of urban populations;

Having requested during the 50th Directing Council that the Pan American Sanitary Bureau prepare a preliminary strategy and plan of action to be presented to the 51st Directing Council,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action on Urban Health and support its implementation within the context of the specific conditions of each country in order to respond appropriately to the current and future needs and trends in urban health in the Region.
2. To urge the Member States to:
 - (a) adopt the guidelines, tools, and methods developed by PASB and the Centers of Excellence to support their intersectoral stewardship role, the promotion of social participation, and health services reorientation;

- (b) support national, subnational, and local health promotion policies and programs, including the strengthening of social participation, with appropriate legal frameworks and financing mechanisms;
 - (c) adjust surveillance systems according to national priorities to include determinants and indicators related to urban health, such as gender, age, sexual orientation, socio-economic status, migration conditions, race, ethnicity, indigenous populations, and homelessness and housing conditions;
 - (d) further the commitment of city and metropolitan authorities to healthy urban planning and development, with consideration of urban health and health equity in national and subnational health policies and plans;
 - (e) collaborate with city and metropolitan authorities in the development of transport policies and systems that prioritize safe walking, cycling, and public transport; and in urban design regulations and infrastructure that provide for equitable and safe access to recreational physical activity throughout the life course;
 - (f) assist city and metropolitan authorities with the use of assessment and action tools to address healthy and equitable urban planning and programs more effectively;
 - (g) raise awareness among key stakeholders and develop social marketing plans and programs;
 - (h) report back every two years on the progress made, with data for a mid-term evaluation at five years and a final evaluation at ten years;
 - (i) promote specific health promotion and sustainable development projects in communities, with a focus on vulnerable populations, to encourage social participation and intersectoral action.
3. To request the Director to:
- (a) produce and disseminate public health criteria, guidelines, model policies, and legal frameworks for urban health planning, urban health services, and methods for achieving multisectoral action, including health impact assessment, health equity impact assessment, and cross-sector data collection and analysis;
 - (b) collect and disseminate new information on experiences, lessons learned, and best practices obtained through regional forums, research, observatories, documentation, and the sharing of promising experiences and processes;

- (c) further develop health promotion and health determinants approaches into technical cooperation in urban health and Country Cooperation Strategy implementation in the Member States;
- (d) promote capacity building for urban health planning and implementation, surveillance, and information systems across the Region;
- (e) support ministry of health engagement with city and metropolitan authorities and other relevant sectors, along the lines of the issues itemized in the final report of the roundtable discussions in the 50th Directing Council, the final report of the Urban Health and Health Promotion Forums, and the Global Call to Action on Urbanization and Health.

(Fifth meeting, 28 September 2011)